

**Community Planning Group
Literature & Education Committee**

Meeting Minutes of

Wednesday, May 25, 2011

1:00 p.m. – 2:00 p.m.

Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia, PA 19107

Present: Wesley Anderson, Terri Clark (Co-Chair), Chris Collins, Katie Dunphy, Lisa Espinosa, Alison Lin

Excused: Jennifer Chapman (Co-Chair)

Absent: Tyreef King

Staff: Briana Morgan, Mari Ross-Russell, Nishika Vidanage

Call to Order:

T. Clark called the meeting to order at 1:17 p.m.

Approval of Agenda:

T. Clark presented the agenda for approval. **Motion:** W. Anderson moved, T. Clark seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (27 April 2011):

T. Clark presented the April 27, 2011 minutes for approval. **Motion:** K. Dunphy moved, C. Collins seconded to approve the minutes. **Motion passed:** All in favor.

Report of Staff:

B. Morgan stated that it was now possible to “check in” at the Office on Facebook. K. Dunphy asked if it would be possible for the OHP to create a profile on Foursquare, and B. Morgan replied that she would look into this.

M. Ross-Russell stated that additional copies of the CPG membership surveys would be available at the CPG meeting so that members would be able to complete them. T. Clark asked how many completed surveys the Office had received. B. Morgan replied that they had eleven surveys, although there were twenty-eight CPG members. T. Clark asked if there had been a deadline. M. Ross-Russell replied that they had asked members to return the surveys as soon as possible.

Report of Co-Chairs:

No report.

Discussion Items:

- **Review of Planning Process**

M. Ross-Russell stated that the CPG had agreed to move from a five-year process to a three-year process, which would shorten their working time to approximately two and a half years. She went on to say that she believed that the process of reviewing interventions had taken approximately three years. She explained that the committee had begun with a review of literature on populations, then a review of the interventions followed by panel discussions and the actual rating, weighting, and scoring of the interventions. She then stated that the committee would need to make additional considerations in the future as a result of ECHPP, such as reviewing other types of interventions. She concluded that the committee would need to think about how they would like to approach these new issues to develop concrete timelines.

T. Clark stated that the committee would not need to review the entire compendium in the future, and could base their work on the current list of interventions. M. Ross-Russell noted that the CDC might add new interventions to the compendium in the future, although they were shifting away from DEBIs and EBIs. She went on to say that there was a long list of new strategies to be considered under ECHPP. T. Clark asked if the committee should use the ECHPP document as a starting point, and then develop ways to evaluate each of the strategies. M. Ross-Russell replied that they would need to work with D. Acosta to learn more about AACO's plan, but that they could use this as a starting point.

T. Clark stated that the committee would need to find a way to gather information about the ECHPP strategies as they were being implemented in order to make recommendations. A. Lin replied that this could be a massive amount of work for the committee since ECHPP had such varied and expansive strategies. She went on to say that they would need to give a great deal of thought to how they would incorporate ECHPP into the committee's work. M. Ross-Russell replied that the recommendations had been broken into HIV status awareness, prevention with positives, DEBIs/EBIs, perinatal, and structural interventions. She explained that the committee could consider what they would recommend for different types of strategies. She then stated that the group may want to complete a needs assessment, which would allow them answer a specific question that could not be answered any other way.

M. Ross-Russell then explained that the group had some time to plan, which would allow them to work in a targeted and streamlined way. K. Dunphy asked if committee would be completing the same type of work in the next planning cycle. A. Lin agreed, but explained that they would need to expand beyond behavioral interventions. K. Dunphy suggested referring to these programs as public health strategies.

C. Collins stated that the process had been tedious but not difficult, and emphasized the importance of having committed committee members. T. Clark stated that the group would need to become more familiar with AACO's plan for ECHPP. A. Lin suggested asking each committee member to review a strategy from ECHPP, and then return to present that information to the group. She concluded that this would help her to better understand what ECHPP meant, and what the strategies would look like once applied. K. Dunphy and T. Clark both agreed with this.

