

Philadelphia Prevention Community Planning Group (CPG)
Meeting Minutes
Wednesday, June 17th, 2009
2:30 p.m. - 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 203, Philadelphia, PA 19107

Present: Ingrid Abrams, Marné Castillo, Jennifer Chapman, Christopher Collins (Co-Chair Elect), Tony Daniel, Rick Feely (Co-Chair), Ken McGarvey, Dionna Samuel, Michelle Teti, Roberta Waite

Excused: David Acosta (Co-Chair), Yexsy Alicia, Robin Brennan, Terri Clark, Tricia Dressel, Jeffrey Jenne, Val Sowell

Guests: Nicholas Deroose, Patricia Jones (AACO), Coleman Terrell (AACO)

Absent: Carmen Diaz, Andrea Johnson, Tyra Johnson, Suk Gu Lee

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

Call to Order

R. Feely called the meeting to order at 2:31 pm.

Approval of Agenda

Motion: After the group took a moment to review the agenda, M. Teti moved and M. Castillo seconded to approve the document. **Motion passed:** All in favor.

Approval of Minutes (*May 27th, 2009*)

The members of the CPG spent some time reviewing the minutes from their last meeting. K. McGarvey noted that J. Jenne's statement on page four of the document under the announcements was incorrect. He clarified that only the State's twenty-two fee for service sites had discontinued testing in June. **Motion:** With the noted correction, M. Castillo moved and J. Chapman seconded to approve the May 27th minutes. **Motion Passed:** All in favor.

Report of Co-Chairs

None

Special Presentation:

• **ISU Report** – *Patricia Jones (AACO)*

P. Jones presented allocation and utilization data for the prevention system (see handouts for details). During the presentation, C. Terrell noted that there was an error on the fourth slide, entitled "Allocation by Target Populations." He explained to the group that the percentages for IDU and MSM had been switched in the uppermost pie chart. K. McGarvey asked whether PCRS were also included in the allocations. C. Terrell replied that, although funding for the services came from a separate stream, the ISU had utilization data on them as well. Later in the presentation, C. Terrell clarified that in the sixth slide, Allocation by HE/RR Intervention, the planned number indicated clients and not sessions.

P. Jones informed the group that the new PEMS HIV Test Form had started being used in 2008. Additionally, she said that some providers had not immediately transitioned to the new form and, therefore, had continued to use the Legacy Purple Bubble Forms for a period of time in 2008. Since the variables in the two forms were not compatible, she explained, the ISU had had to run the data separately, which explained the two different presentation slides on testing data. She then stated that the low seropositivity rates could have resulted from the fact that they did not include preliminary positives (unconfirmed positive test results). However, she also stated that the low seropositivity rates could have resulted from poor reporting and the significant increase in HIV tests that had been delivered through the routine testing initiative. R. Feely asked whether the ISU had received any reports of individuals who denied confirmatory tests after having received positive results on initial rapid tests. He said that he had heard of a few such accounts through individuals who worked in CTR services. P. Jones replied that she had not received any reports of such behavior. However, she said that there could have been some individuals who did not document the confirmatory tests. C. Terrell added that, because some sites were unable to perform confirmatory tests, some individuals did not receive final results because they did not want to go to another location to take their confirmatory tests. In response to a question by K. McGarvey, P. Jones informed the group that rapid tests comprised approximately 70 – 80% of the HIV tests delivered in 2008.

M. Castillo asked whether there were any data available on individuals who were linked to care after returning for their confirmatory HIV tests. P. Jones replied that the information was captured through the second testing form, which asked whether the individuals were referred and, if so, where to. She said that she would forward the information to the Office of HIV Planning in time for the next CPG meeting. K. McGarvey asked whether the ISU had any concerns about sites not submitting their forms, something which he said was problematic at the state level. P. Jones responded negatively, saying that the testing data received by the ISU was compared weekly with the number of tests that went out to ensure that the numbers were consistent. She informed the group that, although there had been a problem in the past with sites not submitting their forms, such was no longer an issue. However, C. Terrell added that insufficient reporting of HIV testing was still a problem in the city jails, especially during after hours.

R. Feely asked how individuals were identified as Transgender upon taking an HIV test. P. Jones replied that Transgender individuals were identified as such only through self-reporting. While discussing the testing results by age, she informed the group that the information was determined only by the birth date placed on the forms by those taking the tests, which she said was sometimes unreliable. She explained that, occasionally, the results came out as negative numbers or well over one hundred years. She noted that such results had been left out of the final data. She told the group that the ISU was working to correct the processing problem, which could be the result of either scanning reading issues or incorrect birthdates being listed by those taking the tests.

