

**Philadelphia Prevention Community Planning Group (CPG)
Monitoring Committee
Meeting Minutes
Friday, February 13th, 2009
3:00 – 5:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 203, Philadelphia, PA 19107**

Present: Marné Castillo, Tricia Dressel, Rick Feely

Excused: Yexsy Alicia, David Acosta, Robin Brennan, Christopher Collins, Jennifer Lauby

Staff: Joseph Ellis, Monica Getahun, Michael Milsop, Mari Ross-Russell

Call to Order/Introductions

R. Feely called the meeting to order at 3:11 pm.

Approval of Agenda

M. Ross-Russell informed the Monitoring Committee that she needed to discuss an issue with community representation at UCHAPS meetings with them. The group decided to set aside some time after their last discussion item to talk about the matter. Noting the addition to the agenda, the group then approved the document by general consensus.

Approval of Minutes (*January 21st, 2009*)

The members of the Monitoring Committee took a moment to review the minutes from their last meeting before approving the document by general consensus.

Report of Staff

M. Ross-Russell informed the group that she had been downloading articles on interventions and populations for the ongoing prioritization research. She said that she was limiting her search to articles no more than five years old. She reminded the committee that she only had access to articles that were published in major journals and, therefore, requested that they send any local data on programs or populations to the Office of HIV Planning. M. Castillo stated that CHOP might have some unpublished information but clarified that she could not vouch for the cleanliness of the data. She asked whether program evaluations unintended for publishing could also be included in the research. M. Ross-Russell responded positively, saying that information on any intervention under consideration by the CPG was pertinent. She added that unpublished evaluations might be the only information available on interventions that were not included in the CDC's compendium, which had the potential to be the most effective programs even though they were not yet recognized by the CDC. M. Castillo suggested informing the CPG about their need for such program evaluations to get more providers included in the search.

After it was clarified that meta-analyses on both populations and interventions were included in the research materials, R. Feely stated that he had some national meta-analyses on Trans populations, which he would forward to the OHP.

Report of Co-Chairs

T. Dressel reported that the Nominations Committee had developed a new application for the CPG that was significantly shorter than the current document. She said that the group had based many of their decisions about necessary information for applications off of San Francisco's model. M. Castillo asked whether CPG members who had to renew their membership could use the new application. T. Dressel replied negatively, pointing out that, for the sake of fairness and consistency, scoring criteria for the April seating of new members had to be based on responses to the same questions.

M. Castillo reported that the Planning Priorities Committee would be meeting on the following Wednesday to discuss prioritization data with Dr. Brady.

R. Feely informed the group that he and others had been able to collect 2007 surveillance data on Trans populations from Dr. Brady. He said that, out of approximately 89 HIV tests of individuals who had self-reported as Trans, none had received positive results. However, he said that the data was not consistent with what he and many other service providers knew about testing with Trans individuals through their programs. Additionally, he pointed out that approximately 1300 tested individuals had not denoted a gender variable on their intake form, which could be indicative of more transgender testing than what had been reported. Due to the inconsistencies, he continued, the mayor's advisory group was planning to request estimates on Trans surveillance data from providers that regularly worked with the population. He said that the responses of CTR coordinators would be especially important because 27 Trans individuals had accessed case management services in 2007, which was indicative of either incorrect surveillance data or a huge delay between positive test results and access to services. M. Castillo stated that youth who tested positive often had a delay of many months before they were able to access services.

Discussion Items:

- **Review Planning Calendar 2009 – 2011**

M. Ross-Russell directed the group's attention to the planning calendar for the remainder of the prioritization. She said that, as had been requested at the last Monitoring Committee meeting, the OHP had developed the calendar using a worksheet from the AED Guidelines as a starting point. As the group read over the details of the calendar, M. Ross-Russell noted that it would function as a living document, in that it would regularly be updated or modified throughout the process as was deemed necessary. She pointed out that the schedule would allow ample time for the Lit & Ed Committee to review all of their research materials before they began to prioritize interventions in August. She also said that the AED Guidelines provided worksheets for each of the milestones in the calendar, which would allow the committees to fully understand each task before taking it to the CPG. After the Monitoring Committee had a chance to fully review the calendar, they approved it as a recommendation to the CPG.

