

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

Present: David Acosta (Co-Chair), Robin Brennan, Marné Castillo, Jennifer Chapman, Terri Clark, Christopher Collins (Co-Chair Elect), Jeffrey Jenne, Andrea Johnson, Suk Gu Lee, Ken McGarvey, Dionna Samuel

Excused: Ingrid Abrams, Yexsy Alicia, Robert K. Burns, Tony Daniel, Tricia Dressel, Rick Feely (Co-Chair), Ameenah McCann

Guests: Sheila Hull, Eleanor Lundy-Wade, Melvin White

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 2:44 pm. He informed the group that R. Feely was in San Francisco for a meeting. Afterwards, the group took a moment to give their introductions.

Approval of Agenda

Motion: T. Clark moved and A. Johnson seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes (*February 25th, 2009*)

The group spent some time reviewing the minutes from their last meeting. **Motion:** Afterwards, J. Chapman moved and T. Clark seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Co-Chairs

C. Collins informed the group that, for the past four days, he had been attending the UCHAPS meeting in Washington DC along with D. Acosta and M. Milsop. He explained that UCHAPS was a coalition of community and governmental representatives from the six directly funded jurisdictions plus DC and Miami that convened in an effort to affect HIV/AIDS funding and policy issues in the United States. He reported that, at the meetings, the group had held a think tank session to discuss how jurisdictions were handling funding cuts. Additionally, he said that they had met with Jeff Crowley, Director of the White House Office of National AIDS Policy, and visited Capitol Hill to talk with senators about increasing HIV/AIDS prevention funding. C. Collins asked whether he had overlooked any details and M. Milsop noted that Pennsylvanian Senator Arlen Specter had voted against increased funding for prevention. J. Jenne urged the group to contact their representatives and senators in support of the public health initiatives in President Obama's budget proposal. To the UCHAPS report, D. Acosta added that the group's emphasis would be focusing on exemplifying the effects of prevention efforts. He explained that,

although prevention was difficult to quantify, the CDC would have to develop economic defenses for it in order to maintain funding. He felt that UCHAPS would be able to clearly detail such defenses. He said that there had also been a great deal of conversation about President Obama's campaign promise to lift the ban on needle exchange. He felt that, though the prospect was exciting, its supporters would have to move cautiously so as not to set off any forceful resistance. He noted that, while clear evidence of the positive effects of needle exchange existed in all major cities, rural areas with IDUs but no needle exchange programs would somehow have to be included in the discussions, which would require some thoughtful planning.

Continuing with his own report, D. Acosta informed the group that the State RFP had been released and that it included a number of interventions that were newly endorsed by the CDC to target at-risk populations in need of services. He then took a moment to list and describe the new interventions, the first of which was START, a program for prison populations. He reminded the group that Philadelphia would be hosting the first training in the nation for the intervention. He also stated that another of the newly-endorsed programs would target IDUs who were positive for both Hepatitis C and HIV, a population which he said was very large in the region but not specifically targeted. Another new intervention he described was STRIVE, which targeted young IDUs who were positive for Hepatitis C but HIV negative. Two other new programs he mentioned would respectively address sexual trauma in consumers and fathers who did not know how to talk to their children about HIV/AIDS, sex, and STIs.

K. McGarvey informed the group that the State RFA had been released, which meant that county municipal health departments could apply for CDC and state funding effective January 2010. He said that the counties of Montgomery, Chester, and Bucks could also request new funds for EBIs and CTR programs. He noted that the state had ensured that providers received a copy of the RFA even though they could not apply for funds directly in hopes that they would collaborate with the health departments and apply as subcontractors.

Action Item:

- **New CPG Application – Nominations Committee**

R. Brennan stated that she did not recall having prepared a draft of the new application for the CPG to vote on at the last meeting of the Nominations Committee. She said that the group had decided to create a card to collect information on new guests but that they would continue debating whether or not to have non-voting membership. J. Ellis stated that, at the last Nominations meeting, the group had requested that a draft of the application reflecting their decisions be developed for the CPG so that the next round of applicants would not have to use the old version. C. Collins directed the group's attention to the two different drafts of the application that were included in the handouts. He reminded the CPG that, at their last meeting, some members had disagreed with the idea of having two separate applications – one for regular members and one for non-voting members – because they had believed that multiple documents could lead to confusion. M. Ross-Russell explained the difference between the two application drafts, pointing out that one included the option for individuals to apply as non-voting members. She said that, basically, the group had to decide whether they wanted to separate non-voting members from guests.

