

**Philadelphia Prevention Community Planning Group (CPG)**  
**Meeting Minutes**  
**Wednesday, February 25<sup>th</sup>, 2009**  
**2:30 p.m. - 4:30 p.m.**  
**Office of HIV Planning, 340 N. 12<sup>th</sup> St., Suite 203, Philadelphia, PA 19107**

**Present:** David Acosta (Co-Chair), Yexsy Alicia, Robin Brennan, Robert K. Burns, Marné Castillo, Jennifer Chapman, Terri Clark, Christopher Collins (Co-Chair Elect), Tony Daniel, Tricia Dressel, Jeffrey Jenne, Suk Gu Lee, Ameenah McCann, Ken McGarvey, Dionna Samuel

**Excused:** Ingrid Abrams, Rick Feely (Co-Chair), Andrea Johnson, Jennifer Lauby

**Guests:** Heather Evans, Drachir Hudgins, Lillie Jackson, Tyreef King, Judith Peters, Melvin White, Susan B. Wyche

**Absent:** Carmen Diaz

**Staff:** Joseph Ellis, Monica Getahun, Nicole Johns, Debbie C. Law, Michael Milsop, Mari Ross-Russell

**Call to Order**

C. Collins called the meeting to order at 2:48 pm. The group then spent some time giving their introductions.

**Approval of Agenda**

The group took a moment to review the agenda. **Motion: M. Castillo moved and R. Burns seconded to approve the document. Motion passed: All in favor.**

**Approval of Minutes** (*January 28<sup>th</sup>, 2009*)

The members of the CPG spent some time reviewing the minutes from their last meeting. R. Burns noted that the attendance section of the minutes did not reflect the change of the Co-Chair position from himself to R. Feely nor that of Co-Chair Elect from R. Feely to C. Collins. **Motion: Noting the correction from R. Burns, D. Samuel moved and A. McCann seconded to approve the document. Motion Passed: All in favor.**

**Report of Co-Chairs**

C. Collins did not have a report. However, he informed the group that he would have something to report next month following the next UCHAPS meeting. Additionally, he said that he would be missing a few CPG meetings because of the Leadership Conference.

D. Acosta informed the group that June Mayfield was the new CDC project officer for the CPG and AACO. He said that he would be meeting with her on the following day to orient her on programs in the area. Additionally, he reported that the State RFP had been drafted and that he was reviewing the document to ensure that nothing was missing, such

as the new interventions in the CDC's compendium. He clarified that he was referring to the State RFP for Philadelphia providers and not the 656, which was for state providers.

### **Special Presentation**

- **Prioritization Process** – *N. Johns (OHP Staff)*

Before starting her presentation, *Setting HIV Prevention Priorities*, N. Johns clarified that the information it contained was intended to give context to the prioritization timeline that the group would be reviewing, and possibly approving, shortly. She then proceeded with her presentation, which reviewed various aspects of the AED Guidance for Community Planning Groups (see handouts for more information).

### **Action Items:**

- **New CPG Application** – *Nominations Committee*

R. Brennan directed the group's attention to the draft of the new CPG application, pointing out that the document consisted of only one two-sided page. T. Dressel reported that the Nominations Committee had developed the document after reviewing those used in other UCHAPS jurisdictions. She said that, as part of the ongoing outreach efforts, the committee had wanted to significantly shorten the document from its former 12-page version in order to ease the application process for potential new members.

D. Acosta asked whether the new application could be used by current CPG members who needed to renew their membership. M. Ross-Russell explained that, if approved, the new application could only be used after the current seating cycle had ended so that all applicants would use the same document and, therefore, be measured by the same criteria.

**Motion Passed:** 13 in favor, none opposed, 1 abstention.

- **Targeted Recruitment Form** – *Nominations Committee*

R. Brennan explained that the targeted recruitment form would be for non-voting members of CPG. She said that the document was intended to capture demographics information for the CDC on non-members who attended CPG meetings. T. Dressel added that the form would also be used for individuals who were interested in contributing to the CPG but were unable to become full members, such as representatives from government systems. R. Brennan also told the group that, although the form looked similar to the new CPG application, the final versions of the two documents would be printed on different colored paper for clarity.

D. Samuel asked whether all guests at CPG meetings would be asked to complete the form. R. Brennan replied that, ideally, all guests would fill out the form so that demographics information could be recorded. However, she clarified that each individual would only have to complete the document once. D. Samuel replied that, because of the document's layout, it appeared that those who completed it would be making some kind of a commitment, which could make some guests uncomfortable. She clarified that being a non-voting member instead of just a guest would remove any anonymity that some individuals might prefer to maintain. M. Ross-Russell informed the group that the OHP had developed the form in an attempt to fulfill a few requirements of both the CDC and the CPG. Primarily, she explained, the CDC now required the OHP to provide information on all non-voting members who, following the CDC's definition, were essentially any non-members who attended a CPG meeting. Additionally, she reminded the group that, at their last meeting, they had discussed the need to create openings for

representatives from governmental systems or others who had much to contribute to the CPG but were unable to fulfill the requirements of full membership. She pointed out that the non-voting member nomination form would officially create a space for such individuals. However, she stated that the form might not be the best method for accomplishing the various requirements. In response to a question by D. Acosta, M. Ross-Russell clarified that the CDC requested the exact same information on both full and non-voting members of the CPG. She said that the OHP had been making guesses about guests to fulfill the request in the past.

The members of the CPG suggested some alterations to the non-voting member form with the intention of clarifying the document and its purpose. A. McCann proposed adding a statement to the form to make it obvious that non-members were not making any commitments to the CPG. M. Castillo felt that removing the word “procedure” from the heading would make the document seem less formal. T. Clark suggested the addition of a list that would clarify the differing commitments and privileges that accompanied non-members versus full members. J. Chapman supported T. Clark’s suggestion but proposed adding the statement to the regular application and, thereby, doing away with the non-membership form altogether. However, M. Ross-Russell felt that using a single document for the two levels of membership could confuse some non-members and lead them to believe that they had voting privileges. D. Samuel pointed out that it was up to the Co-Chairs to correct anyone who misunderstood their voting abilities.

L. Jackson asked whether the CPG Bylaws dictated that individuals had to attend a certain number of meetings before they could become members. She was informed that members only had to attend a certain number of meetings to maintain their membership, not to earn it. L. Jackson reported that, in Ohio, individuals had to attend at least four meetings before they could join the CPG.

