

Philadelphia Prevention Community Planning Group (CPG)
Monitoring Committee
Meeting Minutes
Wednesday, April 15th, 2009
1:00 – 3:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 203, Philadelphia, PA 19107

Present: David Acosta, Marné Castillo, Jennifer Chapman, Christopher Collins

Excused: Yexsy Alicia, Robin Brennan, Tricia Dressel, Rick Feely

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

Call to Order/Introductions

D. Acosta called the meeting to order at 1:20 pm.

Approval of Agenda

As the group looked over the agenda for the day's meeting, D. Acosta requested an additional discussion item to work out the details of the new CDC project officer's visit at the next CPG meeting. The rest of the group agreed and then approved the revised agenda by general consensus.

Approval of Minutes (*February 13th, 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

N. Johns informed the group that she had recently sent out an email with an attached survey concerning CPG training. She explained that the purpose of the survey was to obtain feedback in order to improve the presentations for the next year. She said that she would resend the survey in a few days because, although she had already gotten some good feedback, she was hoping for more responses. She told the group that the survey should not take long to complete and that it could be done anonymously.

M. Ross-Russell reported that she was going to request a list of providers' email addresses from AACO so that she could send out notifications on the upcoming prevention summit and the CPG open house event. She said that she planned to send out a great deal of information on the events in hopes of achieving high attendance.

Report of Co-Chairs

None

Discussion Items:

• **Prevention Summit Workshop – Volunteers**

M. Ross-Russell reported that the OHP had decided to give a community planning workshop at the upcoming prevention summit in hopes of bolstering the ongoing

recruitment efforts. She said that, although she and N. Johns would be heading the workshop, they also wanted CPG members to talk about their own community planning experiences and how their professions affected or were affected by the process. N. Johns directed the group's attention to the handout entitled *AEM – 2009 Prevention Summit Workshop*, which gave a rough outline of ideas for the presentation. M. Castillo suggested developing questions for a feedback session with the audience, in order to keep the presentation engaging and to prevent OHP staff and CPG members from doing all the talking. The rest of the group agreed with the suggestion and C. Collins proposed asking those in attendance what would make them more interested in taking part in community planning. M. Castillo also suggested having the subcommittees discuss their separate roles within the process, noting how the PPC was currently responsible for researching and prioritizing populations. She then offered to help out with the workshop but said that she might have a conflict on that day. C. Collins also offered his assistance; however, he said that he had to give two other presentations at the summit, which could force his contributions to be minimal. In closing, the committee decided to bring the discussion to the CPG so that the entire group could be involved in developing questions.

- **Open House – Volunteers**

M. Ross-Russell stated that the OHP and the Nominations Committee had also been planning an open house event as part of the recruitment effort. She explained that an open house would provide more information for anyone whose interest might be piqued by the prevention summit workshop. She said that the event would likely run for an entire workday and that certain timeframes would be set to offer specific information on either the CPG or the RWPC, with group members in attendance for support during those times. She stressed, however, that the idea was still in the planning stages and that details were still uncertain. After M. Ross-Russell reported that the Nominations Committee had tentatively set Thursday, June 25th, as a date for the event, C. Collins asked whether the date would interfere with any other already-scheduled AIDS Education Month activities. M. Ross-Russell assured the group that the tentative date had been selected because, to the committee's knowledge, no other major events were scheduled for the day. She noted, however, that the committee had wanted to schedule the event within the same week as the summit since prevention issues would be fresh in many people's minds. She pointed out that the OHP's proximity to the convention center could also help to draw in foot traffic. C. Collins offered to assist with the open house if his schedule allowed.

- **CPG Agenda – What's New in the Community/Committee Reports**

M. Ross-Russell pointed out to the members of the Monitoring Committee that the CPG tended to confuse the 'What's New in the Community?' section of their agenda with regular announcements. She clarified that the 'What's New' section was supposed to be used as an opportunity for the group to report on or learn about local research, which was often lost to the CPG through lack of inclusion in the regularly-reviewed research journals. D. Acosta suggested renaming the agenda item 'Research Update' in order to be more specific and the rest of the group agreed. He then pointed out that, on some level, it was also up to the Co-Chairs to ensure that group discussions stayed on topic.

