

**Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, November 28, 2018
2:30-4:30p.m.**

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Katelyn Baron, Keith Carter, Dave Gana, Gus Grannan, Loretta Matus, Erica Rand, Joseph Roderick, Clint Steib.

Excused: none.

Absent: Mark Coleman, Janice Horan, Nhakia Outland, Eran Sargent, Zora Wesley

Guests: C. Conyngham (AACO), B. Rowley, R. Woodhouse.

Staff: Nicole Johns, Briana Morgan, Mari Ross Russell

Call to Order: C. Steib called the meeting to order at 2:44 p.m. and apologized for the late start.

Welcome/Moment of Silence/Introductions: C. Steib welcomed Prevention Committee members and guests. A moment of silence followed.

Approval of Agenda: C. Steib presented the agenda for approval. **Motion:** D. Gana moved, G. Grannan seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (October 31, 2018): C. Steib presented the minutes for approval. **Motion:** D. Gana moved, G. Grannan seconded to approve the October 31, 2018 minutes. **Motion passed:** All in favor.

Report of Co-Chair:

L. Matus reported that before the meeting co-chairs and representatives from the AIDS Activities Coordinating Office (AACO) met to discuss the PrEP workgroup. A PrEP workplan will be presented to the PrEP workgroup in January and the Prevention Committee will receive it shortly after. The workgroup will have the opportunity to provide feedback on the PrEP workplan before the plan comes to the Prevention Committee. The workgroup may change in structure or purpose after that the workplan is completed. L. Matus reported one takeaway from this meeting is that the committee should focus on MSM of color, in recruiting for the committee and the activities it pursues.

Report of Staff:

B. Morgan reported that the US Prevention Task Force recommended a Grade A for PrEP for many groups, including sex workers and PWID. Comments are being accepted now. If the full recommendation goes forward, insurance companies will be required to cover

PrEP. C. Conyngham explained that cost-sharing would go away for PrEP, because patients wouldn't have to pay towards deductible for PrEP. There will be several months until the recommendations go through to full approval. M. Ross-Russell explained that staff will forward the link to the committee so they can make public comments.

M. Ross-Russell reported that OHP staff will discuss HIPC meeting structure at the next Executive Committee. Changes to structure may include extending the meeting by an hour and including a standing training on planning activities. More will be reported after the Executive Committee discussion.

N. Johns reported that the November Comprehensive Planning Committee meeting was cancelled due to weather so the December committee meeting will cover the intersection of the Opioid and HIV epidemics. All are encouraged to attend.

Prevention Services Initiatives:

C. Conyngham reported that AACO is recruiting for the DExIS (Demonstrated Expanded Interventional Surveillance) Project Coordinator position. It is the project to look at missed opportunities and challenges in prevention systems related to young people, trans persons, gay and bisexual and other men who have sex with men of color under CDC Component B. She said the job announcement would be shared with the committee so they can forward to their contacts.

C. Conyngham reported on PDPH's response to the recent increase in HIV diagnoses in People who Inject Drugs (PWID). She shared that PDPH has been increasing the data reporting on programs who have been funded to test for those populations. The providers have been reporting back data quickly and efficiently. There are data submissions every week to the Health Commissioner. She explained that progress on the response is reported weekly by the Mayor's Resilience Project¹. As of the last report, Nov 1-14, 232 tests were conducted in the city and 40% were among PWID. There were 114 tests conducted in Kensington and 65% of those were among PWID. 2 new cases of HIV were identified in that time period and they both were linked to care. L. Matus asked if those cases were from the PWID testing initiative or surveillance. C. Conyngham said she would have to follow up with that information.

C. Conyngham elaborated that AACO is pulling specific site data and looking at which sites were productive, which sites had high volume, which sites to keep or not, which sites had positive results. There will be a meeting of the programs in this initiative for data reporting and best practice sharing. She further explained that all the one-stop-shops in the initiatives have the community alerts in English and Spanish.

G. Grannan asked C. Conyngham if there was any data back from the Medical Examiner concerning recent HIV infections. C. Conyngham reported no.