R. Burns recommended that the Nominations Committee revisit their discussion of the non-member form and potentially integrate the document into the CPG application. After it was pointed out that the CPG had already approved the new application, he made a friendly amendment to rescind the decision so that the Nominations Committee could redraft the document. Y. Alicia seconded the friendly amendment and R. Brennan accepted the charge on behalf of the Nominations Committee.

D. Acosta suggested that the CPG differentiate between a guest and a non-voting member. M. Ross-Russell stated that all decisions about how to move forward with the form were up to the CPG to make. However, she pointed out that their decisions could make it very difficult for the OHP to fulfill the data requests made by the CDC through the IPR and the APR. She then stated that the issue was further complicated by the need to make a decision about ex officio members. She reminded the group that, at their last meeting, they had started to discuss whether to designate seats on the CPG for ex officio members, or governmental representatives who wanted to contribute to the group but were unable to meet the requirements of full membership. She said that the CDC definition of a non-voting member had changed within the past year from an ex officio to essentially anyone who attended a meeting.

- **Prioritization Timeline** – *Monitoring Committee*

M. Castillo directed the group’s attention to the prioritization timeline handout, which had been reviewed and approved by the Monitoring Committee at their last meeting. She informed the group that, with their approval, the timeline would be used to guide the CPG and its

subcommittees through the prioritization process. She then proceeded to explain various aspects of the document, including the tasks that had already been completed and the deadlines and responsible parties for the tasks that had yet to be done (see handout for more information).

R. Burns asked what the decision had been on the issue of whether to use an outside facilitator. J. Ellis reported that the Monitoring Committee had decided not to use an outside facilitator because they had felt that disagreements between CPG members had never reached a level that necessitated the use of a mediator.

**Motion Passed: 12 in favor, none opposed, no abstentions.**

- **CPG Agenda Modification – *Monitoring Committee***

C. Collins stated that, like the timeline, the potential agenda modification was part of the prioritization process. He said that, basically, any modifications to the agenda would be to allow time during the meetings to continue or complete any prioritization work that would begin in the Planning Priorities and Literature & Education Committees. M. Ross-Russell added that, by including the whole CPG in the prioritization work, the Monitoring Committee was trying to make the process more inclusive. She explained that it would be easier for all the members of the CPG to understand how prioritization decisions were reached if they were more fully involved in the various steps. D. Samuel asked for specificity on what the modifications to the agenda would entail. M. Castillo replied that the details of the changes had yet to be worked out. However, she explained that, while the modifications would likely vary from one meeting to the next, they would probably involve a shortening of usual agenda items to allow room for a working period of some sort.

**Motion Passed: 12 in favor, none opposed, one abstention.**

**Discussion Item:**

- **Membership Composition (ex officio members?)**

M. Ross-Russell stated that most of the issues concerning ex officio members had been raised during the discussion on the non-voting membership form. However, she reiterated that the main decision that needed to be reached was how the CPG wanted to bring government representatives into their meetings so that they could contribute to the process without dominating it. She reminded the group that some members had felt that governmental representatives should not be allowed to vote in community planning. She also pointed out that, if they did allow governmental representatives to become full members, they could take up spaces that could otherwise be occupied by community members following the recruitment efforts.

K. McGarvey reiterated that the State CPG allowed its governmental members to vote but did not consider them as regular members. However, he noted that, unlike the Philadelphia CPG, the state did not have a maximum amount of members, which removed the concern over governmental representatives taking up community seats. M. Ross-Russell informed the group that the Philadelphia CPG had set a limit on its maximum number of members after having difficulty in getting a large group to accomplish tasks.

D. Acosta reminded the group that the discussion had initially started because he had invited some individuals to join the CPG in an attempt to fill some gaps in representation and

expertise. The problem, he continued, was that some of those individuals were unable to fully commit to the CPG even though they were interested and wanted to contribute. T. Clark felt that the CPG would be strengthened by removing any barriers that kept individuals from contributing. She believed that there could be numerous individuals with much expertise to share with the CPG who were not attending meetings because of the duties of membership. D. Acosta agreed, saying that although the actual work would likely continue to be completed by a relatively small group of people, increased input from knowledgeable experts could not hurt the process. L. Jackson stated that, in Ohio, experts who could not commit to full membership assisted the CPG by giving presentations or simply attending meeting to be included in the conversations. S. Wyche informed the group that, as a consultant for DHHS, she wanted to participate but did not have the time to sit on a subcommittee. Additionally, she said that she did not want to take the seat of a potential voting member. T. Daniel stated that, regardless of what title they were given, he could not see anything wrong with including experts in CPG conversations. He also noted that such individuals might know others who could become full members of the CPG.

D. Acosta suggested that the Nominations Committee develop a recommendation on the matter since it tied in with the non-voting membership form. However, T. Dressel felt that she required a better understanding of the matter before the Nominations Committee could come to a resolution. She said that the current discussion was the first time she had been made aware of the matter, which seemed to her to be more fitting for a Bylaws Committee. D. Acosta replied that, basically, the group needed to determine what types of individuals they would accept as full members of the CPG. He added that, if a great deal of governmental systems responded to the recruitment effort, the CPG would need to have a ready answer on the matter. M. Ross-Russell apologized to the Nominations Committee for not including the issue as a discussion item on their last agenda. C. Collins brought the discussion to a close by saying that it would need to continue in both the Nominations and Monitoring Committees before coming back to the full CPG.

#### **Committee and Workgroup Reports:**

- **Monitoring Committee** – *R. Feely & C. Collins*

T. Dressel stated that the majority of the discussion in the last Monitoring Committee meeting had focused on the prioritization timeline, which the CPG had just reviewed and approved.

- **Planning Priorities Committee** – *M. Castillo*

Primarily, M. Castillo informed the group that J. Lauby had had to resign from the CPG because of increases in her workload. As a result, she continued, the PPC was in need of a new Co-Chair. She then reported that, at their last meeting, the PPC had met with Dr. Kathleen Brady to discuss data trends and best practices for analyzing available data. She informed the group that, after their discussion with Dr. Brady, the committee had developed a data request for the Surveillance Department that primarily consisted of HIV/AIDS incidence and prevalence rates on Heterosexual, IDU, and MSM populations by gender, age, race, and exposure category. She said that the list also requested incidence maps, housing data on various risk groups, and incidence data for syphilis and Hepatitis C, among other items. D. Acosta asked whether they had also requested data on Trans populations. M. Castillo said that they had; however, she informed the group that,

according to Dr. Brady, incidence and prevalence rates for the population were very low in Philadelphia.