T. Clark asked how long AACO had to implement their plan for ECHPP. M. Ross-Russell replied that they had to do this almost immediately. T. Clark stated that D. Acosta had stated that there would be a new RFP process for programs starting in January. M. Ross-Russell explained that an RFP was expected in the fall, and the system would quickly shift dramatically. T. Clark replied that this shift would inform the work that the committee was doing, so they would need to stay abreast of changes. M. Ross-Russell agreed, and stated that the group could begin reviewing the strategies in October after the system was RFPed. She noted that they would first need to develop process steps.

T. Clark stated that the group would need to read publications and articles about strategies in ECHPP. She asked if they would look at what strategies the other cities were implementing, and M. Ross-Russell agreed that they could do this. She then noted that there were distinct similarities between the social determinants of health and ECHPP.

K. Dunphy proposed that the group review the ECHPP plan as a starting point, and then review issues from the other eleven cities. A. Lin stated that they could do a short presentation on ECHPP for the CPG, including discussion on each of the strategies. K. Dunphy stated that it would be helpful to have a concrete example of what each of the strategies would mean in Philadelphia.

T. Clark asked if all UCHAPS cities were a part of the 12 Cities Project. M. Ross-Russell replied that she believed this was the case. She explained that UCHAPS originally only included the six directly-funded cities, but that additional cities had been brought into UCHAPS. C. Collins stated that there was a great deal of information on participating cities on the UCHAPS website.

T. Clark asked how Hip Hop for Philly could be considered in their interventions. M. Ross-Russell replied that this would most likely be a structural intervention. She explained that if this event had demonstrated success, it could become an intervention model. C. Collins noted that he had information on Houston's project. M. Ross-Russell added that the group could be looking at including Hip Hop for Philly in the next Plan.

Old Business:

None.

New Business:

None.

Review/Next Steps:

None.

Announcements:

K. Dunphy announced that the first major event of AIDS Education Month (AEM) would be the Youth Summit, and that interested parties could register for all AEM events at www.fight.org/aem.

Adjournment:

Motion: C. Collins moved, W. Anderson seconded to adjourn the meeting at 2:12 p.m.

Motion passed: All in favor.

Respectfully Submitted by,

Briana L. Morgan, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from April 27, 2011
- OHP Calendar

COMMUNITY PLANNING GROUP (CPG)

Literature & Education Committee

Wednesday, May 25, 2011

1:00 - 2:00 pm

The Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia, PA 19107

Call to Order/Introductions

Approval of Agenda

Approval of Minutes (*April 27, 2011*)

Report of Staff

Report of Co-Chairs

Discussion Items:

- **Review of Planning Process**
- **Calendar for Upcoming Planning Process**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

*The next meeting of the Lit & Ed Committee will be on
Wednesday, June 22, 2011 from 12:00 p.m. – 2:00 p.m.
at the Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia.
Please refer to the Office of HIV Planning's attached Calendar of Events or its website, www.hivphilly.org, for
updated committee meeting information.*

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

**Community Planning Group
Literature & Education Committee**

Meeting Minutes of
**Wednesday, April 27, 2011
12:00 p.m. – 2:00 p.m.**

Office of HIV Planning, 340 N. 12th Street, Suite 203, Philadelphia, PA 19107

Present: Marne Castillo, Jennifer Chapman (Co-Chair), Terri Clark (Co-Chair), Christopher Collins, Tony Daniel, Antonio Davis, Annet Davis-Vogel, Katie Dunphy, Alison Lin

Excused: David Acosta, Wesley Anderson, Lisa Espinosa

Guest: Coleman Terrell (AACO)

Staff: Aneeza Agha, Michael Milsop, Briana Morgan, Mari Ross-Russell, Nishika Vidanage

Call to Order:

T. Clark called the meeting to order at 12:15 p.m.

Approval of Agenda:

T. Clark presented the agenda for approval. **Motion:** J. Chapman moved, A. Davis seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (23 March 2011):

J. Chapman presented the March 23, 2011 minutes for approval. **Motion:** J. Chapman moved, A. Lin seconded to approve the minutes. **Motion passed:** All in favor.

Report of Staff:

No report.

Report of Co-Chairs:

No report.