¹ <https://www.phila.gov/programs/combating-the-opioid-epidemic/the-citys-response/the-philadelphia-resilience-project/>

Discussion Items:

Review of Goal 4 Baseline Data

B. Morgan reviewed the strategies and activities under goal 4 of the integrated plan. This has the fewest quantifiable activities of all the goals in the plan, so there really isn't much to discuss. She reviewed each strategy and activity with the committee (see handout for details).

B. Morgan asked the committee for any comments or questions and there were none.
L. Matus asked when the committee would be looking at the baseline data again. B. Morgan said when there is more data to review, not for some time.

Committee Work Plan

B. Morgan stated that the committee is now done with the review of the plan. It is now time to plan activities for the coming year. She pointed the committee to the blank work plan and the slides from C. Terrell's presentation from the HIPC meeting which outlines prevention activities, in the handouts. B. Morgan suggested that the PrEP workgroup plan will need to be discussed in this committee, at least within one or two months. L. Matus suggested January would be the earliest for the committee to get a report on the PrEP workplan. C. Conyngham asked G. Grannan if he thought there would be some time after the PrEP work group receives the plan to provide feedback and make any changes. G. Grannan said that he and E. Aaron discussed that the work product will be presented along with the primary data, and other work that has been done on PrEP, so he thought it would probably be March for the Prevention Committee to receive the updated workplan and any recommendations from the PrEP workgroup. The committee decided to add the PrEP workplan discussion to March.

B. Morgan explained that this will be the first priority setting process since the HIPC integration so a presentation on that process would make sense for this committee, in order to help them participate. The committee agreed to add that discussion in January.

B. Morgan reminded the committee that another item the committee has discussed is learning more about how community-based and routine testing are working in the PA counties. The committee talked about having a panel discussion with representatives from each PA county. C. Steib said that February would be a good time to have the panel. G. Grannan asked if this was specifically the PA counties or also included the NJ counties. B. Morgan explained that PA counties were the focus because of the high concurrence (of AIDS diagnosis at time of HIV diagnosis) rates that had been discussed at previous meetings. L. Matus suggested that it might make sense to have NJ on a separate day. G. Grannan recommended that it might be worth it to compare and contrast the practices between jurisdictions. M. Ross Russell offered that it would might make sense to include Philadelphia as well, if there is going to be a comparison. The HIPC's jurisdiction is Philadelphia only under prevention activities. G. Grannan asked if it would make sense to have PA counties and then follow up with a more comprehensive meeting to look at NJ and Philadelphia to see if there are solutions/ideas from other jurisdictions. C. Conyngham asked about the process for this body to make recommendations. Would this committee make recommendations in HIPC and then take it to PA HPG? The HIPC and

AACO have no jurisdiction over any testing outside of Philadelphia. M. Ross Russell agreed and added that OHP/HIPC share information with the NJ and PA HPGs. She elaborated that the purpose of this discussion is to share with the providers locally as well improve service provision. The purpose of this meeting is to try to understand why the concurrence rates in PA counties are so much higher than the other two regions in the EMA and how that might impact the care continuum and disparities in the EMA. C. Steib reported that there was some pushback about the discrepancies in the data at the be PA HPG meeting and there may be other data available now. B. Morgan offered that within Ryan White there is Early Intervention Services which is an example of something that the HIPC could do to address concerns about testing and linkage in the suburban counties. B. Morgan suggested the group add the comprehensive testing discussion to April. The committee agreed.

B. Morgan asked what else the committee might want to work on and pointed them to the presentation slides in the handouts for ideas. C. Steib asked about a report on Club 1509. C. Conyngham said that the project is in the final year. Presently, the project is conducting focus groups with clients who use the services and people who are not engaged in prevention services. She recommended that the committee might like to hear those results as well. She suggested January could be a good time to get an update on Club 1509. She said that there are local data on year 1-3 because CDC data will not be available until a couple years after the project ends. The committee added that discussion to the January meeting.

L. Matus asked if the committee could have an update on Do You Philly website and condom ordering. C. Conyngham said that she can report more regularly on the project. L. Matus asked for quarterly reports. C. Conyngham asked if the committee would like data about test kits and condoms orders and basic web traffic data. They agreed. L. Matus asked if they are looking to translate the website into other languages. C. Conyngham reported she didn't know but could report back.