- **Literature & Education Committee** – *Y. Alicia & J. Chapman*

Y. Alicia informed the group that J. Chapman had become the new Co-Chair of the Literature & Education Committee. She then reported that the committee had started reviewing interventions in preparation for the prioritization process. She said that they had started their process by analyzing the fifty-seven interventions which were included in the CDC's compendium. However, she stated that the committee also intended to review locally-developed programs that were not CDC approved and so she asked the CPG members to provide any information they had on such programs. Additionally, she said that any insight into interventions that were not functioning properly would be appreciated. J. Chapman closed the report by saying that, because the committee had a great deal of literature and research to review, CPG members and guests were welcome and encouraged to assist in the process.

- **Nominations Committee** – *R. Brennan & T. Dressel*

R. Brennan reported that, in addition to reviewing the new application and the non-voting membership form that had just been discussed, the Nominations Committee had started planning for the CPG open house/meet & greet event. She informed the group that the event would probably take place in June to coincide with the various events associated with AIDS Education Month. She said that they were considering having CPG members bring guests to the event so that their friends and coworkers would have an opportunity to learn more about the CPG. She closed the report by saying that, at their next meeting, the Nominations Committee would be reviewing applications and, if time allowed, discussing ex officio members and non-voting membership.

- **Positive Committee** – *S. Hobbs & M. White, Co-Chairs*

M. White informed the group that he had represented both the Positive Committee and the CPG at the National African American HIV/AIDS Conference, which had recently been held in Philadelphia with over 300 people in attendance. He also reported that the Positive Committee would be hosting an educational discussion on emergency assistance at St. Luke's Church on Friday.

- **Points of Integration Workgroup** – *N. Shein, Chair*

M. Milsop reported that the next meeting of the Points of Integration Workgroup was scheduled for March 17<sup>th</sup>. He said that the group would review some of their past recommendations to determine whether anything required a follow up.

### **Report of Staff**

D. Law asked the members of the Nominations Committee to see her after the meeting so that she could distribute the new applications for scoring.

### **Old Business**

None

## **New Business**

None

### **What's New in the Community?** (research, data, topics of concern, etc.)

J. Peters informed the group that, on the following day, the University of Pennsylvania's School of Nursing would be holding a focus group discussion on relationships for 13 – 19 year old girls. She specified that the group was only for girls who were born as females and not MtF Trans individuals who identified as such.

D. Samuel said that the University of Pennsylvania continued to recruit for Project Bro, a research program for African American MSM. She told the group to contact her for more information.

L. Jackson suggested that the group contact Dr. Mandevro about possible membership on the CPG. She said that the doctor, who was in the HIV-themed film "All of Us," was now in the Philadelphia area and looking to get more involved in prevention work. M. Castillo said that Dr. Mandevro would be working in CHOP's care center for positive youth.

K. McGarvey informed the group that the State Health Department had drafted some language in an attempt to reconcile ACT 148 with the CDC's recent recommendations for removing barriers to testing in primary care centers. However, he said that a bill on the matter had yet to be seen. D. Acosta added that the draft language was still friendly to the current state law in that it did not force individuals into an HIV test. However, he stressed that it would remove some of the barriers to testing. K. McGarvey asked for more information on the Act 148 forum and D. Acosta said that he would send it to the OHP so that it could be sent to the entire CPG.

Additionally, D. Acosta said that he would forward more information to the CPG on the training for the new corrections-based intervention, which he had mentioned at the last meeting.

## **Announcements**

- T. Clark announced that Action AIDS was looking to hire a full time HIV tester.
- M. Castillo said that MPowerment would be hosting another youth night at Woody's on Wednesday, March 4<sup>th</sup>.
- R. Brennan announced that a planning meeting for the Youth Prevention Summit would be held the following day at Y-Hep from 10 – 11:30 am. Additionally, she informed the group that the Peer Education Academy would be hosting their 6<sup>th</sup> graduation on March 3<sup>rd</sup> from 4 – 6 pm.
- J. Jenne announced that a meeting to plan community events for AIDS Education Month would be held at Philadelphia FIGHT on February 27<sup>th</sup> at 3 pm.

- T. Daniel informed the group that March 9<sup>th</sup> – 13<sup>th</sup> was National LGBT Health Week. He then announced that, on March 11<sup>th</sup>, the collective would be offering HIV testing from 9 am – 2 am. Additionally, he said that the HIV vaccine trials network would be giving a report on the MSM trials at Miss Tootsie's on March 12<sup>th</sup> at 6pm.
- C. Collins announced that a 3MV session would be running from March 11<sup>th</sup> – 13<sup>th</sup>.

### **Adjournment**

The meeting was adjourned by general consensus at 4:28 pm.

Respectfully submitted,

Joseph Ellis, Staff

### **Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*January 28<sup>th</sup>, 2009*)
- Handouts to *Setting HIV Prevention Priorities*
- Draft of New CPG Application
- Draft of Non-Voting Member Nomination Form
- CPG Prioritization Timeline
- OHP Meeting Calendar

# Philadelphia Prevention Community Planning Group (CPG)

Wednesday, February 25<sup>th</sup>, 2009

2:30 – 4:30 p.m.

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**Call to Order**

**Welcome/Introductions**

**Approval of Agenda**

**Approval of Minutes** (*January 28<sup>th</sup>, 2009*)

**Report of Co-Chairs**

**Special Presentation**

- **Prioritization Process** – *N. Johns (OHP Staff)*

**Action Items:**

- **New CPG Application** – *Nominations Committee*
- **Targeted Recruitment Form** – *Nominations Committee*
- **Prioritization Timeline** – *Monitoring Committee*
- **CPG Agenda Modification** – *Monitoring Committee*

**Discussion Item:**

- **Membership Composition (ex officio members?)**

**Committee and Workgroup Reports:**

- **Monitoring Committee** – *C. Collins & R. Feely*
- **Planning Priorities Committee** – *J. Lauby & M. Castillo*
- **Literature & Education Committee** – *Y. Alicia & J. Chapman*
- **Nominations Committee** – *R. Brennan & T. Dressel*
- **Positive Committee** – *S. Hobbs & M. White*
- **Points of Integration Workgroup** – *N. Shein*

**Report of Staff**

**Old Business**

**New Business**

**What's New in the Community?** (*research, data, topics of concern, etc.*)

**Announcements**

**Adjournment**

**Please contact the office at least 5 days in advance if you require special assistance**

*The next meeting of the CPG will be held on Wednesday, March 25<sup>th</sup>, from 2:30 – 4:30 pm*