Finishing her discussion on 2008 PEMS testing data, P. Jones informed the group that the missing information was the result of either forms that were left blank or the fact that some teen sites were not required to collect such information. As a result, she said that the ISU could only run the data that was available to them. Lastly, she said that the data by site type was actually much more extensive than what was displayed in the presentation. She explained that she had only pulled data that she believed to be pertinent to the CPG.

K. McGarvey asked whether the ISU targeted its allocations for counseling and testing services by populations. P. Jones responded positively, noting that almost all service providers, with the exception of the 768 sites, targeted specific populations. K. McGarvey stated that more sites needed to target MSM populations. R. Feely agreed, saying that the CPG should make such a recommendation in the next prevention plan. C. Terrell agreed that MSM populations needed to be better targeted; however, he pointed out that any such recommendations would have to be countered with the fact that Heterosexuals currently had the highest incidence rates in Philadelphia.

While P. Jones was discussing 2008 CRCS data, R. Feely asked whether all of the data had been processed. He said that the numbers did not seem correct to him because his agency alone had entered at least 50 tests for IDU adults in the past year. P. Jones replied that the data in her presentation was all that had been received by the ISU by the end of March, 2009. However, she noted that there were still a number of issues that could have been affecting the data in PEMS. She clarified that, primarily, there were still a number of providers who had not fully learned how to use PEMS properly. Specifically, she said that providers needed to ensure that their sharing permissions were set up properly in PEMS in order for the ISU to be able to receive their data. C. Terrell added that 2008 had been a difficult year because it was the first that PEMS had fully been used. As a result, he stated that, while he was not fully confident in the numbers, they were all the information that the ISU had.

C. Terrell pointed out that, according to the 2008 HE/RR data, services had not been delivered to any HIV negative MSM adults despite the fact that providers had planned to deliver services to nearly 2,000 members of the population. R. Feely replied that agencies working with the population were under the impression that they were reporting their data. Therefore, he speculated that those agencies could have improperly set up their sharing permissions in the PEMS system. P. Jones felt that the problem could also be a result of incorrect data entry. T. Daniels stated that there were numerous issues for agencies to contend with that could negatively impact data entry into PEMS, listing the difficulty involved in learning how to operate the system and high staff turnover rates as examples.

M. Castillo asked whether there was a system in place that allowed PEMS users to troubleshoot problems they were having with the system, stressing the importance of the PEMS data for planning purposes. She pointed out that numerous discussions in CPG meetings had proven that many individuals felt that PEMS reports were not reflective of the data they had entered into the system. P. Jones replied that, while there was a user manual, there was not yet a question and answer system for PEMS in place. However, C. Terrell said that any reported problems with PEMS were being given to program analysts. P. Jones added that users' opinions about the system were also being collected. Additionally, C. Terrell noted that every agency using PEMS could run the same data reports as the ISU, which could then be used to check whether submitted data was being received by the system. However, he admitted that the process was difficult and that the reports were not easily interpreted.

Review Committee and Workgroup Reports

R. Feely directed the group's attention to the CPG Subcommittees Report for June. As the group read over the handout, M. Castillo clarified the third bullet point from the PPC report. She said that, while she would prefer that more members were involved in identifying target populations for the next prevention plan, she was willing to undertake the process by herself

only because it had to be completed. She noted that alternative routes to meetings, such as conference calls, were an option.

Report of Staff

M. Ross-Russell reminded the group that P. Jones' presentation had been the last in a series of presentations intended to give the CPG the information they needed to make a decision on concurrence. Now that they had the necessary information, she continued, the CPG would have to make a decision on concurrence at its next meeting in order to be on schedule for the application. She then reiterated that concurrence was basically deciding whether or not the grantee's funding decisions were consistent with the prevention plan. In response to a question by R. Feely, she said that N. Johns would be able to deliver an activity on concurrence to help illustrate the process. D. Law noted that the membership survey would also likely have to be completed at the July meeting.

Old Business/New Business

None

Research Update

C. Terrell informed the group that AACO was conducting a needs assessment activity for MSM populations. D. Samuel reported that UPenn would be running supplemental focus groups for African American MSM as part of Project Bro.

