

**Community Planning Group
Literature & Education Committee
Meeting Minutes**

Wednesday, May 26, 2010

12:00 p.m. – 2:00 p.m.

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

Present: Wesley Anderson, Jennifer Chapman, Terri Clark, Alison Lin

Absent: Artie Chhabria

Excused: Dawn Acero, Christopher Collins, Antonio Davis, Tyreef King, Dionna Samuel, Roberta Waite

Staff: Joseph Ellis, Briana Morgan, Mari Ross-Russell

Call to Order/Introductions

J. Chapman called the meeting to order at 12:30 p.m.

Approval of Agenda

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

Approval of Minutes (28 April 2010)

J. Chapman presented the April 28, 2010 minutes for approval. A. Lin stated that “Connect and Protect” at the top of the first paragraph on page four ought to have been “Connect to Protect.” **Motion:** J. Chapman moved, T. Clark seconded to approve the April 28, 2010 minutes as amended. **Motion passed:** All in favor.

Report of Staff

None

Report of Co-Chairs

J. Chapman stated that she had just returned from an international conference in Miami, where they had discussed the importance of HIV treatment adherence as a prevention tool. She said that the group had started work on a compendium of HIV adherence interventions and that she had found the rigorous work that went into the process reassuring. She told the Lit & Ed Committee that the group had narrowed down their list to eight promising interventions after going through over 4,000 and that people had begun to ask questions about what was truly feasible. She went on to say that it would be helpful to look at what had happened in the past even if they could not use it in Philadelphia.

T. Clark asked if there were any treatment adherence interventions among the DEBIs or EBIs. She went on to describe a program in which patients would take a quiz and the results would be sent to providers so they could know whether to spend more or less time

on certain topics. J. Chapman agreed, and then asked if programs addressing prevention with positives had been added to the compendium after its initial development. M. Ross-Russell supported the statement, noting that the original compendium had been released in 2004, that the revised version had been released in 2008-2009, and that current updates were released on the CDC website. She went on to explain that the CDC began discussing prevention with positives in 2004 but mostly adapted existing interventions for this group. J. Chapman stated that the CDC was trying to get risk-reduction in the compendium originally and that adherence programs had to focus on it as well as other factors regarding HIV prevention. M. Ross-Russell replied that Video Doctor was done in clinical settings and that it had been accepted with reservations because it would be expensive and materials were not available for it. T. Clark agreed and noted that CRCS was a very adaptable intervention that also dealt with medical adherence.

Discussion Item:

• Next Steps

M. Ross-Russell reminded the group of their previous decision that, following the panel discussions, their meetings would include a review of the responses they had gotten as well as further determinations about local interventions. She pointed out that questions for the panels were included in the meeting packets and that they were written as general as possible so they could be used for each panel. She said that the committee should also ask any additional questions that they felt would be useful to their planning.

M. Ross-Russell reminded the group that the day's panel would focus on programs targeting MSM. She informed the group that the panel would include a facilitator from the Pennsylvania School for the Deaf. Since the committee had never considered programs for the deaf community, she said that they might have to think about adapting programs to more specific populations. She then asked the group if they felt that the questions in the handouts were missing anything, noting that they wanted information both on the programs and the populations they targeted.

A. Lin said that, although the first bullet points under successes and challenges would let the panelists talk about the population, she wondered if they should add another question to extract broader information. M. Ross-Russell agreed and T. Clark suggested asking the panelists, "If you could design any kind of intervention, what would it look like?" She noted that such a question would allow them to be creative in their answers. A. Lin supported the suggestion and proposed adding "Why?" to the end of it.

M. Ross-Russell informed the group that, when the first DEBIs started to be introduced, the OHP had conducted a prevention provider survey to gather opinions on the programs. She said that the average response was that the DEBIs were difficult to use and did not take into account the everyday issues that the various populations dealt with. As a result, she suggested that the committee ask the panelists to describe issues that their populations dealt with and how they impacted the success of the programs. Additionally, she proposed that the group ask the panelists for recommendations on using specific interventions as such information could be useful for selecting programs to be included in the prevention plan.

W. Anderson asked how the committee should address community members who might not agree with the panelists' descriptions of their programs. M. Ross-Russell replied that, although it would be up to the panelists to address such issues, it might be worthwhile to lay out some guidelines for the discussions. However, she said that J. Chapman and T. Clark could decide how to proceed with such matters since they had agreed to facilitate the discussions.