*Office of HIV Planning, 340 N. 12<sup>TH</sup> Street, Suite 203, Philadelphia, PA 19107*

*(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org*

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**2:30 p.m. - 4:30 p.m.**  
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**Present:** David Acosta (Co-Chair), Robin Brennan, Marné Castillo, Tony Daniel, Tricia Dressel, Rick Feely (Co-Chair Elect), Jeffrey Jenne, Andrea Johnson, Ameenah McCann, Ken McGarvey, Dionna Samuel

**Excused:** Ingrid Abrams, Yexsy Alicia, Robert K. Burns (Co-Chair), Jennifer Chapman, Terri Clark, Christopher Collins, Jennifer Lauby, Suk Gu Lee

**Guests:** Henry Bennett, Richard Brooks, Eleanor Lundy-Wade, Anthony Pearson, Linda Peters, Eric Sinclair, Gail Thomas, Melvin White, Susan B. Wyche

**Absent:** Carmen Diaz

**Staff:** Aneeza Agha, Joseph Ellis, Monica Getahun, Nicole Johns, Debbie C. Law, Michael Milsop

**Call to Order**

R. Feely called the meeting to order at 2:36 pm. The group then spent some time giving their introductions.

**Approval of Agenda**

The group took a moment to review the agenda. **Motion:** M. Castillo moved and T. Daniel seconded to approve the document. **Motion passed:** All in favor.

**Approval of Minutes** (*November 19<sup>th</sup>, 2008*)

The members of the CPG spent some time reviewing the minutes from their last meeting. **Motion:** Afterwards, T. Daniel moved and T. Dressel seconded to approve the document. **Motion Passed:** All in favor.

**Report of Co-Chairs**

R. Feely reported on the recent state CPG meeting, which he had attended on January 18<sup>th</sup> and 19<sup>th</sup>. He said that the bulk of the meeting consisted of a roundtable review of information on heterosexual populations and that, according to epidemiological data, there had been a recent increase in heterosexual transmission in both Pennsylvania and the United States in general. He informed the group that previous needs assessments of the Pennsylvania Prevention Project (PPP) had found gaps of HIV/AIDS knowledge, a need for culturally appropriate and targeted information that was readily available, and less sporadic condom usage among the population. He also reported on other projects that the PPP had undertaken in 2007-2008, which were applicable to Heterosexual and IDU populations. He said that they continued to work collaboratively with the Integrated Planning Council and Ryan White funded coalitions outside of Philadelphia to conduct a

study on the unmet needs of HIV positive men and women, including prevention resources. Their goal, he stated, was to develop a registry on prevention treatment services for the state. Additionally, he continued, the PPP would soon begin to analyze the data they had collected from parent-comprised focus groups, which had been formed in an effort to understand the HIV prevention needs of adolescent children. R. Feely also reported on the results of the PPP's literature review on the HIV prevention needs of incarcerated men and women. The review, he said, had found that HIV was a significant problem within jails and prisons in the US and Pennsylvania, that risks for infection existed both within and outside prison and jail settings, and that programs to help reduce the risk of infection existed but were not evenly offered to inmates and required additional testing for reliability within diverse populations and for long-term behavior change. He said that the PPP recommended an examination of interventions such as Project Start and Beyond Fear for potential implementation in jails and prisons in Pennsylvania. R. Feely also reported on another literature review of the PPP, which focused on the role of religion in HIV prevention. The findings, he continued, were that spirituality could be supportive and helpful to those who were HIV positive and could have a positive influence on some people's risk behaviors. However, the findings also showed that many did not seek out spiritual help because they perceived religious institutions as intolerant and did not believe that their sexuality or HIV status would be accepted. Reporting on future activities of the state CPG, R. Feely said that the Interventions Subcommittee would be investigating programs that focused on gender power issues to address the significant increase in transmissions among young women of color. In closing, he said that the next roundtable review would focus on MSM.

D. Acosta reported that AACO was still working on the State RFP and expected it to be finished by the end of February. He said that, at the state's request, the new RFP would be open to a larger system than the last. However, he stated that the fifteen currently-funded city agencies would be able to reapply. He also informed the group that the interventions in use would be expanded to include two new programs released by the CDC that targeted PLWHA and adolescents.

D. Acosta also reported on the continuing population workgroup meetings, the most recent one having focused on Heterosexuals. He said that mobile testing units had been discussed but were determined not to be an option for the Health Department because of liability issues. However, he said that mobile testing had already been made an option because of the numerous agencies that performed testing off site. After reviewing the best practices and procedures of other jurisdictions, he said that the identified needs for MSM populations were better collaboration, coordination, and cooperation among agencies as well as new ideas for the development of EBIs. He told the group that AACO was working to respond to the needs since they largely involved policy change. However, he pointed out that providers would also have to do their part to increase cooperation, noting that MSM providers had made the greatest advances in enacting such changes. He announced that the minutes from the youth populations meeting were being written and that the top areas in need of improvement for youth programs would be identified through Survey Monkey. Spreadsheets were also being developed, he said, to

identify any commonalities between the identified needs for the various populations. He then informed the group that the IDU workgroup meeting was scheduled for March.

D. Acosta also reported that, in a recent meeting with mobile testing providers, many of the same issues identified by the Heterosexual population workgroup had come up. Therefore, he said that AACO would be redirecting to improve cooperation and to better meet the needs of the various populations. He reminded the group that all of the meetings in his report were taking place because of the recent spike in the incidence rates.

Reporting on his own activities, D. Acosta said that he had been looking at improving the system's capacity in order to include more training sessions on new interventions. He then announced a new intervention called d-up, which targeted Black MSM and had been modeled after POL. He said that a training session for the intervention would be available as part of the State RFP, noting that various agencies from all over Pennsylvania had already signed up. Additionally, he informed the group that, as a result of recent work with the AED (Academy for Educational Development), AACO would be hosting a training session in May for a new intervention for prison populations. He clarified that the intervention was appropriate for all types of prisons and said that AACO should get some extra slots for the training since they were hosting the event.