Announcements

K. McGarvey announced that the State Board of Pharmacy was debating a change of policy to allow for over-the-counter sales of syringes. He advised the group to call the AIDS Law Project for more information on the matter. Additionally, K. McGarvey reported that a bill in the proposed State budget would reduce HIV funding by 25%. He therefore urged the group to contact their state representatives.

Adjournment

The meeting was adjourned by general consensus at 3:25 pm.

Respectfully submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*May 27th, 2009*)
- Results of CPG Résumé Exercise
- Presentation Slides
- CPG Subcommittees Report – June 2009
- OHP Meeting Calendar

Philadelphia Prevention Community Planning Group (CPG)

Wednesday, June 17th, 2009

2:30 – 4:30 p.m.

Call to Order

Welcome/Introductions

- **Time Keeper Selection**

Approval of Agenda

Approval of Minutes (*May 27th, 2009*)

Report of Co-Chairs (5 minutes)

Special Presentation:

- **ISU Report** – *Coleman Terrell (AACO)* (1 hour)

Review Committee and Workgroup Reports (5 minutes)

Report of Staff (5 minutes)

Old Business

New Business

Research Update

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, July 22nd, 2:30 – 4:30 pm**
Office of HIV Planning, 340 N. 12TH Street, Suite 203, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org*

Philadelphia Prevention Community Planning Group (CPG)
Meeting Minutes
Wednesday, May 27th, 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), Yexsy Alicia, Robin Brennan, Jennifer Chapman, Terri Clark, Christopher Collins (Co-Chair Elect), Tricia Dressel, Rick Feely (Co-Chair), Jeffrey Jenne, Dionna Samuel, Roberta Waite

Excused: Ingrid Abrams, Marné Castillo, Tony Daniel, Suk Gu Lee, Ken McGarvey, Val Sowell, Michelle Teti

Guests: Michael Eberhart (AACO), Tim Gibson, Eleanor Lundy-Wade, Melvin White

Absent: Robert K. Burns, Carmen Diaz, Andrea Johnson, Tyra Johnson

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

Call to Order

R. Feely called the meeting to order at 2:43 pm, at which time the group took a moment to give their introductions. Afterwards, he asked any guests who were new to CPG meetings to fill out a guest card. He explained that the cards would allow the OHP to collect some basic demographic information about non-members attending CPG meetings while also enabling guests to be better informed about CPG activities.

Approval of Agenda

R. Feely pointed out that the agenda now had time limits for each activity. He reported that the idea of time limits had come from the Monitoring Committee as an attempt to better keep CPG meetings on track. He then asked for a volunteer to keep track of time during discussions and notify the group when they were approaching the limit. Y. Alicia volunteered to keep track of time. The CPG then briefly reviewed the rest of the agenda for the day's meeting before approving the document by general consensus.

Approval of Minutes (*April 29th, 2009*)

The group spent some time reviewing the minutes from their last meeting. Afterwards, they approved the document by general consensus.

Report of Co-Chairs

R. Feely reported that he had attended the most recent meeting of the State CPG, at which there had been a poster presentation on services for immigrants. He said that the biggest identified barrier to connecting immigrants to prevention services was a lack of available transportation opportunities. As a result, he continued, many service providers were intensifying their outreach initiatives through better incentives or community groups. As examples, he noted that Latino Outreach had been giving out tool kits and recruiting through a boxing club.

Additionally, R. Feely reminded the group that M. Eberhart's upcoming epidemiological update was part of a series of presentations intended to prepare the CPG to make a decision on concurrence. He said that, along with D. Acosta's update on the prevention system in April and next month's surveillance presentation, the CPG was getting the information required to determine whether the prevention system was still in line with the plan. He said that more information on the matter would be provided at a future meeting.

D. Acosta reported that the Health Department was currently completing an IPR for the expanded testing grant, which they hoped to have finished by early June. He informed the group that Philadelphia was in the top six jurisdictions for the expanded testing initiative and had therefore been invited to seek additional funding for more routine screening. He then reminded the group that the city had been having some difficulty in securing funding for testing kits.

D. Acosta also took a moment to report that the Trans Population Workgroup would be convened sometime in July. However, he said that, because the population was not yet identified by the system, he was hoping for some information from the CPG on who should be invited to the discussion. T. Clark suggested advertising at the Trans Health Conference, noting that June 12th and 13th would be the designated community days.