L. Matus asked if the committee wants to meet in December. By general consensus the group decided not to meet in December.

L. Matus suggested that the committee schedule time to make sure they are targeting MSM communities. C. Conyngham said that testing is not reaching that group, disproportionately. She clarified targeted testing is reaching older heterosexuals. She said she could bring the data to show that about 65% of the testing is with heterosexuals. She suggested the larger question is what is happening that is preventing the impacted groups from getting tested or PrEP and other services. L. Matus asked for testing data to separate community-based and clinical settings.

K. Carter suggested that it might be the location of testing because of stigma concerns, if young people are afraid to be 'outed'. C. Steib asked if there could be time spent mapping where infections are, where testing is happening, and see what changes might be made to improve outcomes.

M. Ross Russell suggested that J. Peters from the DASH project at the school district might be a helpful stakeholder to bring to a discussion. She added that AIDS United released the Ending the Epidemic Roadmap and it has recommendations around testing in specific populations and that can be a potential resource for ideas.

K. Carter asked if there were incentives for testing. C. Conyngham replied that some places do provide incentives like socks, tokens, small amount gift cards, but most places are not doing high value incentives. She further explained that community-based targeting testing is rapid testing and individuals get their results right away. C. Steib said that there is a number for people who are tested in ER and discharged before they get results, but that they are given a number to call to get their results. If they do not call then they are considered lost to care and DIS is triggered to engage with them. R. Woodhouse stated people who are incarcerated may not get their results before they are released. C. Conyngham replied that PDPH will follow up with those who are released or discharged before they get their results. G. Grannan said that the new bail guidelines might impact when/if people get their HIV test results.

K. Carter asked if there was community-based Hepatitis C testing too. C. Conyngham said that some places do both, however, Hep C antibody positivity rate is high in many populations and the test that you need to get a true viral load is not a rapid test. She further explained that you really want to get people in a care setting to get an accurate result and linking to healthcare in community settings, including PrEP or HEP C testing/treatment is a priority. She clarified that PDPH doesn't fund Hepatitis C tests for community settings. G. Grannan added that giving results to a Hepatitis C test is a lot more complicated than an HIV test, because of the difference in antibody testing and viral load testing.

M. Ross-Russell offered a suggestion that the committee schedule some time to think about recommendations for regional allocations in the summer. For example, if the committee wanted to talk about populations to target with services there are a few ways to fund prevention within a Ryan White environment. She added that the committee might also have recommendations for activities in the integrated plan. C. Steib asked when it would make sense to schedule this conversation. M. Ross-Russell replied that allocations meetings are generally in June or July. B. Morgan suggested that the committee schedule this conversation for May so they have time to develop any recommendations. M. Ross Russell further explained that instructions to the Recipient can be geographically, population or service specific so there are options for the committee to consider in how they approach recommendations. B. Morgan suggested that June can be kept open to see what the committee needs to do.

She asked for additions to the calendar. There were none.

PrEP Work Group Update

No further report.

Old Business: None.

New Business: None.

Announcements:

D. Gana announced the Red Ribbon Awards on Friday, November 30th from 4 to 7pm at 440 N. Broad Street.

G. Grannan offered two updates on harm reduction. The syringe exchange in Charleston in WV was shut down by the county. Yesterday a judge lodged an injunction in Orange County, CA against the needle access program. C. Conyngham added that Denver city council voted to approve safe injection facilities.

The committee discussed the local efforts to have a safe injection facility, including federal and state officials coming out against the safe consumption sites. The committee discussed having medical marijuana programs come to present on access and use. M. Ross-Russell said the PA HPG had a presentation on the dispensary network and process to gain access. She will see what other information she can get to share with the committee and possibly schedule a presentation.

Adjournment: The meeting was adjourned by general consensus at 3:57p.m.

Respectfully submitted by,

Nicole D. Johns, OHP Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from October 31, 2018
- 2019 Planning Calendar
- Slides from C. Terrell's HIV Prevention Update from September 2018 HIPC meeting
- Meeting Calendar
- OHP Calendar