Lastly, D. Acosta reported that NASTAD (the National Alliance of State and Territorial AIDS Directors) had investigated the impact of the recent funding cuts on state and public health structures. He said that the grim results of the investigation made the Obama administration's proposed stimulus package necessary because of its call for a huge influx of funding for health issues. He said that, as part of the proposal, 3 billion dollars would be administered by HHS, with the HHS secretary and the new interim director of the CDC deciding how the money would be spent, with 2.35 billion going to the CDC. Additionally, he said that 335 million would go to system integration and S. Wyche informed the group that 334 million would go to domestic prevention. D. Acosta stated that, due to increasing opposition to the stimulus package, members would likely receive emails in the coming weeks in search of support for the bill. He then brought the conversation to a close by telling the group that he had a complete breakdown of how the proposed funding would be spent for anyone who was interested in it.

R. Feely asked D. Acosta whether there had been any progress in arranging an AACO workgroup meeting for Trans populations, as had been discussed at the last CPG meeting. D. Acosta replied that, while the meeting would definitely be scheduled, planning for it still needed to be worked out with providers.

### **Special Presentations:**

- **Overview of the Prevention Plan – N. Johns (OHP Staff)**

N. Johns informed the group that her presentation would give a simple overview of the content and organization of the prevention plan, without focusing on any specific data. She stated that the basic purpose of the plan was to act as a map for the delivery of prevention services, which the CDC required to be completed every 5 years. Starting her presentation, N. Johns informed the group that Section I of the plan reviewed the

demographics, affiliations, and expertise of the CPG membership as well as their representation of at-risk populations. She also noted that Section I contained the goals and objectives of the CPG in addition to any progress the group had made since the last plan. Continuing, she stated that Section II of the plan focused on the CSA (Community Services Assessment), which included information on needs assessment, gap analysis, and community resources. Section III of the plan, she stated, contained both the CPG's priorities for populations and interventions as well as the group's recommendations for PEMS variables and effective intervention funding. She brought her presentation to a close with a review of Section IV, which covered monitoring and evaluation, and the appendix.

D. Acosta asked how the OHP was progressing with the prevention provider survey. A. Agha informed him that the office had received approximately fifty-seven responses but noted that the survey had been sent to hundreds of individuals and many were slow to respond. However, she said that the office would be doing a follow up that week because the cutoff date for the survey was the week following. She then informed the group that all interventions except for Community Promise had already been reviewed through the survey. D. Acosta asked whether the cutoff date would be delayed if the office did not receive what it felt to be a sufficient amount of information. A. Agha replied that the OHP was considering another project for gathering information but said that any decisions would only be made following a discussion with the PPC.

- **Conflict of Interest** – *A. King (OHP Staff)*

A. King gave a brief presentation on conflict of interest and how it affected the CPG. Her presentation reviewed Bylaws statements on the matter and provided some tips for dealing with any potential conflicts.

**Action Item:**

- **Proposed Changes to Bylaws** – *Monitoring Committee*

R. Feely reminded the members of the CPG that, though they had been presented with the proposed changes to the Bylaws in November, a caveat in the Bylaws prevented them from voting on the matter until the current meeting. As the group reviewed the details of the handout, M. Castillo informed them that the proposals had developed from a review of the AED guidelines, wherein some gaps in the current Bylaws had been identified. In response to a question from D. Samuel, J. Ellis informed the group that quorum was one third of the total CPG membership. R. Feely stated that the Co-Chairs always checked to ensure that they had quorum before starting a CPG meeting with any action items on the agenda. **Motion:** D. Samuel moved and R. Brennan seconded to approve all of the proposed changes to the Bylaws as they were written on the handout. **Motion Passed:** 8 in favor, none opposed, 1 abstention.

**Committee and Workgroup Reports:**

- **Monitoring Committee** – *R. Feely & C. Collins*

M. Ross-Russell informed the group that, at their last meeting, the Monitoring Committee had continued to discuss a timeline and committee restructuring for the forthcoming prioritization of populations and interventions. She said that the committee had decided

to have OHP staff develop a preliminary timeline for the accomplishment of goals because they were more familiar with approximately how long the completion of each element would take. Additionally, she reported that the Monitoring Committee had decided to set aside time at the end of each CPG meeting to continue any prioritization work that had begun in the committees in order to include the entire group in the process. M. Castillo added that the Monitoring Committee was excited about the decision to bring the planning work to the entire CPG because it would foster greater understanding about the process. In closing, she said that, after the committee reviewed the draft of the timeline at their next meeting, they would develop specific tasks with well-defined roles and outcomes for the workgroups.

- **Planning Priorities Committee** – *J. Lauby & M. Castillo*

M. Castillo reported that the PPC had not met in January due to scheduling conflicts. However, she said that the group would be meeting with Dr. Kathleen Brady on February 18<sup>th</sup> to discuss available data and best practices to review the information.

- **Literature & Education Committee** – *Y. Alicia & J. Chapman*

M. Ross-Russell reported that the Literature & Education Committee had not convened because the weather had prevented a sufficient number of members from being able to attend. She then informed the group that the committee was about to begin reviewing and analyzing a tremendous amount of data and research. As a result, she asked anyone who was willing and able to lend some of their free time to assisting in the arduous process. D. Acosta offered to assist the Lit & Ed Committee, pointing out that the group was incredibly important because they would largely be responsible for choosing the interventions in the next prevention plan.

- **Nominations Committee** – *R. Brennan & T. Dressel*

R. Brennan reported that, at their last meeting, the Nominations Committee had decided to shorten the CPG application after reviewing those in use by other UCHAPS cities. She said that the new application would only be two pages long but would still request all of the necessary information from applicants, noting that it would allow for applicants to attach additional information if they so desired. She said that a draft of the new application should be ready for approval by the next CPG meeting. Continuing her report, R. Brennan stated that the committee had also discussed ways to attract new members and, as a result, was starting to plan an open house or meet & greet type of event. She then invited any CPG members who were interested in helping to plan the event to attend the group's next meeting on Wednesday, February 18<sup>th</sup>.

In response to a question by R. Feely, R. Brennan informed the group that the OHP had received some applications for CPG membership, which the Nominations Committee would be reviewing at their March meeting. R. Feely asked what the deadline was for the April seating. D. Law responded that the cutoff date for applications for the current cycle was Friday, February 27<sup>th</sup>.