Work Session:

- **CPG Résumé**

N. Johns directed the group's attention to the handout entitled *Group Résumé Exercise*. She explained that the point of the activity was to bring recognition to the level of experience that existed in the CPG. The group then split up to complete the activity. Afterwards, each group reported their results (see attached handout for details).

Special Presentation:

- **Epidemiological Update** – *Michael Eberhart (AACO)*

M. Eberhart informed the group that he was giving the epidemiological update on behalf of Dr. Brady, who was unable to attend the meeting. He said that the data in the presentation was from 2007 and that, because it took about six months for data on new diagnosis to reach the ISU, 2008 data would be out soon. However, he said that the Health Department did not expect the 2008 data to be radically different from what he was about to present (see handouts for more information).

While discussing the results of AACO's linkage to care study, M. Eberhart informed the group that the research had been denied publication because of their eligibility criteria for participating labs. T. Clark asked why inpatient diagnosis was a factor associated with delayed entry into care. M. Eberhart responded that individuals who were tested for HIV as inpatients were more likely to leave the hospital before receiving their results. He added that, although data about what inpatients were admitted for could clarify the issue, the necessary resources and political will for acquiring it were not available. He explained that, in order for the ISU to use the information, they would have to connect it by name with HIV data.

R. Feely asked whether it would be possible to have the data show what percentages of specific populations were positive. M. Eberhart replied that it would be possible to run the data in such a manner as long as there were accurate accounts for the total size of each population. He added that, while there were some estimates for the total MSM population in the city, he did not believe that they were accurate. He also was not aware of any racial breakdowns of the MSM population.

Review Committee and Workgroup Reports

R. Feely informed the group that, following a decision by the Monitoring Committee, all subcommittee reports would be written instead of spoken to better track the planning process and to allow more time at CPG meetings for planning work. He then directed the group's attention to the *CPG Subcommittees Report – May 2009*, advising them to review the document and report back if they discovered any errors or omissions.

Report of Staff

• Volunteers for Prevention Summit Presentation

N. Johns informed the group that, at the forthcoming prevention summit, the OHP was going to deliver a workshop on community planning as part of the ongoing recruitment effort. She said that the office planned to conduct an interactive workshop instead of a regular presentation to better involve the audience in the process. As part of the proceedings, she continued, current CPG members would recount some of their experiences with the planning body to give audience members a fuller perspective on what membership entailed. She then asked for volunteers for the workshop, noting that M. Castillo, T. Daniel, and R. Feely had already offered their assistance.

Additionally, N. Johns informed the group that the OHP would be tabling at a number of prevention related events in the near future. She said that, in addition to the Prevention Summit, tabling would be done at the Trans Health Conference, the Community Picnic, and other events. She told the CPG members to notify her if they wanted to assist in the tabling or to advertise other prevention-related services or events through it.

Old Business

• Reschedule June CPG Meeting?

The CPG briefly debated canceling their June meeting. However, they opted to reschedule it after M. Ross-Russell reminded them that concurrence would begin in July and that, in the previous year, they had felt as though there had not been sufficient time to properly conduct the process. **Motion:** D. Samuel moved and C. Collins seconded to reschedule the next CPG meeting to Wednesday, June 17th, from 2:30 – 4:30 pm.

Motion passed: 5 in favor, 1 opposed, and 1 abstention.

New Business

None

Research Update

None

Announcements

J. Jenne announced that the State would not be offering HIV testing at any of its sites in June due to lack of funding.

Adjournment

The meeting was adjourned by general consensus at 4:29 pm.

Respectfully submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*April 29th, 2009*)
- 2008 Funded Intervention by Target Population
- Slides from the Population Workgroup Update presentation
- Group Résumé Exercise handout
- OHP Meeting Calendar

DRAFT

Results of CPG Résumé Exercise
May 2009

177 collective years of experience

Education

MS Environmental Studies
BA Urban Studies
10 Years of HIV/AIDS Coordination
Sociology – Organizational
Activities
Public Health
BA English
Street Smarts
MS Counseling
MPH
Leadership Certificates (CDC HW)
Facilitation
Trainings
Project Teach (Front Line)
Board of Directors
Community Advisory Groups
Research (Condom Knowledge)
Grant Proposal Writing
Curriculum Development
Program Evaluation/Monitoring
Data Analysis
Management/Supervision/
Budgets
Worked for CDC; helped develop
guidelines
Trans – Inclusion in Fair Practice
Ordinance
CBA for LGBT Competency
CTR Certification
Phlebotomy
CTR (Testers)
Counselors
Art Therapy
GLIs, ILIs, CLIs