- **CPG Breakout Workgroups**

M. Ross-Russell reminded the group that, at their last meeting, they had decided to again utilize breakout groups during CPG meetings to assist in the prioritization process. However, she pointed out that it could be more productive to have the entire CPG involved in each of the discussions because many of the members represented more than one population. She also said that break out groups could be difficult to coordinate because of the low level of current CPG membership. R. Feely noted that holding the discussions in the larger group would take longer because only one worksheet could be completed at a time. M. Ross-Russell agreed but said that ranking populations, the later part of the prioritization process, should move quickly because the incidence and prevalence data would make most of the decisions for the group. M. Castillo clarified that, following M. Ross-Russell's recommendation, worksheets would be completed in CPG meetings and then brought to the subcommittees for processing. She then stated that some of the terms related to the discussions, such as incidence and prevalence, might have to be clarified to the CPG. R. Feely said that a listing of such terms and their definitions had been distributed at a recent UCHAPS meeting. M. Milsop said that he had the handout and would give it to the CPG at the appropriate time. For additional support of not breaking the CPG into smaller workgroups, M. Ross-Russell stated that the reasoning behind any deviations from CDC recommendations in the priorities would have to be understood by the entire CPG. The group agreed and M. Ross-Russell noted that any unforeseen difficulties in the plan would have to be dealt with as they arose.

- **Community Representation at UCHAPS Meetings**

For those who were unaware, M. Ross-Russell informed the group that each city involved in UCHAPS had three representatives - one governmental and two from the community. She said that, in the past, M. Milsop had been taking one of the community seats on behalf of the OHP for the sake of consistency, while the other seat went to the CPG Community Co-Chair. Unfortunately, she said that two different predicaments had complicated the situation. In the first place, she continued, the existence of both a Community Co-Chair and a Community Co-Chair elect on the CPG meant that three individuals were eligible for two seats. Secondly, she said that because the city would no longer pay for travel due to the budget cuts, UCHAPS was now receiving funding for the travel through the CDC, which required cities to be more specific in designating representatives. R. Feely felt that M. Milsop should continue to occupy one of Philadelphia's community seats at UCHAPS. He said that such representation better reflected Philadelphia's unique setup with the Health Department, the OHP, and the CPG. Additionally, he believed that it was good to keep M. Milsop attending the meetings for the sake of consistency, saying that M. Milsop had greatly enhanced his understanding of the process when he first started attending UCHAPS meetings. The other community seat, he felt, should be occupied by the Community Co-Chair of the CPG with the elect filling in when he or she was unable to attend. All in attendance agreed with the recommendation.

- **Next Steps/Next Meeting Date**

After deciding that they did not need to convene on a monthly basis, the Monitoring Committee scheduled their next meeting for Wednesday, April 15th, from 1 – 3 pm.

Old Business

• CPG Meeting Time Change

M. Ross-Russell reminded the group that they had never resolved the issue of whether to schedule some CPG meetings in the evening in an attempt for more community involvement. However, she pointed out that, as the CPG was now getting into their prioritization, individuals who could only attend night meetings might not be helpful to the process as they would not know what was occurring at regular meetings. R. Feely felt that it would be difficult to get many current CPG members to agree to evening meetings. Additionally, he pointed out that individuals who could only attend meetings after regular business hours could not attend any subcommittee meetings during the day. M. Ross-Russell noted that it would also be difficult to coordinate OHP staff for the meetings. Pointing out that the suggestion for evening meetings had arisen from a discussion on recruitment, M. Castillo felt that the idea was no longer necessary because the Nominations Committee was developing a number of other ideas to improve attendance. The rest of the members agreed and decided not to discuss the matter further.