In response to a question by T. Clark, M. Ross-Russell stated that the CDC defined a non-voting member as anyone who participated in the process but was not a full member. She reminded the group that there was currently no way for the OHP to track such individuals, which was one of

their requirements for the IPR and APR. K. McGarvey stated that he could potentially be considered a non-voting member if the position were established because he did not wish to take up a community seat and he always abstained from voting. R. Brennan notified the group that, even if they decided to formally establish non-voting membership, such applicants would not have to undergo an approval process because they would not receive any privileges from the position.

D. Samuel gave her approval to the February draft of the application, which did not include the option for non-voting membership. She said that, while she agreed with the idea of a guest card, she did not see the need for establishing non-voting members as being separate from guests. M. Ross-Russell pointed out that potentially beneficial applicants were sometimes denied full membership because of over-representation by their organizational affiliations or because they could not commit to the CPG's scheduling demands. If the CPG still wanted such individuals to attend meetings and lend their expertise, she continued, their rejection letters could explain why they were not granted full membership and invite them to attend meetings as non-voting members. She said that following such a procedure would not require the option for non-voting membership to be placed on the application.

R. Brennan questioned the need for the term "non-voting member," noting that such individuals would technically be the same as guests because they could not vote. M. Ross-Russell stated that she only wanted to find a way to get necessary data for the OHP and fuller participation and expertise for the CPG. K. McGarvey informed the group that the state CPG referred to governmental representatives who were not full members as "consultants" in order to acknowledge their expertise. He reiterated that such members were not allowed to vote and did not take up seats for community members. J. Jenne stated that he considered himself as a non-voting member of the CPG. He said that he had applied to the CPG in response to their call for government at the table; however, he always understood that he would not partake in any vote. He told the group that, although he had been signing in as a guest before his membership, he felt that "consultant" would be a better term for non-voting members. D. Law noted that, even though J. Jenne abstained from voting, he had been approved through the normal membership process. C. Collins felt that the term "consultant" might encourage community members to discuss personal experiences at length during CPG meetings, which could disrupt the group's planning processes. As a result, he said that adoption of the consultant title would require some explanation. In response to a question by D. Acosta, M. Ross-Russell informed the group that the only information the OHP required on guests or non-voting members was demographics, affiliations, expertise, and representation.

The group briefly considered returning the discussion over the new application to the Nominations Committee. However, R. Brennan did not feel that the matter was best handled by the Nominations Committee because the questions focused on ways to capture data, not just membership. D. Acosta felt that no further discussion was warranted because the previously mentioned guest card for collecting information would do away with the need for a non-voting membership option. **Motion: D. Samuel moved and R. Brennan seconded to approve the initial draft of the new application, which lacked the option for non-voting membership, and to have a guest card drafted to collect the necessary information about non-members at CPG meetings.** **Motion Passed: 8 in favor, none opposed, 3 abstentions.**

After the vote, M. White asked whether guests at CPG meetings would have to request the cards to collect their information. As a result, D. Samuel suggested that the agendas mention the cards in order to bring them to the attention of guests.

Committee and Workgroup Reports:

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

M. Castillo reported that, at their last meeting, the Planning Priorities Committee had started to review and revise the cofactors for the city’s target populations. She said that they had reviewed the cofactors used by other jurisdictions as well as the processes used in selecting them. In closing, she told the group that the PPC would next review available data to make sure their selected cofactors could be supported.

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

J. Chapman informed the CPG that the Lit & Ed Committee had started reviewing available interventions to make their recommendations for the next prevention system. She said that OHP staff had compiled binders full of related information to assist in the process. She said that the committee would be reviewing the programs over the course of the coming months and then invited anyone who wanted to assist in the process to join them.

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

R. Brennan reported that, in addition to briefly discussing the new applications and non-voting membership, the Nominations Committee had spent the bulk of their last meeting reviewing seventeen new applications. She said that the committee had made decisions on all the applicants and that the letters of acceptance or rejection should be sent soon. In closing, she informed the CPG that some of the applications had gotten very low scores from the committee. D. Law added that the committee would next meet on Friday, April 17th, from 1:00 – 3:00 pm.