Professional

Epidemiologist
Prevention Program Directors
PHA
Direct Service
Executive Directors
Program Coordination
Research
Community Organizing
Education and Empowerment
Advocacy – Activism
Evaluation/Monitoring
Behavioral Science
Needs Assessment

Publications

UCHAPS
NASTAD
CDC
APHA
PPHA
PCFAR
Psichi
CS & E

Populations

LGBTQ
MAS
Men
Women
Trans
Latino/a
African Americans
Caucasians
Asian/Pacific Islanders
Native Americans
Youth
Adults
Disabled
IDU
Immigrants
Bilinguals
Homeless
YMSM
Heterosexuals
Bisexuals
HIV positive and negative
Prison Populations
Providers
Substance Users
Mental Health
Students
Friends
Partners
People of Color



HIV Prevention

2008 Allocation and
Utilization Report

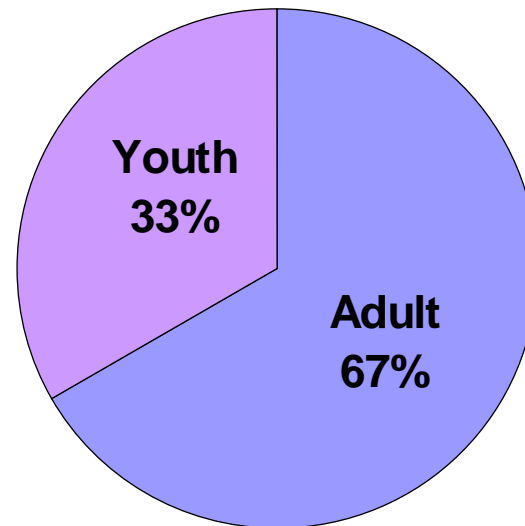
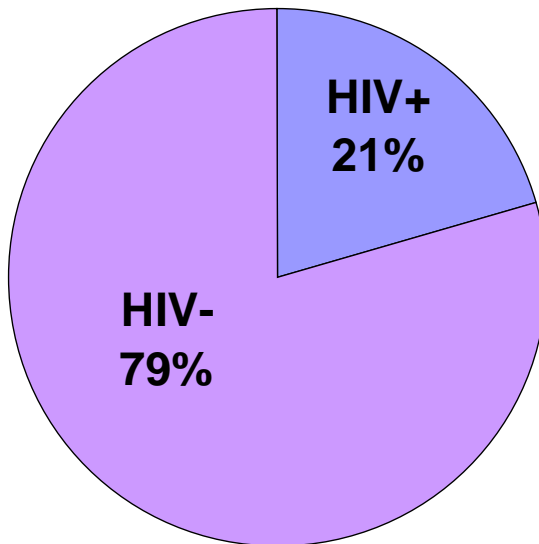
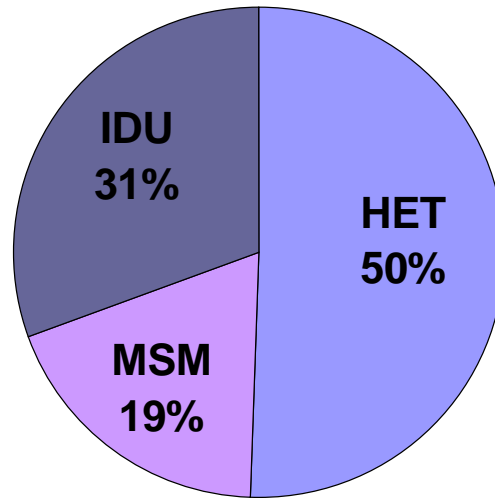