New Business

M. Ross-Russell informed the group that the OHP planned to revamp its website in the near future. She said that a blog or bulletin board would be included in the design in order to update announcements and the resource inventory more easily, among other ideas. T. Dressel explained some of the different options for such an idea, saying that a wiki would allow anyone to change the document while a blog would allow anyone to comment. R. Feely pointed out that, while everyone agreed on the necessity of such a resource, a great deal of discussion would have to go into planning it.

Announcements

- R. Feely announced that a Trans Black History Month event was being held at the Carriage House on February 19th.
- M. Castillo announced that the APHA (American Public Health Association) would be holding its national meeting in Philadelphia in November of 2009. She said that the deadline for submission of abstracts for the event had been extended one week.

Adjournment

The meeting was adjourned by general consensus at 4:18 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*January 21st, 2009*)
- CPG Prioritization Planning Calendar 2009 – 2011
- OHP Meeting Calendar

COMMUNITY PLANNING GROUP (CPG)

Monitoring Committee

Meeting Agenda

Friday, February 13th, 2009

3:00 - 5:00 p.m.

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

Call to Order/Introductions

Approval of Agenda

Approval of Minutes

Report of Staff

Report of Co-Chairs

Discussion Items:

- **Review Planning Calendar 2009 – 2011**
- **CPG Breakout Workgroups**
- **Next Steps/Next Meeting Date**

Old Business

- **CPG Meeting Time Change?**

New Business

Announcements

Adjournment

*The next meeting date and time of the Monitoring Committee is **TBA**
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.*

Philadelphia Prevention Community Planning Group (CPG)
Monitoring Committee
Meeting Minutes
Wednesday, January 21st, 2009
12:00 – 1:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 203, Philadelphia, PA 19107

Present: Marné Castillo, Christopher Collins, Tricia Dressel

Excused: David Acosta, Robin Brennan, Rick Feely, Jennifer Lauby

Absent: Yexsy Alicia

Staff: Joseph Ellis, Nicole Johns, Mari Ross-Russell

Call to Order/Introductions

T. Dressel called the meeting to order at 12:14 pm.

Approval of Agenda

After being reviewed, the meeting agenda was approved by general consensus.

Approval of Minutes (*November 12th, 2008*)

The members of the Monitoring Committee took a moment to review the minutes from their last meeting. They then approved the document by general consensus.

Report of Staff

M. Ross-Russell started her report by passing around the HIV Prevention Intervention Information folders, which had been compiled by Aneeza Agha. She explained that the folders were mostly intended for the Lit & Ed Committee since a majority of the information was concerned with interventions. However, she noted that other similar folders would eventually be put together for the work being done by the PPC.

M. Ross-Russell took a moment to detail how the folders were organized. She pointed out that the first section listed all the interventions on the CDC website, starting with those described as “Best & Promising” and followed by those that were not described as such. The second section of the folders, she continued, listed the interventions that were currently funded in Philadelphia, including those that were not included on the CDC website. She told the group that the third and fourth sections of the folders listed, respectively, new and other interventions endorsed by the CDC. She said that the final sections were reserved for local data and currently contained information from the recent AACO population workgroup meetings.

M. Ross-Russell reported that, in researching articles on various aspects of intervention effectiveness, she was having some difficulty due to the prohibitive costs of acquiring some of the texts. T. Dressel stated that she might be able to obtain some of the articles for free and, therefore, asked M. Ross-Russell to send her a list of the texts.

Continuing her report on the research being done by OHP staff for the prioritization process, M. Ross-Russell said that she had contacted all of the UCHAPS cities for information on how they conducted their processes but had only received a response from San Francisco. She had investigated whether a national list on the matter existed but was unable to find any such document. She informed the group that Philadelphia's CDC Project Officer had told her about a study on the most effective prioritization processes but had not yet supplied her with any more information.