Discussion Items:

• **CPG Presentation**

T. Clark stated that A. Lin would begin the presentation, and J. Chapman would then present the process (*see – attached slides*) as outlined in the slides. J. Chapman reviewed the slides that she would present, and T. Clark followed. N. Vidanage stated that she would review the distribution graphs for the recommended interventions, and T. Clark agreed to review the written list of recommended interventions. T. Clark noted that A. Davis would also speak on his experience participating in the process. T. Clark asked if the presentation included a mention of the provider panels. J. Chapman agreed that she would mention the provider panels, and explained that they had chosen to

display ratings for Community PROMISE because they had used information gathered from the provider panels in the rating process for that intervention.

• **Allocation Discussion**

M. Ross-Russell stated that the preliminary discussions on allocations had begun at the last Planning Priorities Committee meeting, where they had developed initial recommendations for funding percentages. She then reminded the group that she had volunteered to develop options for possible starting points for the allocations (*see – attached handouts*). She went on to say that she had also volunteered to meet with the grantee in order to gain a better understanding of the current state of allocations. She next explained that she had reviewed San Francisco's Plan, which used ranges of percentages to allocate funds to various areas of focus (*see – attached slides*). She stated that using a range of percentages could provide greater flexibility in the RFP process, as well as in adapting changes in the future.

M. Ross-Russell then directed those present to review Exhibit 2 (*see – attached handout*), which was a part of San Francisco's Prevention Plan. She explained that provided an example of a way to address priorities by population. She went on to say that the language and layout of the sample allocations sheets were designed as a starting point for discussion. She went on to say that the definition of high-risk negatives (*see – attached handout*) had changed, and that they had discussed the importance of including youth. She explained that they had chosen to define ages under the populations, rather than add another population for youth.

M. Ross-Russell stated that the descriptions for the areas of focus contained in the sample allocations sheets had been derived from ECHPP. She explained that she had placed language from ECHPP into the areas of focus as appropriate. M. Castillo stated that the Planning Priorities Committee had spent a great deal of time discussing drivers and co-factors, and that she liked the layout on p. 157 of Exhibit 2 (*see – attached handout*). A. Davis stated that San Francisco's document was very comprehensive, and that he had never seen a document with that level of specificity elsewhere.

M. Castillo asked whether the allocations by population or allocations by intervention type would better match p. 157 of Exhibit 2. M. Ross-Russell replied that the group would need to make this determination. She then explained that she had begun with the allocations by interventions, and that she thought that San Francisco's tool would be helpful in their discussions. T. Clark pointed out that San Francisco identified anyone aged 29 and younger as youth. M. Ross-Russell replied that the populations would be different in each area. She went on to say that K. Brady had presented data that 25% of new infections in Philadelphia were among 13 – 24 years old. She then explained that they were trying to find a way to incorporate all of the available information, while still having a document that was easy to read and understand. T. Clark suggested that they identify youth as ages 13 – 24 in order to be consistent with the available data. M. Castillo noted that she had brought additional recent youth data to the current meeting (*see – attached handouts*).

M. Ross-Russell next asked C. Terrell whether it would be more helpful from AACO's perspective to have allocations by intervention type or population. C. Terrell replied that a range of allocations rather than specific percentages would allow more flexibility. He explained that AACO received better proposals from providers when they were not forced to meet very specific requirements. He then explained that percentage ranges would also give them a degree of flexibility as the system changed in the future. He went on to say that it could become difficult to allocate resources by population rather than intervention, because different populations would need different types of interventions. He concluded that the grouping of interventions, in alignment with ECHPP, could be the more helpful version of the document.

M. Ross-Russell asked if it would be more helpful to include a document similar to p. 157 in addition to the funding range recommendations by interventions. C. Terrell replied that they would need to have broad categories for the RFP process. He explained that AACO was also accountable for reaching national target populations including MSM, IDUs, African-Americans, and Latinos as a part of ECHPP and NHAS. M. Castillo replied that including allocations percentages would give a stronger message about the type of work that they wanted to do in Philadelphia. She explained that funding range recommendations could give providers a stronger sense of what kinds of interventions they needed to consider. C. Terrell replied that this was an issue of accountability, and that AACO would have to report back on what was funded in Philadelphia. He went on to say that specific percentages had not worked well in the past. He explained that, for example, if AACO was required to allocate 8.7% of funds to African-American adult MSM, they could be forced into funding programs that did not necessarily make sense. He concluded that funding range recommendations by intervention would be very workable, and would allow them to adjust based on current epidemiological data.