HIV Prevention Allocations

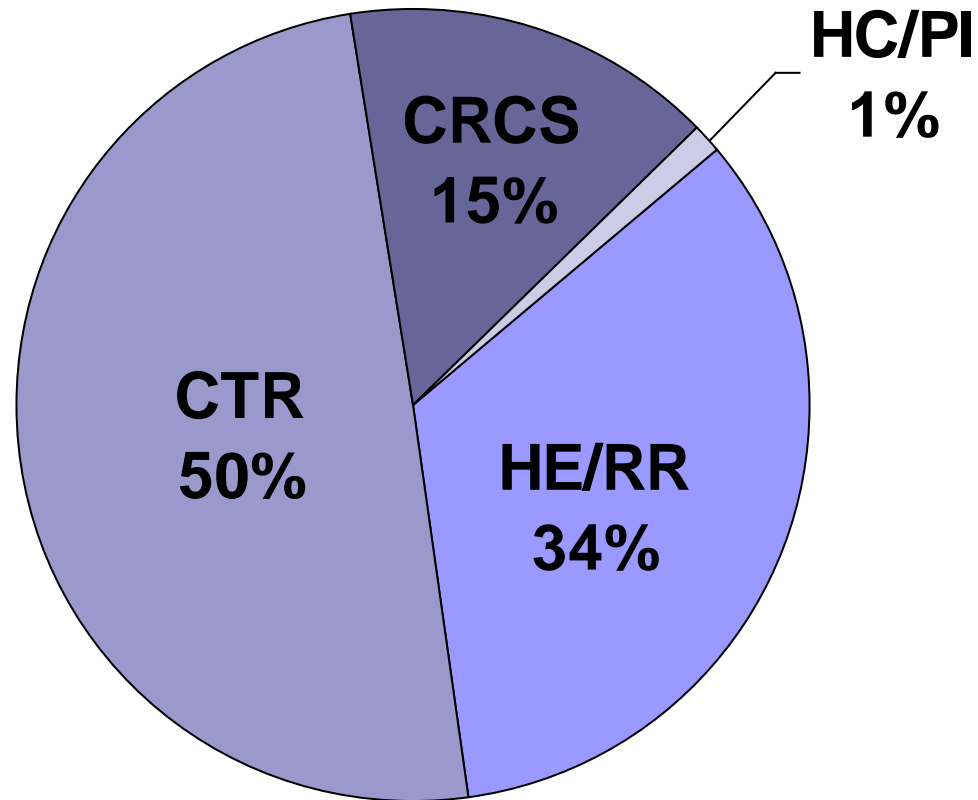
Allocation by Target Population

Target Population	Planned #	% of Total \$
HET (-) Adults Total	9,026	24.45%
HET (-) Youth Total	6,697	19.19%
HET (+) Adults Total	174	3.77%
HET (+) Youth Total	339	3.19%
HET Total	16,236	50.60%
IDU (-) Adults Total	2,728	13.73%
IDU (-) Youth Total	124	0.42%
IDU (+) Adults Total	248	4.74%
IDU (+) Youth Total	1	0.04%
IDU Total	3,101	18.93%
MSM (-) Adults Total	4,105	14.04%
MSM (-) Youth Total	1,213	7.62%
MSM (+) Adults Total	1,456	5.84%
MSM (+) Youth Total	1,207	2.97%
MSM Total	7,981	30.47%
Grand Total	27,318	100.00%

Allocation by Target Populations



Allocation by Intervention



Allocation by HE/RR Intervention

Program	Planned #	% of HE/RR \$
BART	386	12.07%
Be Proud, Be Responsible	245	5.56%
Community Promise	4,397	17.49%
Healthy Relationships	53	2.44%
Home Grown GLIs	368	20.23%
Many Men, Many Voices	204	7.60%
Mpowerment	200	6.53%
Project RESPECT	105	3.40%
Protocol Based Counseling	20	1.05%
RAPP	240	0.55%
Safety Counts	292	13.35%
SISTA	80	2.14%
Together Learning Choices	50	2.60%
VOICES	810	5.01%
Total	7,450	100%



HIV Prevention Utilization

2008 Legacy Testing Data

- Legacy Data (Purple Bubble Forms)
 - 12,753 Tests
 - 10,316 Tests, Not Previously Positive
 - 203 New Positives
 - 1.97% SeroPositivity Rate
 - 144 New Positives that Received their Result
 - 71% Return Rate

2008 PEMS Testing Data

■ New PEMS HIV Test Form

- 62,891 Tests

- 62,616 Tests, Not Previously Positive

- 405 Total New Positives

 - 710 Preliminary Positives

 - 331 Confirmed Positives

 - 74 Conventionally Tested Positives

 - 0.65% Seropositivity Rate

- 220 Received their Result

 - 55% Return Rate

2008 PEMS Testing Data

Gender	Tests	Positives	Rate
Male	33,977	286	0.84
Female	28,265	117	0.41
Transgender	136	1	0.74
Missing	238	1	