M. Ross-Russell also provided the Monitoring Committee with a copy of chapter 5 from San Francisco's 2004 – 2008 Prevention Plan, which dealt with strategies and interventions. Summarizing the chapter, she said that, as part of their process, San Francisco had investigated the behavioral theory that was the basis for each of the interventions they considered. She explained that, by doing so, everyone involved in the process developed a much better understanding of all the interventions. Another component to San Francisco's process, she continued, was asking the question "what do we hope to achieve by implementing this intervention?" which she felt helped to keep the goal of the process in focus. Everyone in attendance praised the San Francisco plan, saying that it was thorough but easy to read and attractively designed. M. Ross-Russell encouraged the group to think outside of the box while doing their planning, noting that they had not yet taken any steps for their prioritization which were not a part of the AED guidelines. In closing, she said that the CPG or the subcommittees needed to have a discussion about what they hoped to achieve and then compare their aspirations to the time remaining to complete the prioritization.

Looking over the lists in the HIV Prevention Intervention Information folder, T. Dressel voiced some doubt over whether the group would be able to spend time discussing every program. N. Johns said that the committees could focus their conversations more broadly and discuss one type of intervention per meeting. She pointed out that, if the committee developed a tight schedule for the process, they could better coordinate bringing in various intervention workers to discuss their programs, as the group had been considering. T. Dressel warned that there could be a problem with the proposed focus group interventions discussions. She explained that, by having program workers involved in the discussion, they risked the possibility of having the individuals and their abilities as speakers influence the decisions more than the actual quality of the programs. M. Ross-Russell noted the concern and said that the plans were still in the developmental stage. She said that another part of the reasoning behind the focus groups was to hopefully develop outside awareness and interest in the CPG. She suggested structuring the focus groups around questions from the CPG instead of just a presentation from intervention staff workers. She felt that, despite the possibility of problems, the CPG needed a method for working in local information. Additionally, she questioned whether the committees alone would be able to complete all of the work involved with prioritization and its preliminary research. N. Johns felt that the committees should not do all the work because it would prevent the full CPG from understanding the basis for their decisions. Instead, she suggested that the committees do the preliminary work that would then be brought to the full CPG, explained, and then decided on. M. Ross-Russell pointed out that bringing the work to the CPG would not necessarily lead to a wider

understanding of the basis for the decisions because the full CPG was rarely in attendance at a single meeting. J. Ellis noted that proper documentation of the process would keep everyone with an interest in the process aware of the ongoing developments. The rest of the group agreed and N. Johns said that it would be the responsibility of OHP staff to ensure that the process was properly documented.

M. Ross-Russell passed around another handout entitled *Summary of Recommended HIV Interventions*, which listed all of the CDC's recommended interventions in a grid form to more easily detail their various aspects. She said that the document could help to foster understanding about all interventions in the plan among all members of the CPG, which she felt should be an important goal for the group. T. Dressel said that she found the chart, and other similar grids that she had seen in CPG and subcommittee meetings, difficult to analyze. She clarified that, while she understood how to read charts, she thought that they did not help to foster understanding because they contained too much information for a person to absorb in one sitting.

T. Dressel recommended holding breakout workgroup sessions during CPG meetings. She clarified that, while the bulk of the prioritization would still take place in the committees, the breakout groups would help to shoulder the burden. She felt that the breakout groups would be the best way to foster a fuller understanding of the process among the entire CPG because they would be forced to comprehend the work being done in the committees before continuing it themselves. She also said that the CPG workgroups could keep members from getting lost by backtracking whenever it was deemed necessary. M. Castillo and C. Collins both supported the idea for holding breakout workgroup sessions during the CPG meetings.

The group spent some time determining how best to organize the CPG workgroup sessions, though they decided not to start the procedure until the February CPG meeting. T. Dressel suggested placing time limits on the sessions and allowing a half hour afterwards for reports from each group on what they had accomplished. She felt that the PPC and Lit & Ed Committee would have to spend some time planning for the discussions, adding that a preview of any handouts at committee meetings might help to prevent the workgroups from getting lost or overwhelmed. M. Castillo clarified that the committees would facilitate the discussions in the workgroups. N. Johns felt that a strong facilitator and a clear task would be necessary for the success of the each activity. M. Ross-Russell agreed, adding that the groups would have to understand that their tasks could not be put off until the next meeting. M. Castillo suggested developing a handout for each activity that clearly stated the task to be completed and that was handed in at the end of each session. All in attendance agreed with the suggestion.

Report of Co-Chairs

C. Collins informed the group that he would not be able to attend the January meeting of the CPG because he would be at the HIV Leadership Conference.

M. Castillo reported that the PPC was in the process of trying to schedule their next meeting with Dr. Brady. She clarified that, at the meeting, the group would discuss the data that was available and how best to use it.

T. Dressel informed the group that the Nominations Committee had decided on some changes for the CPG application, which she said would take effect after the April seating. She said that the committee had also regularized their meeting schedule and would now convene only in January, February, March, July, August, and September, unless something unexpected arose. She said that the members of the Nominations Committee would join either the PPC or the Lit & Ed Committee in the months that they were not scheduled to convene. She said that there had been some concern about the idea but, now that she understood it better, she saw no reason not to have the group lend their support.

Discussion Items:

- **Nominations to Join Other Committees?**

T. Dressel resolved this issue during her Co-Chair report.

- **Plan Prioritization Work for 2009 - 2011**

M. Ross-Russell felt that most of this discussion item had been dealt with during the report of staff. However, she noted that a calendar still needed to be developed. T. Dressel felt that it would be difficult for the group to develop a timeline for completing the prioritization because, as no one had ever been through the process before, they did not know all of the steps involved or how long each would take. M. Ross-Russell offered to have OHP staff go through past calendars and draft an initial timeline for the CPG. All in attendance agreed with the suggestion.

- **Next Steps/Next Meeting Date**

M. Ross-Russell reminded the group that, based on their discussion, they had to develop worksheets for both of the breakout groups at the February CPG meeting. As a result, the Monitoring Committee decided to convene again in February to help develop the handouts. They scheduled the meeting for Friday, February 13th, from 3 – 5 pm.

Old Business/ New Business/Announcements

None

Adjournment

The meeting was adjourned by general consensus at 1:31 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*November 12th, 2008*)
- OHP Meeting Calendar

What milestones have been reached?	What are the key tasks to achieve the milestone?	Who is responsible for completing these tasks?	When will the task begin?	When will each task end?
Review Bylaws		PPC, Monitoring		Accomplished
Review or select a decision-making method		PPC, Monitoring, CPG		Accomplished
Review or develop conflict-of-interest statements		PPC, Monitoring, CPG		Accomplished
Identify roles and responsibilities of committees		Monitoring and CPG		Accomplished
Decide to use an outside facilitator				Accomplished
Develop a workplan with a timeline		Monitoring, OHP, CPG	Jan 2009	Feb 2009
Gather information including: epi profile, needs assessment, CSA, list of potential target populations and interventions effectiveness information for each target populations		PPC, LE, OHP	Ongoing	Aug 2009
Review current priorities		PPC,CPG	Feb. 2009	March 2009
Identify target populations		PPC,CPG	April 2009	Aug 2009
Determine factors for target populations		PPC,CPG	April 2009	Aug 2009
Weight factors		PPC,CPG	April 2009	Aug 2009
Rate factors		PPC,CPG	April 2009	Aug 2009
Score and rank target populations		PPC, CPG	April 2009	Aug 2009
Review rankings and prioritize target populations		PPC,CPG	April 2009	Aug 2009
Identify interventions		LE, CPG	Sep 2009	Aug 2010
Determine factors for inventions		LE, CPG	Sep 2009	Aug 2010

What milestones have been reached?	What are the key tasks to achieve the milestone?	Who is responsible for completing these tasks?	When will the task begin?	When will each task end?
Rate factors		LE, CPG	Sep 2009	Aug 2010
Score and rank interventions using factors		LE, CPG	Sept 2009	Aug 2010
Review rankings and develop recommendations for interventions		LE, CPG	Sep 2009	Aug 2009
Write priority setting section of the plan		PPC, LE,CPG, OHP	Sep 2010	July 2011
Determine allocation percentages		CPG	Sep 2010	Feb 2011