D. Acosta proposed that the CPG designate specific seats for representatives from various governmental systems. He informed the group that he had been talking with a

pediatrician from St. Christopher and individuals from DIS (Disease Intervention Specialists) in an attempt to get them to join the CPG, pointing out that the group was missing these and other areas of expertise from its membership. He said that two representatives from DIS had agreed to take turns attending CPG meetings. M. Ross-Russell stated that the CPG did not have to designate specific slots for government representation because such individuals could always attend meetings as non-voting or ex-officio members. However, she asked for more information on the two DIS representatives so that they could be included in the next CSA. R. Feely asked whether the CPG should spend time developing an official invitation letter at their next meeting. M. Ross-Russell pointed out that such a task would be more easily managed by either the Monitoring or Nominations Committees. K. McGarvey informed the group that the state CPG had epidemiologists and representatives from various governmental systems attending their meetings. He said that, though some of the individuals were just consultants, most were full voting members because the state CPG had felt that an invitation to the discussion should include the ability to vote. However, he noted that the governmental representatives did not take up any community slots. M. Ross-Russell pointed out that the Bylaws of the Philadelphia CPG did not denote governmental versus community seats. R. Feely suggested inviting the representatives from the various systems to the CPG meeting but holding off on a decision about their membership status. He felt that the group would need sufficient time to fully discuss whether to allow governmental representatives to vote on a community planning group. The group agreed and decided to discuss the matter at the next meeting of the Monitoring Committee.

- **Positive Committee** – *S. Hobbs & M. White, Co-Chairs*

M. White informed the group that he was working with OHP staff to improve recruitment efforts for the Positive Committee through increased community outreach.

- **Points of Integration Workgroup** – *N. Shein, Chair*

M. Milsop reported that, due to scheduling conflicts, the Points of Integration Workgroup would not be meeting until March. At their next meeting, he continued, the group would continue to develop their integration of prevention & care services grid in an effort to improve the care system's response to the ongoing integration of services. He then noted that, although the PIW did not satisfy subcommittee requirements, the workgroup could use more representation from the prevention system as only two CPG members were currently participating.

D. Acosta reported that the Health Department's Integration Workgroup had met that morning. He said that the group had performed an analysis of OAS, which had recently joined the group because programs funded by the Health Department performed testing at their sites. He said that OAS could now be added to the *Philadelphia Inventory of Collaboration and Service Integration of HIV, STD, Hepatitis, and Tuberculosis* grid and that the CPG could receive an updated copy of the document if they were interested. The next step for the Health Department's Integration Workgroup, he concluded, was to include the prison system in their discussion through a method similar to that which had brought OAS to the table.

### **Report of Staff**

N. Johns informed the group that one her responsibilities as OHP staff was to perform outreach for the various entities of community planning. As a result, she requested notification from anyone who had information about upcoming HIV-related events or meetings.

### **Old Business**

None

### **New Business**

D. Acosta informed the group that AACO had a new CDC Project Officer because the former one had been promoted. Additionally, he reported that March 30<sup>th</sup> was the due date for the APR, the questions of which he had recently forwarded to the CPG membership. He said that he would give a report to the CPG on the final results but pointed out that the Health Department did not require concurrence with the document from the CPG.

### **What's New in the Community?** (research, data, topics of concern, etc.)

D. Samuel informed the group that she had attended the recent African American MSM Leadership Conference on HIV/AIDS in Atlanta. She said that there had been numerous workshops on performing effective outreach, at which she had been interested in the attractive pamphlets that some organizations were using. Additionally, she had learned about Kiki functions, which emphasized to the use of online resources, such as Myspace, over traditional flyers to excellent results. R. Feely noted that a Kiki function had been held in Philadelphia recently and that the event had attracted a huge turnout.

M. White announced that the National African American HIV/AIDS Conference would again be coming to Philadelphia. T. Daniels informed the group that the conference was a for-profit event.

M. Castillo announced an upcoming presentation on the results of the recent microbicides trial that the University of Pennsylvania had conducted. D. Acosta said that he had sent providers information on the presentation, which he would forward to the CPG through the OHP.

T. Daniels announced that Lee Carson at PHMC was conducting a health survey on the Transgender community. R. Feely noted that TIP, GALAEI, COLOURS, and other providers had incentives for those who took the survey that were not available to those who took the survey through Survey Monkey.

R. Feely announced that TIP was conducting a health survey for incarcerated or previously incarcerated individuals. He said that an incentive was available for incarcerated individuals who took the survey but not for those who had been released. Additionally, R. Feely announced that the San Francisco HIV evidence paper on Transgender individuals had recently been released.

### **Announcements**

- T. Daniel announced that, in observance of National Black HIV/AIDS Awareness Day, the collective mobile testing unit would be operating at various locations in the city on February 7<sup>th</sup>. He said that more information was available through the Mazzone Center.
- R. Feely announced that a Transgender Black history celebration event was going to be held at the Carriage House on February 19<sup>th</sup>.
- R. Feely also announced that he would not be able to attend the next CPG meeting due to surgery.

### **Adjournment**

**Motion:** R. Brennan moved and A. Johnson seconded to adjourn the meeting at 3:53 pm.

**Motion Passed:** All in favor.

Respectfully submitted,

Joseph Ellis, Staff

### **Handouts Distributed at the Meeting:**

- Meeting Agenda
- Meeting Minutes (*November 19<sup>th</sup>, 2008*)
- Proposed Changes to the CPG Bylaws
- OHP Meeting Calendar

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# Setting HIV Prevention Priorities

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Review of the AED Guidance for  
Community Planning Groups

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# What is priority setting in HIV prevention community planning?

- It's the CPG's main task
  - Prioritization process produces a list of ranked target populations and recommended interventions for them
  - Process helps the health department direct funds to those populations most at risk
  - Process per CDC Guidance
-

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# What is the role of CPG members in setting priorities?

- CPG members need to learn about the prevention needs in their community.
  - Members use that information to decide objectively which target populations will receive specific interventions and prevention services
-

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# Where does priority setting fit into community planning?

- Priority setting results from the work done in producing the Epi profile and the community services assessment (CSA)
  - The prioritized list of populations and interventions will form the basis of the plan that the health department uses in its application for CDC HIV prevention funding
-

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# What are the benefits of setting priorities?

- Resources targeted to where they will be most effective
  - Guidelines for Health Dept in application for funds
  - Guidelines to grantee as it allocates funds to local organizations
  - Justification for controversial programs
  - Justification for supporting organizations that reach marginalized populations
  - Community endorsement of prevention programs
-

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# How will PEMS affect community planning?

- PEMS will not change the community planning process
  - PEMS requires health dept to describe priority populations and interventions in a specific manner
  - AED guide suggests asking the health dept for clarification on the PEMS reporting requirements
-

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# How does PEMS specify that target populations be described?