2008 PEMS Testing Data

Race	Tests	Positives	Rate
American Indian/AK Native	127	1	0.79
Asian	1,426	3	0.21
Black/AA	40,728	277	0.68
Hispanic/Latino	8,308	53	0.64
Multiracial	1,000	10	1.00
Native HI/PI	105	1	0.95
White	9,980	50	0.50
Don't Know	741	8	1.08
Missing	201	2	

2008 PEMS Testing Data

Age	Tests	Positives	Rate
>13	1,525	8	0.52
13-18	4,066	17	0.42
19-24	15,570	57	0.37
25-34	16,179	100	0.62
35-44	10,164	81	0.79
45-99	11,094	115	1.04
Missing	4,018	27	

2008 PEMS Testing Data

Risk	Tests	Positives	Rate
IDU	2,541	54	2.13
MSM	9,273	139	1.50
HET	37,185	125	0.34
Missing	13,617	87	

2008 PEMS Testing Data

Site Type	Tests	Positives	Rate
In-patient Facilities	789	6	0.76
Outpatient Facilities	4,190	33	0.79
Emergency Rooms	3,929	13	0.33
AIDS Org/HIV CTR Sites	8,876	81	0.91
Community Settings	4,806	24	0.50
Correctional Facilities	10,765	36	0.33
Drug/Alcohol	2,918	15	0.51
Family Planning	2,866	7	0.24
Community Health Clinics	1,962	18	0.92
Public Health Clinics	19,160	156	0.81
Missing	2,355	16	

2008 CRCs Data

Population	Planned	Delivered	Outside Target
HET Adult	1	4	0
HET Youth	80	47	13
HET + Adult	32	22	19
HET + Youth	94	65	74
IDU Adult	87	29	0
IDU Youth	2	0	0
IDU + Adult	65	17	80
IDU + Youth	1	0	3
MSM Adult	1	0	0
MSM Youth	108	7	18
MSM + Adult	70	15	15
MSM + Youth	49	32	0
Total	590	238	222

2008 HE/RR Data

Target	Planned	Delivered	Outside	Aggregate
HET Adult	1,555	80	1,145	333
HET Youth	1,197	107	502	
HET Adult +	142	76	106	51
HET Youth +	245	42	227	
IDU Adult	101	50		
IDU Youth	10	1		
IDU Adult +	183	65	85	
MSM Adult	1,912	0	20	
MSM Youth	479	54	72	95
MSM Adult +	1,386	18	53	3,123
MSM Youth +	1,158	17		
Total	8,368	510	2,210	3,602

2008 PCRS Data

# of Newly Reported HIV + Individuals	889
# Offered PCRS	359
# Agreed to PCRS	237
# of Partners Elicited	317
# of Partners Notified	177
# of Partners Receiving an HIV Test	83
# of Partners with a Newly Identified, Confirmed HIV+ test	18
# of Partners with a Previous Confirmed HIV+ Test	59

CPG Subcommittees Report - June 2009

Monitoring Committee

- **No Meeting** – Next scheduled meeting is July 8th, 11:00 am – 1:00 pm.

Planning Priorities Committee

- The PPC will start examining epidemiological data to make initial determinations about target populations.
- Additionally, they will begin reviewing the AED Guidelines' suggested factors and assign weights to each.
- M. Castillo will inform the CPG that, if she continues to be the only PPC member in attendance at meetings, she will have to make decisions on her own so as not to stall the process.
- M. Castillo will draft some language for the data request letter to CBH.
- M. Castillo will instruct M. Milsop on how to map Census data.
- The PPC's next meeting is scheduled for Monday, July 20th, from 1:00 – 3:00 pm.

The Literature & Education Committee

- **No Meeting** – Next scheduled meeting is July 22nd, 12:00 – 2:00 pm.

CPG Nominations Committee

- **No Meeting** – Next scheduled meeting is July 15th, from 1:00 – 3:00 pm.

The Positive Committee

- The committee worked on skills related to understanding and reading data tables and graphs and continued their discussion about incidence and prevalence.
- The group also experienced a basic priority setting exercise, using the example of picking a restaurant for dinner. In this exercise the group used factors, weights and scoring to make the decision.
- OHP staff reported on upcoming community outreach related to AIDS Education Month and gave an update on the Committee's newsletter.
- At their July meeting, the Committee will debrief regarding AIDS Education Month activities and prepare for Ryan White Part A Allocations by reviewing some pertinent data and discussing the decision-making process.