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

M. White informed the group that the Philadelphia Town Hall had recently taken place at Action AIDS. He said that, although turnout at the event had not been very good, he had still been able to distribute information on the Positive Committee.

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

M. Milsop reported that, at the next meeting of the Points of Integration Workgroup, they would begin to develop their best practices guide for prevention with positives, using the version of the document developed by San Francisco as a model.

Report of Staff

None

Old Business

None

New Business

M. White informed the group that, while meeting with representatives from an agency that provided services for Hispanic and Latino consumers, he had noted that Spanish-speakers rarely attended Positive Committee meetings. In response, he continued, the agency had

requested the formation of a Spanish-speaking version of the Positive Committee to meet the demands of the large and growing population. C. Collins replied that, before such a group was created, Spanish-speakers should first attend the regular Positive Committee meetings with the assistance of translators. M. Ross-Russell stated that, while interpreters could always be made available at the regular Positive Committee meetings, the OHP did not have the resources necessary to start or maintain another version of the committee for any speakers of other languages. However, she said that the office could potentially work with an outside organization to help develop such a group. T. Clark felt that there could be issues other than language barriers that prevented Spanish-speakers from attending the meetings. M. White said that he would be meeting with the agency's representatives again in the near future and that he would report what the CPG had said.

D. Acosta informed the group that, one week following the currently scheduled next meeting of the CPG, the new CDC Project Officer would be in Philadelphia to discuss PSO-178.

Motion: D. Acosta moved and M. Castillo seconded to reschedule the next CPG meeting for April 29th to allow the new project officer to meet with the group. Motion Passed: 8 in favor, none opposed, 3 abstentions. The members of the Lit & Ed Committee briefly considered changing the date of their meeting as well but decided against it after deeming such a move unnecessary.

J. Jenne told the group that he had more information on the UCHAPS think tank project, which C. Collins had mentioned in his Co-Chair report. He offered to send the CPG the additional information because he felt that local adoption of the program could invigorate interest and participation in the community planning process. He said that the program seemed to be working well in other jurisdictions that had adopted the program locally. M. Ross-Russell asked whether any RFPs, including Philadelphia's, required providers who received funding to participate in community planning. D. Acosta replied that, while some jurisdictions did hold such a requirement, the RFP in Philadelphia only encouraged participation in community planning. K. McGarvey said that the state did not require participation from funded providers; however, he noted that slots in the State CPG were reserved for specific representatives that they felt were important to the discussions. He pointed out though that the CDC required directly-funded providers to participate in the planning process. M. Ross-Russell suggested checking with the project officer whether all of the directly-funded providers were represented in community planning. She then asked whether the language in the RFP that encouraged participation could be strengthened. M. Milsop noted that some jurisdictions awarded more points to providers that participated in community planning. K. McGarvey said that the state had not made participation in community planning a requirement for funding because they did not want their process to be driven by providers. D. Acosta replied that, while lack of community participation was a concern, so too was a lack of expertise. M. Ross-Russell agreed and pointed out that, although CBOs were one of the CDC representational requirements for the CPG, all of the other requirements were not likely to come from the community. After D. Acosta informed the group that 16 – 18 agencies were funded for prevention in the EMA, J. Jenne noted that having all of them represented in the CPG would certainly boost membership. Returning to the original topic, C. Collins gave his approval for local adoption of the think tank, saying that Philadelphia was struggling with many of the same issues as other jurisdictions that had benefited from the project. D. Acosta pointed out that the think tank would have to be organized and facilitated by an entity outside of the Health Department. M. Milsop informed

the group that some jurisdictions had used the Flowers Heritage Foundation to fund and facilitate local adoption of the project while others had paid for outside facilitators.

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

M. Castillo asked whether anyone could report on the first information session on the Legacy Project. A. Johnson replied that she had volunteered at the event. She said that the event had not seemed very productive because too many individuals in attendance had been more interested in socializing than anything else. She suggested inviting someone from the project to speak to the CPG about their goals and procedures.

D. Acosta gave a brief report on the recent discussion through the AIDS Law Project on the proposed revisions to ACT 148. He said that the event had been well attended but, unfortunately, somewhat one-sided in its presentation of the facts. He said that another meeting could be held in an attempt for a more balanced portrayal of the situation, with routine screening providers discussing the importance of their services. He said that there had been nine or ten perinatal transmissions in the past year that could have been prevented with routine screening. He felt that some people had not understood that the proposed revisions were intended to remove barriers to testing in clinical settings and not to do away with pre- and post-test counseling. K. McGarvey noted that outside facilitators could help the discussions to run smoothly.