- PEMS allows health dept to report up to 99 target populations
  - PEMS requires health dept to describe these characteristics for target populations
    - Target population name
    - Transmission risk
    - Race
    - Ethnicity
    - Gender
    - Age
    - HIV status
-

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## How does PEMS specify that target populations be described?

- There are optional variables that the health dept may choose to report
  - The CPG requested that the health dept collect many of these variables because they would benefit community planning
  - The full list of those variables is available in the prevention plan
-

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# How does PEMS specify that interventions be described?

- PEMS requires health dept to be specific in describing interventions
    - Program name
    - Program model name
    - Program model start date and end date
    - Basis for program model
      - Evidence-based study
      - CDC recommended guidelines
      - Other basis
-

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# What are the first steps of priority setting?

- Getting Ready to Set Priorities: Group Process
  - Develop ground rules
  - Review bylaws
  - Develop decision-making methods
  - Review conflict of interest
  - Identify roles and responsibilities

These steps have been completed by CPG

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# What are the planning steps for priority setting?

- Getting Ready to Set Priorities: Managing the Work
  - Review former prioritization process
  - Develop work plans and timelines
  - Gather information
    - Epi data
    - Needs assessments
    - Gap analysis
    - Intervention effectiveness information

CPG is currently working on these steps-  
to be finalized by August 2009

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# What are the steps to prioritizing target populations?

- **Priority Setting Steps for Target Populations**
  - Identify and define target populations
  - Determine factors for target populations
  - Weight factors
  - Rate target populations using factors
  - Score target populations using factors
  - Rank target populations
  - Review rankings and prioritize target populations

**CPG to complete April to August 2009**

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# What are the steps for prioritizing interventions?

- **Steps for Selecting Interventions**
  - Identify a list of interventions for each target population
  - Determine factors for interventions
  - Weight factors.
  - Rate interventions using factors.
  - Score interventions for each target population using factors
  - Rank interventions for each target population
  - Review rankings and select recommended interventions for each target population.

**CPG to complete Sept 2009 - August 2010**

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# What are the final steps for prioritization?

- Write the prevention plan
- Determine funding allocation percentages for target populations
- Determine concurrence

**CPG will complete these steps by Feb. 2011**

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# Where are we right now in the priority setting process?

- The CPG is currently gathering information and resources
    - Epi and surveillance data
    - Literature review
    - Needs assessment data
    - Gap analysis results
    - Intervention effectiveness for target populations
-

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# Where are we right now in the priority setting process?

- Developing work plans and timelines
  - See worksheet #3 (Action Item)

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# What are the CPG's next steps?

- Identify and define target populations from review of data (PPC and CPG)
  - Determine factors for target populations (PPC and CPG)
  - Review available literature and data on interventions (Lit and CPG)
-

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# What do CPG members need to do?

- Participate on a committee regularly
  - Do any committee homework
  - Share information with CPG and OHP about local interventions and research
  - Bring others to meetings to share their insight
  - Commit to the process for the next 18 months
  - Attend CPG meetings and participate in group discussions
-

# Philadelphia Prevention Community Planning Group (CPG)

## Application for Membership

Revised February 2009 DRAFT

### Please indicate whether you have served on the CPG previously.

\_\_\_\_ I am a current CPG member, reapplying for a new term.

\_\_\_\_ I am a former CPG member, reapplying (*Member during what years:* \_\_\_\_\_).

\_\_\_\_ I am a new applicant (never been a member of the Philadelphia CPG).

**Full Name (please print):** \_\_\_\_\_

**Title (if applicable):** \_\_\_\_\_

**Organization (if applicable):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_  Home  Cell  Work

**Secondary Phone:** \_\_\_\_\_  Home  Cell  Work

**E-Mail Address:** \_\_\_\_\_

Please note that membership is a volunteer position with final appointment determined by the Managing Directors Office.

As a CPG member, you would be responsible **every month** for participating in one full CPG meeting (2 hours), one sub-committee meeting (2 hours), as well as preparation time (2-5 hours).

**Are you able to devote 4-8 hours per month to the CPG?** \_\_\_\_ YES \_\_\_\_ NO

*(The CPG meets on the 4<sup>th</sup> Wednesday of every month from 2:30 -4:30pm; sub-committee meeting dates vary)*

To achieve the CDC's requirements of inclusion, representation and parity, the CPG strives for a membership that represents the full range of Philadelphia communities affected by HIV. Therefore, candidates are asked to provide information on demographics and experience in order to assist in the member nomination process.

### Demographics: Please check next to the demographic group(s) with which you identify.

**Age:** \_\_\_\_\_

**Ethnicity/Race:**

**Gender:**

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)

- African American/Black
- American Indian/ Alaska Native
- Asian
- Caucasian/ White
- Latino/Latina/ Hispanic
- Native Hawaiian/ Other Pacific Islander
- Other (*specify*) \_\_\_\_\_

**Sexual Orientation:**

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Other (*specify*) \_\_\_\_\_

**HIV-status (check one):**

- HIV positive
- HIV negative
- Unknown

**Affiliation(s), Expertise and Representation**  
Please fill in each column below by check marking all that apply

<b>Affiliation(s):</b>	<b>Expertise:</b>	<b>At-Risk Community Representation:</b>
<input type="checkbox"/> Individual Person <input type="checkbox"/> State/Local Health Department <i>please specify i.e. STD, HIV, Hep C, TB, etc:</i> _____ <input type="checkbox"/> Governmental Education Agency <input type="checkbox"/> Academic Institution <input type="checkbox"/> Research Center <input type="checkbox"/> Faith Based Community <input type="checkbox"/> Other Governmental Agency <i>please specify i.e. substance abuse, mental health, corrections, homeless, etc:</i> _____ <input type="checkbox"/> Non-governmental HIV Prevention Service Provider <input type="checkbox"/> Non HIV Prevention Provider, but a non-governmental provider of related services <i>please specify i.e. substance abuse, mental health, corrections, homeless, etc:</i> _____  <input type="checkbox"/> Community Base Organization <i>please specify i.e. HIV or other social service, etc:</i> _____	<input type="checkbox"/> Epidemiology <input type="checkbox"/> Behavioral/Social Sciences <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Health Planning <input type="checkbox"/> Intervention Specialist <input type="checkbox"/> School & Educational Community <input type="checkbox"/> Medical Doctors <input type="checkbox"/> Other (Please List): _____	<input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> MSM Injection Drug Users <input type="checkbox"/> Injection Drug Users (IDU) <input type="checkbox"/> Heterosexual <input type="checkbox"/> Mother with or at risk for HIV infection <input type="checkbox"/> Adolescents <input type="checkbox"/> People Living with HIV/AIDS <input type="checkbox"/> General Population <input type="checkbox"/> Other (Please List): _____
Indicate one PRIMARY affiliation listed above: _____	Indicate one PRIMARY expertise listed above: _____	Indicate one PRIMARY representation listed above: _____
Indicate one SECONDARY affiliation list above: _____	Indicate one SECONDARY expertise listed above: _____	Indicate one SECONDARY representation listed above: _____

Though not required, applicants may include a resume, cover letter, biographical sketch, or other statement (up to 2 pages) explaining their interest in the CPG and their knowledge of and/or experience with HIV prevention.

**Questions, comments, and completed applications are to be submitted to:**

**THE OFFICE OF HIV PLANNING**  
**340 North 12<sup>th</sup> Street, Suite 203**  
**Philadelphia, Pennsylvania 19107**  
**(215) 574-6760, (215) 574-6761 (fax)**  
**[www.hivphilly.org](http://www.hivphilly.org)**



<p><b>DO NOT WRITE IN THIS SPACE--FOR OFFICE OF HIV PLANNING USE ONLY</b></p> <p>Date Received: _____</p> <p>By: _____ Via _____</p> <p>Date Reviewed by Panel _____</p> <p>Recommendation: Y / N</p> <p>Appointed: Y / N</p> <p>Term: _____</p>
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## **Philadelphia Prevention Community Planning Group (CPG) Procedure for Inviting Non-Voting Members to Join**

The Philadelphia CPG is an open and inclusive planning body. All meetings are open to members of the public as non-voting members. The CPG is reflective in its composition of the Philadelphia epidemic, in regard to demographics and of communities, with particular consideration given to disproportionately affected and historically underserved subpopulations. We encourage members to invite individuals who they believe possess the necessary knowledge, expertise, and dedication to be an outstanding voting or non-voting member of the planning body.

If CPG members know someone who they believe would be a valuable member on the planning body, please invite that person to apply for membership or non-voting membership by completing this form and sending it to the Office of HIV Planning. The Nominations Committee of the CPG will review the nomination and send a letter inviting the person to join the CPG as a member or non-voting member.

### **Non-Voting Member Nomination Form**

Name of non-voting member: \_\_\_\_\_

Organization (*if applicable*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

To achieve the CDC's requirements of inclusion, representation and parity, the CPG strives for a membership that represents the full range of Philadelphia communities affected by HIV. Therefore, candidates are asked to provide information on demographics and experience in order to assist in the member nomination process.

#### **Demographics: Please check next to the demographic group(s) with which you identify.**

**Age:** \_\_\_\_\_

**Gender:**

- Male
- Female
- Transgender (Male to Female)
- Transgender (Female to Male)

**Sexual Orientation:**

- Gay
- Bisexual
- Lesbian
- Heterosexual
- Other (*specify*) \_\_\_\_\_

**Ethnicity/Race:**

- African American/Black
- American Indian/ Alaska Native
- Asian
- Caucasian/ White
- Latino/Latina/ Hispanic
- Native Hawaiian/ Other Pacific Islander
- Other (*specify*) \_\_\_\_\_

**HIV-status (check one):**

- HIV positive
- HIV negative
- Unknown

Continue →

**Affiliation(s), Expertise and Representation**  
Please fill in each column below by check marking all that apply

<p><b>Affiliation(s):</b></p> <p><input type="checkbox"/> Individual Person</p> <p><input type="checkbox"/> State/Local Health Department <i>please specify i.e. STD, HIV, Hep C, TB, etc:</i> _____</p> <p><input type="checkbox"/> Governmental Education Agency</p> <p><input type="checkbox"/> Academic Institution</p> <p><input type="checkbox"/> Research Center</p> <p><input type="checkbox"/> Faith Based Community</p> <p><input type="checkbox"/> Other Governmental Agency <i>please specify i.e. substance abuse, mental health, corrections, homeless, etc:</i> _____</p> <p><input type="checkbox"/> Non-governmental HIV Prevention Service Provider</p> <p><input type="checkbox"/> Non HIV Prevention Provider, but a non-governmental provider of related services <i>please specify i.e. substance abuse, mental health, corrections, homeless, etc:</i> _____</p> <p><input type="checkbox"/> Community Base Organization <i>please specify i.e. HIV or other social service, etc:</i> _____</p> <p>Indicate one <b>PRIMARY</b> affiliation listed above: _____</p> <p>Indicate one <b>SECONDARY</b> affiliation list above: _____</p>	<p><b>Expertise:</b></p> <p><input type="checkbox"/> Epidemiology</p> <p><input type="checkbox"/> Behavioral/Social Sciences</p> <p><input type="checkbox"/> Program Evaluation</p> <p><input type="checkbox"/> Health Planning</p> <p><input type="checkbox"/> Intervention Specialist</p> <p><input type="checkbox"/> School &amp; Educational Community</p> <p><input type="checkbox"/> Medical Doctors</p> <p><input type="checkbox"/> Other <i>(Please List):</i> _____</p> <p>Indicate one <b>PRIMARY</b> expertise listed above: _____</p> <p>Indicate one <b>SECONDARY</b> expertise listed above: _____</p>	<p><b>At-Risk Community Representation:</b></p> <p><input type="checkbox"/> Men who have sex with men (MSM)</p> <p><input type="checkbox"/> MSM Injection Drug Users</p> <p><input type="checkbox"/> Injection Drug Users (IDU)</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Mother with or at risk for HIV infection</p> <p><input type="checkbox"/> Adolescents</p> <p><input type="checkbox"/> People Living with HIV/AIDS</p> <p><input type="checkbox"/> General Population</p> <p><input type="checkbox"/> Other <i>(Please List):</i> _____</p> <p>Indicate one <b>PRIMARY</b> representation listed above: _____</p> <p>Indicate one <b>SECONDARY</b> representation listed above: _____</p>
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Though not required, applicants may include a resume, cover letter, biographical sketch, or other statement (up to 2 pages) explaining their interest in the CPG and their knowledge of and/or experience with HIV prevention.

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this form to Debbie C. Law at the Office of HIV Planning  
340 N. 12<sup>th</sup> St, suite 203, Philadelphia, PA 19107 • phone: 215-574-6760 • fax: (215) 574-6761*