T. Clark pointed out that the committee should again ask the panelists to write their answers so that capturing the information would not be left entirely to the minute-taker. M. Ross-Russell agreed and reiterated that, although she had requested written answers in her initial email to the panelists, she had not received any. T. Clark suggested allowing the panelists to introduce themselves and the rest of the group agreed.

J. Chapman asked what documents would be given to the CPG as visual aids for the discussion. M. Ross-Russell replied that, in addition to the discussion points, the CPG would receive the factors for Healthy Relationships, 3MV, and MPowerment that the committee had used during their review of the programs. J. Chapman asked whether the committee should take the time to review the factors with the CPG before the panelist discussions began. However, T. Clark felt that it would be easier to allow the panelists to describe their own programs to the group.

J. Chapman asked how many panelists were expected at the discussion. T. Clark replied that two individuals were coming from the Mazzone Center, one from the Pennsylvania School for the Deaf, one from the Attic Youth Center, and one from GALAEI.

T. Clark suggested that each of the panelists answer all of the previously developed discussion points before allowing the group to ask questions. The rest of the group agreed. A. Lin asked whether there would only be thirty minutes for the entire discussion. M. Ross-Russell replied that thirty minutes was their targeted time period; however, she acknowledged that the full process could take longer. J. Chapman asked if there were any other items on the CPG agenda. J. Ellis replied that the PPC would also be conducting a prioritization activity with the CPG. J. Chapman suggested allowing the group to submit written questions in case they ran out of time for discussion.

T. Clark asked whether the Lit & Ed Committee would proceed to re-review the interventions that they had approved with reservations after the panel discussions had ended. M. Ross-Russell suggested re-reviewing the programs after they had finished each panel discussion that pertained to a specific population. She explained that, if the group waited until after all the discussions to restart their review, they would forget a great deal of information. She noted that they should probably consider rejecting a few of the programs they had initially approved as well.

T. Clark asked whether she should participate in the panel discussions for CRCS since she facilitated the program for Action AIDS. M. Ross-Russell responded positively,

noting that the information would benefit the CPG members in addition to providing the Lit & Ed Committee with more data for their prioritization decisions.

M. Ross-Russell stated that, after the first panel discussions, the committee could determine whether they needed to make any changes to the questions. However, she pointed out that the panelists for the June meeting would already have received the earlier questions by the time the committee made any changes. As a result, she suggested that the group members email any of their ideas for changes in the questions as soon after the meeting as possible so that she could forward the revisions to the panelists. Additionally, she said that she would again request written responses from the next round of panelists.

T. Clark informed the group that she would not be in attendance at the July meetings. A. Lin reported that she would be absent from the June meetings. M. Ross-Russell noted that, in October, the panel discussions would focus on locally developed interventions and she would not be in attendance at the meetings.

Old Business

A. Lin asked if the committee had made a decision on whether to add structural interventions to their list of programs to review. J. Chapman replied that they were going to ask the CPG to help them develop a list of structural interventions currently being performed in Philadelphia. Additionally, she said that the OHP had created a post on Facebook to collect information on local structural programs from other sources. B. Morgan reported that the only response to the post had been from an individual who wanted to see more condoms distributed in public bathrooms.

M. Ross-Russell suggested that the group investigate internet- or other technology-based structural interventions. T. Clark agreed with the idea and noted that one relatively new program allowed individuals to receive text messages with information about HIV-testing sites. A. Lin pointed out that a number of organizations had been very successful in disseminating prevention messages in online-chat rooms and sex sites.

M. Ross-Russell reminded the group that, in addition to Facebook, they had also considered gathering information on structural interventions through Survey Monkey. She said that, in order to create the survey, the committee would have to decide who to send it to, noting that it could go to entities other than ASOs (AIDS Service Organizations). T. Clark pointed out that it would be difficult for the committee to find information on non-ASOs conducting structural interventions. However, she supported the idea of conducting a survey, saying that structural interventions were probably too broad a topic for another panel discussion. M. Ross-Russell offered to have OHP staff develop a survey. She said that a link to the survey could be placed on the OHP website and distributed through a mass emailing, with encouragement to forward the link to other contacts. T. Clark noted that there could be a listserv available through the Prevention Summit.