T. Clark asked if they should specifically include African-Americans and Latinos as prioritized populations. M. Ross-Russell replied that these groups were included in the draft of the definition for high-risk negative (*see – attached handout*).

Based on these discussions, M. Ross-Russell asked the group if they would like to use the top two rows of the sample allocations by intervention, and attach this to the definition of high risk negative. The group agreed with this. **Motion: M. Castillo moved, A. Davis seconded to approve an allocations document including funding ranges by intervention, ECHPP language, and the definition of high risk negative with the age range for youth altered to include ages 13 – 24. Motion passed: 7 in favor, 0 opposed, 0 abstentions.**

M. Castillo distributed bar graphs containing testing data on youth (*see – attached handout*). A. Lin noted that this data was presented differently from data they had seen before. M. Castillo stated that they were seeing that the majority of youth positives were in the 18 – 24 age range, rather than 13 – 17, and were mostly male. She went on to say that male-to-male sexual contact had been increasing for those testing positive, and the majority of youth cases now were YMSM. She then noted that the large

number of those with “no identified risk” in 2009 was the result of a change in reporting, and explained that they would be investigating the risk category for those cases. She added that the majority of those with “no identified risk” would most likely be placed in the heterosexual risk category.

M. Castillo next stated that most youth cases were among African-Americans, with about 10% of cases among whites and 10% among Latinos with a very small percentage of Asians, multiracial, and other. She went on to say that this was an aggregate analysis, and they could conclude that the vast majority of the youth epidemic was among black MSM. She then reviewed approximately four years of data for linkage to care. She stated that approximately 60% of youth were linked to care in two months, a smaller percentage were linked to care within three months, and about 30% were not linked to care with a CD4 count and viral load.

M. Castillo then stated that she had brought this data to help the group better understand youth as a part of the definition of high risk negatives. A. Davis asked why numbers were so low for Asians and multiracial. A. Lin replied that there was not a great deal of testing within the Asian community, so they would not have data on the population. She noted that there were also more late testers in the Asian community. C. Terrell stated that surveillance data did not show Asians to be a high risk population. A. Davis-Vogel stated there was a large variable that affected the possibility of being exposed to HIV within that group. She went on to say that, in terms of language barriers, it seemed as though data from the Hispanic community would be a bigger question mark. She concluded that she would be more concerned that they did not have accurate prevalence data in the Hispanic community.

M. Ross-Russell asked the group if they would present youth as a separate population. M. Castillo replied that this could be a possibility. K. Dunphy pointed out that IDU youth were not included on the draft list of populations. M. Milsop replied that the Planning Priorities Committee had reviewed the populations, and the number of IDU youth had been very small. He went on to say that the group would need to consider which target populations had the highest priority. A. Agha then stated that any populations that could fit in either part A or B of their new definition could be considered high risk.

Old Business:

None.

New Business:

None.

Review/Next Steps:

T. Clark stated that the both committees would give presentations to the CPG at that day’s meeting. She noted that they would also incorporate the new data on youth.

Announcements:

A. Davis announced that ACT UP would be conducting interviews on housing with those infected or affected by HIV. He asked those interested in participating to email him.

A. Davis announced that ACT UP was seeking submissions for a t-shirt design.

A. Davis announced that ACT UP was planning three large demonstrations, and would like to visit support groups to discuss these demonstrations. He also stated that ACT UP Philadelphia hoped to mobilize 1,000 people to demonstrate at the International AIDS Conference in Washington, D.C.

T. Clark stated that Dining Out for Life would be held the following evening, and that 33% of proceeds from participating restaurants would be donated to Action AIDS and other ASOs.

Adjournment:

Motion: J. Chapman moved, K. Dunphy seconded to adjourn the meeting at 1:16 p.m.

Motion passed: All in favor.

Respectfully Submitted by,

Briana L. Morgan, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from March 23, 2011
- New Directions in HIV Prevention Slides
- Summary of 2010 Funding Priorities for HIV Prevention in San Francisco
- Funding Range Recommendations by Intervention
- Funding Range Recommendations by Population
- Draft Definition of High Risk Negatives
- Youth Data Graphs
- 2003 – 2008 HIV Prevention Community Planning Guidance
- OHP Calendar