D. Acosta also felt that the CPG could be more proactive in keeping abreast of local research. He pointed out that, when Dr. Holtgrave had given his recent presentation on the state of HIV prevention in the nation, he had commended Philadelphia hospitals and universities for being a significant source of research. However, D. Acosta noted that much of that research was lost to the CPG. M. Castillo pointed out that a large portion of local research was conducted on small samples of individuals, which was often less interesting to the CPG than larger, community-focused studies. She asked what level of research should be reported to the CPG. D. Acosta suggested that the Lit & Ed Committee compile a list of local researchers for the OHP to check in on regularly, noting that such a list could also be used for recruitment purposes. M. Ross-Russell stated that, when research relative to discussions was brought up during meetings, OHP staff always attempted to follow up on it for further information. However, she noted that specific details about contact information, and not just a passing reference to the research, was usually required for a follow up to be undertaken.

- **Small Group Activity – CPG Focus**

- **Nominations/Think Tank Discussion**

M. Ross-Russell informed the group that the Nominations Committee had recently discussed refocusing the CPG to remind them why they were involved with community planning. She said that the committee had raised a number of issues through the course of their discussion, such as a perceived lack of value in CPG membership and barriers to participation and attendance. Specifically, she said that the group had talked about the difficulties that members occasionally encountered when trying to enter the building for meetings. She said that some members of the Nominations Committee had felt discouraged from attending meetings because of the extra security door that had been installed in the building in the past few months. However, she informed the group that, although the building management had not notified the OHP about the door before installing it, staff had recently worked out an agreement with them to keep the door open during meetings.

D. Acosta stated that he was frustrated by the phone system at the OHP because he was often taken directly to an automated directory when he called. He asked whether it was possible to change the system so that someone in the office could answer the phone before it was sent to the directory. In response, M. Ross-Russell informed the group that the OHP's phone system had two different settings – one for regular business hours and another for when the office was closed. She clarified that, when the office was closed, calls were sent directly to the automated system. However, she continued, the automated system was delayed during regular business hours so that OHP staff had the chance to answer the phone before calls were sent to the directory. She apologized for the fact that some calls were missed and sent to the automated directory; however, she noted that the office was unable to afford another employee who would be solely responsible for answering the phone. N. Johns noted that she needed to be added to the directory. D. Acosta stated that, although he regularly called the OHP, he rarely talked to a staff person before being sent to the automated directory. Additionally, he noted that the automated directory could serve as a barrier

to accessing the office if someone did not know how to navigate it. He felt that the directory could be especially problematic following the presentation at the summit.

Returning to the discussion on refocusing the CPG, M. Ross-Russell said that the idea had originally come from the UCHAPS think tank on responses to reduced prevention funding. However, she said that the idea would be modified for the CPG's purposes to small group discussions on barriers to participation and the development of the prevention plan. D. Acosta suggested displaying a poster in the conference room that would clearly state the goals of the CPG. He felt that, in addition to keeping the regular CPG members focused, it could help guests and new members to understand the purpose of the group. J. Chapman agreed with the idea of prominently displaying the primary purposes of the CPG, noting that it had taken her a little while to understand the point of community planning when she was a new member. N. Johns offered to develop the guidelines.

M. Castillo stated that another potential source of frustration for CPG members could be that meetings often focused on providing information instead of accomplishing work. M. Ross-Russell agreed but noted that the lack of work done in the CPG meetings was likely to change once the breakout workgroup sessions started, as had been discussed at the last Monitoring Committee meeting. She reminded the group that the prioritization work being done in the committees would eventually be taken to the CPG for further development and possible completion. In doing so, she continued, the CPG could gain a full understanding of the various aspects of the prioritization process as well as the supporting data behind each decision. She felt that including the CPG in some of the work might also motivate members to more regularly attend subcommittee meetings. D. