

**HIV Integrated Planning Council  
Prevention Committee  
Wednesday, October 28, 2020  
2:30 PM – 4:30 PM**

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

**Present:** Keith Carter, David Gana, Gus Grannan, Loretta Matus (Co-Chair), Erica Rand, Clint Steib (Co-Chair)

**Staff:** Beth Celeste, Mari Ross-Russell, Nicole Johns, Sofia Moletteri

**Call to Order:** C. Steib called the meeting to order at 2:38 p.m.

**Welcome/Introductions:** All attendees introduced themselves with their name and area of representation.

**Approval of Agenda:**

C. Steib called for a motion to approve the October 28, 2020 Agenda. **Motion: K. Carter motioned, D. Gana seconded to approve the October 2020 agenda. Motion passed: 80% in favor, 20% abstaining.**

**Approval of Minutes (September 22, 2020):**

L. Matus called for a motion to approve the September 2020 meeting minutes. **Motion: G. Grannan motioned, D. Gana seconded to approve the September 2020 minutes. Motion passed: 60% in favor, 40% abstaining.**

**Report of Co-Chairs:**

No report.

**Report of Staff:**

M. Ross-Russell reported that the COVID-19 survey was live on the OHP website. She noted that on November 11, 2020, HIPC would be hosting another open house for interested members at 5:30 p.m. on Zoom.

N. Johns reported that HIPC was still accepting applications for Planning Council. M. Ross-Russell asked that anyone who interested in the Planning Council or those with questions contact the office. She also asked that current members reach out to those who would be a good fit for the council and put them in contact with the office to apply. C. Steib asked about the deadline for HIPC applications. N. Johns explained that there were no set deadlines as of now, but they would likely close applications within the next week or so.

N. Johns added that the COVID-19 survey was available in both Spanish and English. There is a steady amount of responses. She reminded the committee that the office has a social media packet on the website which allows people to help advertise the survey online. She asked that anyone in need of

paper copies let the office know so they can print and distribute them. N. Johns noted that there are also files online to print the surveys. In this case, contact the office, and they can arrange a way to return the completed surveys.

**Public Comment:**

None

**EHE Update:**

N. Johns reported that AACO is still collecting EHE feedback through the link on the EHE subdomain, hivphilly.ehe.org. There are two different surveys: the larger survey which dissects the plan strategy by strategy, and the Big Idea survey. She explained that AACO is running a campaign for the Big Idea survey.

M. Ross-Russell reported that on December 1<sup>st</sup>, AACO was planning on having EHE materials and feedback submitted and finalized. She noted that AACO also submitted EHE-related documents last week to the CDC.

**Discussion Items:**

*—Committee Structure/Focus—*

N. Johns reminded the committee that at their last meeting, they requested insight into other EMA's council structures. This request is part of a continuing conversation which will feed into deliberations/decisions for potential changes to committee structure.

M. Ross-Russell noted that EHE has been a guiding principal for Prevention Committee. There are two pillars from EHE, Prevent and Respond, which will likely be the categories of focus for Prevention Committee moving forward.

M. Ross-Russell said when looking at other jurisdictions' structures, Houston offered the most committee structure details. She explained that Washington and Houston had less than 50 council members. Overall, she was unable to find a jurisdiction that had 50 or more council members.

Lastly, M. Ross-Russell explained that the purpose of reviewing council structure is to more efficiently achieve the goals of Planning Council. The Council had a large number of tasks to address and review in the upcoming year. She explained that the consumer survey was coming up, and the council also had to revisit priority setting due to COVID-19 impact on community needs. The council will also be monitoring the results of the Integrated Plan.

Based on the current structure, she explained that most of the work listed falls to CPC. Other committees are capable of taking on the work, so this is why they are looking at structure. Another reason they are looking into this is because they have not reviewed their structure since 2002/2003, and work/culture has changed since 2002/2003. N. Johns said that the council has removed a couple of committees since then, but structure and work processes have remained the same.

N. Johns brought up a slide with Houston and Washington DC committees listed. Houston had the following committees: Affected Community Committee, Comprehensive HIV Planning Committee, Priority & Allocations Committee, Operations Committee, Quality Improvement Committee, Steering Committee, EIIH Working Group, and Project LEAP Advisory Board. Washington DC had the following committees: Executive Operations, Integrated Strategies, Research & Evaluation, Community Engagement & Education, and Comprehensive Planning.

M. Ross-Russell asked if there were any questions. K. Carter noted that they currently had six committees: Comprehensive Planning Committee, Prevention Committee, Positive Committee, Finance Committee, Executive Committee, and Nominations Committee. M. Ross-Russell noted that they also had ad-hoc working groups as necessary.

D. Gana asked if Positive Committee could be utilized as a resource for evaluating needs and identifying unmet needs. N. Johns noted that the intention of Positive Committee is to disseminate information to the community via the committee. However, N. Johns agreed that information can flow both ways. She agreed that the committee could be more intentional with their activities to achieve a two-way channel of information. The committee could become more heavily involved in reviewing proposals and other advisory activities.

M. Ross-Russell said that participation on the Council can be detail/information and process heavy. For community members who want to participate on the Council, the Positive Committee can also act as a mechanism to obtain information and assist with the learning curve. M. Ross-Russell recalled how in the past, needs assessments/priority setting were brought to Positive Committee for review and approval. It is possible, she explained, to have Positive Committee work more directly with the development of survey tools, assessments, etc.

C. Steib asked to make a list of each of the committees' current responsibilities as well as upcoming council tasks. This way, they could then separate each task out into applicable committees. M. Ross-Russell said Executive Committee could then review the list. C. Steib asked if OHP could create the list with different activities and future plans for Executive Committee to review and delegate the work as they see fit. N. Johns said they could do that and also include specific Planning Cycle activities and where they currently fall within the committees. Like Finance Committee, work can be rearranged. N. Johns said Finance Committee and priority setting may be a nice fit since there is significant overlap between data used for allocations and data used for priority setting. N. Johns said that rearranging workload by creating a list like C. Steib suggested, may even lead to a shuffle of membership. K. Carter agreed with C. Steib's idea.

M. Ross-Russell asked everyone to brainstorm the best ways to bring more members to the Council and how best to create ad-hoc committees to discuss involvement of specific populations/communities. She explained that such ad-hoc groups could encourage additional voices/input in HIPC processes and even increase membership.

K. Carter suggested coordinating with an outside organization to accomplish ad-hoc population-specific workgroups. M. Ross-Russell agreed that this may be a good idea. She noted that some members have connections with outside organizations/groups that may be helpful. For example, K. Carter and D. Gana are champions for the Elder Initiative. It may be beneficial to look to such organizations/groups that have an area of expertise. K. Carter said they could then bring people with areas of expertise to act as the building blocks of any population-specific workgroups.

M. Ross-Russell said that HIPC’s meeting structure has been described as “dry” by some attendees. She asked the Council about any changes that would make the work and process more exciting.

C. Steib explained that a shift in committee structure may help with making the work more exciting by making the work more equitable and involved across all committees. He added that some committees could work jointly on some items to help with workload and create camaraderie.

L. Matus asked about the status and progression of the EHE plan and Integrated Plan. M. Ross-Russell responded that the release of the Integrated Plan guidance was postponed due to COVID-19. She added that the five-year Integrated Plan, itself, will be ending in 2021 in August or September. She explained that the new guidance for Integrated Plan would likely be a combination of the EHE plan guidance and past Integrated Plan guidance. M. Ross-Russell noted that the EHE pillars and Integrated Planning structure are very similar to the initial Integrated Plan guidance (which was based on National HIV/AIDS Strategy with four specific components). L. Matus said that they should look at the future duties for the Integrated Plan, keeping in mind that the guidance for the new plan would soon be released. They could review future duties by keeping EHE and the Integrated Plan in mind.

L. Matus asked what they should do since they have a tentative plan around committee structure. N. Johns responded that Executive Committee would still need to discuss structure. M. Ross-Russell said the Executive Committee would likely meet in December. L. Matus asked if the Prevention Committee typically meets in December, and N. Johns said no, but Finance Committee does.

L. Matus noted that there was a HIPC meeting on the December 10<sup>th</sup>. L. Matus asked about the Executive Committee meeting date. M. Ross-Russell said S. Moletteri would send out a Doodle poll to Executive members to help determine the best meeting date.

***—Leadership/Workforce Development—***

N. Johns shared the EHE Plan on the screen. She brought up Goal 5 under Pillar 4: Respond. The goal is as follows: Ensure that HIV workforce is appropriately trained, supported, and capable of meeting the goals of the Philadelphia Ending the HIV Epidemic Plan. She said that there has been much discussion around workforce within the last year. This topic is within the EHE Plan and has been discussed in depth within HIPC, specifically Prevention Committee. She reminded the committee that in their meeting about prioritization of topics, the committee chose to prioritize the discussion of workforce. The Health Department has also prioritized this topic.

K. Carter suggested looking through each strategy of this goal, and L. Matus agreed. K. Carter ready Strategy 5.1—assess the capacity of the workforce needed to implement the EHE plan—and the corresponding activities. Please refer to the EHE plan, page 31 of version 3.5, for more information. L. Matus asked everyone to pause for feedback/comments when needed.

K. Carter read Strategy 5.2—develop the capacity of the prevention workforce to meet the goals of the Philadelphia EHE plan—and the corresponding activities. Please refer to the EHE plan, page 31 of version 3.5, for more information. K. Carter asked if this was regarding compensation for workers. L. Matus affirmed.

K. Carter asked which version/step of the EHE Plan they were currently reviewing. L. Matus responded that this was not yet the final plan. N. Johns explained that they were reviewing the plan to offer context of what is currently in the EHE Plan. They can review and discuss what is not included in the plan, so they can bring it forward for discussion, recommendation, etc. to AACO. She noted that AACO is prioritizing community feedback for implementation of the plan. The Council is of great help, because they have various areas of expertise.

M. Ross-Russell said that AACO is almost at the end of the EHE planning phase. The document is soon to be submitted and will be in its implementation phase as of January 1<sup>st</sup>.

K. Carter noted that Activity 5.2.2.—support expansion of the role of HIV testers to include responsibilities for active linkage to HIV medical care and PrEP through training and performance measures—especially stood out to him. He explained that this may be important for the committee to discuss since it is vital to ending the HIV epidemic.

K. Carter read Strategy 5.3—utilize programmatic and HIV public health data to develop the capacity of the HIV care workforce—and the accompanying activities. Please refer to the EHE plan, page 31 of version 3.5, for more information. K. Carter pointed out overlap between 5.2 and 5.3, and D. Gana agreed. He said that these activities corresponded, one being at the city-level and the other at agency-level. L. Matus said that for the last Activity of 5.3, she was curious to see how they are going to integrate these practices at the school district level.

K. Carter then read Strategy 5.4—develop capacity to implement services responsive to the changing landscape of healthcare in the wake of COVID-19 crisis and recovery—and the accompanying activities. Please refer to the EHE plan, page 31 of version 3.5, for more information.

K. Carter said that in the past, there has been pushback at the school district level, though he knows of new leadership. C. Steib said that new leadership may be more receptive. C. Steib said there has been a blockage of information getting into schools and general issues with testing and sexual education. K. Carter asked if AACO would personally visit schools to review the EHE plan. M. Ross-Russell was unsure.

D. Gana said talking to school districts would be important, but they should also consider including youth centers as a partnership. D. Gana suggested adding collaboration with youth centers as Activity 5.3.12. This would focus on meeting youth where they are at. Since the school district does not allow testing on site, youth centers may not have such regulations in place. C. Steib mentioned that some charter schools allow it on-site testing. K. Carter asked if charters are public or private, N. Johns responded that they are technically public, but the school district does not have full control over how they operate.

L. Matus said that adding youth centers to the list would enhance youth outreach, K. Carter said there is a new youth housing center with approximately 30 beds. They could get in touch with this new youth center as well.

C. Steib said that GSAs (gay/straight alliances) may also be helpful for dissemination of information within schools. K. Carter noted that when focusing on youth-centered outreach, they should look more into social media. M. Ross-Russell said that AACO is looking into more ways to enhance social media presence.

**Old Business:**

None.

**New Business:**

None.

**Announcements:**

L. Matus announced that Congreso is doing on-site HIV testing on Tuesdays and Wednesdays from 10:00 a.m. – 3:00 p.m. with the last test at 2/2:30 p.m. They are also assisting clients bilingually if people wanted to access at-home test kits. They can support this telephonically as well. She would forward the flyer to S. Moletteri to distribute to the rest of the Council. K. Carter asked if they have also been doing COVID-19 testing. L. Matus responded that Congreso Health Center does, and their next testing date was November 18<sup>th</sup>.

**Adjournment:** C. Steib called for a motion to adjourn. **Motion:** D. Gana motioned, K. Carter seconded to adjourn the October 28, 2020 Prevention Committee meeting. **Motion passed:** The meeting was adjourned by general consent at 3:55 p.m.

Respectfully Submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- October 2020 Prevention Committee Agenda
- September 2020 Prevention Committee Minutes