M. Ross-Russell advised the committee to develop a definition for structural interventions that could be used in the survey. T. Clark suggested developing a basic

information session for structural interventions that could be delivered at a future AACO provider meeting. She pointed out that many providers might not be aware of structural interventions and, thereby, would not be very useful for the survey. M. Ross-Russell noted that a definition for structural interventions would also be necessary if the committee wished to recommend such programs in the prevention plan. T. Clark replied that, before the recommendation could be made, awareness about structural interventions would have to be raised in the prevention provider community. She then asked whether the committee or OHP staff should approach D. Acosta about holding an information session at an upcoming provider meeting. M. Ross-Russell offered to contact D. Acosta on the matter. T. Clark noted that the session could not take place until at least the fall.

New Business

J. Chapman noted that, despite the fact that 11 members were listed on the Lit & Ed Committee's sign in sheet, there were rarely more than 4 – 5 individuals in attendance. T. Clark informed the group that A. Chhabria was no longer working in HIV prevention, which could explain why she had not been attending meetings. J. Ellis reported that D. Samuels had sent him an email saying that she had been sick. J. Chapman stated that D. Acero had said that the meeting time for the Lit & Ed Committee was no longer convenient for her. She then said that, when she was a new CPG member, it had taken a while for her to realize that subcommittee attendance was mandatory, noting that a number of new members had just been seated. J. Ellis informed the group that R. Waite had also had a scheduling conflict with the Lit & Ed Committee meeting time. He said that he had informed her of the need to select a new committee but had not yet received a response. M. Ross-Russell suggested that the group stress in its committee report that it was currently selecting interventions to be included in the next prevention plan. She said that, if everyone in the CPG understood the importance of the committee's current task, they would likely be more interested in attending their meetings.

Announcements

None

Adjournment

The meeting was adjourned at 1:35 p.m. by general consensus.

Respectfully Submitted by,

Joseph Ellis & Briana L. Morgan, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from April 28, 2010
- Prevention Panel Discussion Points
- OHP Calendar

COMMUNITY PLANNING GROUP (CPG)

Literature & Education Committee

Wednesday, May 26th, 2010

12:00 - 2:00 pm

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

Call to Order/Introductions

Approval of Agenda

Approval of Minutes (*April 28th, 2010*)

Report of Staff

Report of Co-Chairs

Discussion Items:

- **Next Steps**

Old Business

New Business

Review/Next Steps

Announcements

Adjournment

*The next meeting of the Lit & Ed Committee will be on **Wednesday, June 23rd, 2010***

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**

Wednesday, April 28th, 2010

12:00 - 2:00 pm

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

Present: Jennifer Chapman (Co-Chair), Terri Clark, Christopher Collins, Alison Lin

Staff: Joseph Ellis, Mari Ross-Russell

Excused: Dawn M. Acero, Wesley Anderson, Antonio Davis, Val Sowell, Roberta Waite

Absent: Arti Chhabria, Tyreef King, Dionna Samuel

Call to Order

J. Chapman called the meeting to order at 12:22 pm.

Approval of Agenda

The group took a moment to review the meeting agenda. A. Lin requested that a discussion on structural interventions be added to the agenda since D. Acosta had recently sent the group some information. The rest of the group agreed. **Motion:** With the noted addition, J. Chapman moved and A. Lin seconded to approve the agenda.

Motion Passed: All in favor.

Approval of Minutes (*March 24th, 2010*)

The group spent some time reviewing a draft of the minutes from their last meeting.

Motion: Afterwards, J. Chapman moved and A. Lin seconded to approve the draft of the minutes included in the handouts. **Motion Passed:** All in favor.

Report of Staff

None

Report of Co-Chairs

None

Discussion Items:

• **Finish Review of Interventions**

M. Ross-Russell directed the group's attention to the handout that summarized the interventions for review. She noted that the six programs that had not been reviewed were highlighted in yellow in the document. She informed the committee that, for reviewed programs that targeted more than one population, she had copied their decisions for all populations.

Teen Health Project - APPROVED (GLI) w/RESERVATIONS (CLI)

- Targets a specific population?
Adolescents of high risk for HIV who live in urban, low-income housing developments
- Targets a specific behavior?
Increasing abstinence and condom use
- Effectiveness?
Participants were more likely to remain abstinent and more likely to use condoms
- Sound theoretical basis?
Diffusion of Innovation and Social Cognitive Theory
- Norms, Values, Consumer Preferences?
No specific language
- Intervention Feasibility?
Cost – Two 3-hour workshops delivered by two trained facilitators and peer opinion leaders in low-income housing developments
Materials – package available
- Other considerations – only difference between CLI and GLI is the addition of community events
PCRS connection – no specific language

Condom Promotion - REJECTED

- Targets a specific population?
Young, unmarried college women
- Targets a specific behavior?
Increase intentions to use condoms and condom use
- Effectiveness?
Increased condom use
- Sound theoretical basis?
Psychosocial Model of Condom Use and Health Belief Model
- Norms, Values, Consumer Preferences?
No specific language
- Intervention Feasibility?
Cost – one 45-minute session delivered by a female graduate student on a college campus
Materials – package not available

- Other considerations – None
PCRS connection – no language

The group decided to reject Condom Promotion because there was no intervention package available, it had used only small analytical sample sizes, and it was originally published in 1996.

Salud, Educación, Prevención, y Autocuidado (SEPA) - APPROVED

- Targets a specific population?
Low-income, urban, Mexican and Puerto Rican women
- Targets a specific behavior?
Eliminate or reduce sex risk behaviors
- Effectiveness?
Increased Condom Use
- Sound theoretical basis?
Social Cognitive Theory
- Norms, Values, Consumer Preferences?
Delivered by bilingual and bicultural Latinas
- Intervention Feasibility?
Cost – six weekly sessions delivered by bilingual and bicultural Latinas who are trained as HIV counselors
Materials – package is being developed
- Other considerations – none
PCRS connection – no specific language

A. Lin felt that SEPA would be a good intervention for the city as long as a package was developed. J. Chapman agreed but noted that the program's low retention rates could have been caused by its location, which was not reported.

A. Lin asked whether any data were available for Protect and Respect. M. Ross-Russell replied that data for the program were available and that Michelle Teti had offered to attend a meeting to discuss Protect and Respect. As a result, the group decided to approve the program with reservations and delay their final decision until after their discussion with M. Teti.

In response to a question by A. Lin, the committee ascertained that AACO and Philadelphia FIGHT were jointly responsible for Prison Case Management. However, T. Clark said that Action AIDS might also be involved in the program and offered to investigate the matter further. M. Ross-Russell told the committee that she had not

included Prison Case Management in the list of programs for the panel discussions. She said that she would explain the matter during the next discussion item of the agenda. T. Clark suggested that the committee reject HIV Education and Testing because the program had been developed before the rapid test was in use. The rest of the committee supported her suggestion.

T. Clark felt that HRCs (Health Resource Centers) and Connect and Protect were more like structural interventions than those that attempted to alter individual behaviors. A. Lin agreed but said that some of the HRCs also offered ILIs and STI testing. She then asked whether organizations could apply for funding to open HRCs if the committee opted to approve them for the system. M. Ross-Russell responded positively and then reiterated that the committee's intervention review was to decide whether programs were appropriate for the entire system. She said that it was acceptable for the group to reject programs that did not have packages available because they were necessary for implementation. She also told the group that, during the development of the current 5-year plan, the CPG had approved an all-inclusive list of interventions because there was insufficient data available to properly review them. Additionally, she continued, because the CDC had pushed for the use of HRCs, the local prevention system had approved them despite insufficient data for reviewing them. However, she said that since some HRCs had been operating for a few years, some data should be available on them. She added that Judith Peters might also have some information on the centers.

A. Lin believed that PALMS (Preventing AIDS through Live Movement and Sound) had been expanded since the information included in the binders was written. She told the group that the program now separated males and females and, while it often operated in E3 centers, she was not sure whether there was any relation with juvenile detention centers. She then gave her approval to the program and the rest of the group agreed.

J. Chapman pointed out that the study for PALMS had been conducted in 2007, saying that data on the program could be available by now. T. Clark agreed and noted that, if the program was run through AACO, the grantee should have some data. However, M. Ross-Russell informed the group that, if PALMS was directly-funded by the CDC, it could be very difficult to obtain any data on it. However, she offered to send an email to find out whether any data were available.

T. Clark reminded the group that, at the last CPG meeting, one member had voiced concern over whether Healthy Relationships would be approved or rejected. She said that she did not want individuals to worry that programs they were running would be rejected. M. Ross-Russell replied that the only local program that individuals could legitimately be concerned about was Community Promise, which had been rejected with reservations. However, she said that the decision to reject the program was sound because of questions about its effectiveness and ability to perform long-term follow ups. T. Clark noted that some current programs did not have strong tools for self-evaluation. A. Lin felt that researchers were responsible for any lack of proper evaluation methods.

- **Planning for Provider Panel Discussions**

M. Ross-Russell directed the group's attention to the draft outline of providers and dates for the panel discussions. She informed the group that, currently, she had not received confirmation from any local providers for the panel discussions. She said that she would send out the letters on a monthly basis because providers might not be willing to commit too far in advance. She clarified that she had already sent out letters for the May meeting and would send those for the June meeting next month. She pointed out that Protect & Respect, Teach, and TIP were the only local programs currently on the list. However, she said that she would add HRC and Prison case management to the list. Reading over the document, the group approved of planning on a half hour for each discussion.

T. Clark reported that she had received confirmation that a representative for Healthy Relationships would be at the May meeting with an interpreter. M. Ross-Russell noted that two interpreters might be necessary because interpreting back and forth between the representative and the CPG would be a lot of work.

T. Clark said that she had not received a response from T. Dressel concerning her attendance at the panel discussion. J. Chapman also reported that she had been unable to discuss the matter with Y. Alicia. M. Ross-Russell noted that, in order to follow the appropriate protocol, she had sent the letters to the executive directors of all the respective providers. However, she said that she had also sent letters to the likely representatives of the programs if she knew the individuals. She told the group that her letter included the discussion questions that the committee had developed but made no mention of who else would be on the panels. She also noted that she had not included Philadelphia FIGHT for any of the discussions in June because the organization would likely be busy with all of the activities related to AIDS Education Month. She said that she had tried to group the providers in such a way that would cut down on the numbers of meetings that individuals would have to attend. T. Clark gave her approval to the planning that had been done for the prevention provider panel discussions, saying that, after the first discussion, the committee could re-evaluate their plans and decide if any alterations were necessary. The rest of the group agreed.

- **Structural Interventions**

T. Clark started the discussion by saying that the debate on structural interventions was not focused on whether or not such programs were effective, but rather on how more of them could be implemented in Philadelphia. She said that implementation of some of the larger structural interventions would require cooperation between government entities and possibly even universities. She clarified that, in general, while she understood structural interventions and felt that their benefits were undeniable, she did not understand how the committee could help to instill more of them in Philadelphia.

M. Ross-Russell suggested that the committee simply include in the prevention plan a brief description of structural interventions that explained why they were effective and why they would be beneficial to Philadelphia. She added that the language could also include ideas for implementing and evaluating such programs in Philadelphia. A. Lin

agreed that some language on structural interventions should be included in the plan, just to show that the committee supported them. The rest of the group agreed.

T. Clark suggested coordinating meetings with individuals from universities, AACO, and the Health Department to discuss ways of implementing structural interventions in Philadelphia. M. Ross-Russell supported the idea but noted that discussions on possible sources of funding could dissuade some groups from participating. T. Clark felt that the most difficult part of the process would be determining how to evaluate structural interventions. M. Ross-Russell agreed, saying that some outcomes could take as much as ten years to measure.

M. Ross-Russell suggested that the committee start the process of including structural interventions in the prevention plan by defining the programs and developing a list of those that were already operating in Philadelphia. She said that the new website of the OHP and its connections with social media sites could possibly be used to get groups from outside of the CPG network to add programs to the list. T. Clark also suggested having David Acosta make an announcement at AACO about the list.

Old Business

None

New Business

After a few members of the Lit & Ed Committee noted that they might be unable to attend the June meeting, the group considered cancelling the meeting. However, they decided to make a decision on the matter after completing the first panel discussions so that the meeting could be used for further planning if necessary.

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 1:50 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*March 24th, 2010*)
- Summary of Interventions for Review
- Interventions and Providers for Panels Spreadsheet
- Prevention Panel Discussion Points
- OHP Meeting Calendar