M. White asked whether funding was available to train PLWHA to provide counseling and testing services. J. Jenne replied that the grantee only provided such funding to organizations so that they could train their staff. He clarified that, in order for a PLWHA to receive training in testing or counseling, they would have to work or volunteer for an organization. He then offered to send more information to the OHP so that it could be given to the Positive Committee.

Announcements

- T. Clark announced that Dining Out for Life would be held on April 30th.
- M. White advised the group to contact Philadelphia FIGHT if they were interested in tabling at an AIDS Education Month Event.
- C. Collins announced that, through CHOP, he would be giving two presentations on the ballroom community during AIDS Education Month.

Adjournment

The meeting was adjourned by general consensus at 4:20 pm.

Respectfully submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*February 25th, 2009*)
- 1st Draft of New CPG Application
- 2nd Draft of New CPG Application
- OHP Meeting Calendar

Philadelphia Prevention Community Planning Group (CPG)

Wednesday, March 25th, 2009

2:30 – 4:30 p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes (*February 25th, 2009*)

Report of Co-Chairs

Action Items:

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

Committee and Workgroup Reports:

- **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, April 22nd, from 2:30 – 4:30 pm

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

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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 28th, 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 17th. 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 4th.
- 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 6th graduation on March 3rd 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 27th at 3 pm.

- T. Daniel informed the group that March 9th – 13th was National LGBT Health Week. He then announced that, on March 11th, 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 12th at 6pm.
- C. Collins announced that a 3MV session would be running from March 11th – 13th.

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 28th, 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)

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 and have 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 4th 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: _____

Gender:

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

Sexual Orientation:

- Heterosexual
- Gay
- Lesbian
- Bisexual
- 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

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

Affiliation(s):	Expertise:	At-Risk Community Representation:
<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"/> 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): _____
<input type="checkbox"/> Community Base Organization <i>please specify i.e. HIV or other social service, etc:</i> _____ 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 12th Street, Suite 203
 Philadelphia, Pennsylvania 19107
 (215) 574-6760, (215) 574-6761 (fax)
www.hivphilly.org



DO NOT WRITE IN THIS SPACE--FOR OFFICE OF HIV PLANNING USE ONLY

Date Received: _____
 By: _____ Via _____
 Date Reviewed by Panel _____

Recommendation: Y / N
 Appointed: Y / N
 Term: _____

Philadelphia Prevention Community Planning Group (CPG)

Application for Membership

Revised March 2009 DRAFT

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 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 (*Member during what years:* _____).

____ I am a new applicant and have never been a member of the Philadelphia CPG.

Please indicate the level of CPG membership you are applying for:

____ **Voting membership** (As a full CPG member with voting privileges, you would be responsible **every month** for participating in one full CPG meeting (2 hours), one sub-committee meeting (2 hours), and 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 4th Wednesday of every month from 2:30 -4:30pm; sub-committee meeting dates vary)

____ **Non-voting membership**

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

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.

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Age: _____

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

Sexual Orientation:

- Heterosexual
- Gay
- Lesbian
- Bisexual
- 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

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

<p>Affiliation(s):</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>_____</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>_____</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>_____</p> <p><input type="checkbox"/> Community Base Organization <i>please specify i.e. HIV or other social service, etc:</i></p> <p>_____</p> <p>Indicate one PRIMARY affiliation listed above:</p> <p>_____</p> <p>Indicate one SECONDARY affiliation list above:</p> <p>_____</p>	<p>Expertise:</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 & Educational Community</p> <p><input type="checkbox"/> Medical Doctors</p> <p><input type="checkbox"/> Other (Please List):</p> <p>_____</p> <p>Indicate one PRIMARY expertise listed above:</p> <p>_____</p> <p>Indicate one SECONDARY expertise listed above:</p> <p>_____</p>	<p>At-Risk Community Representation:</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 (Please List):</p> <p>_____</p> <p>Indicate one PRIMARY representation listed above:</p> <p>_____</p> <p>Indicate one SECONDARY representation listed above:</p> <p>_____</p>
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Date Received: _____

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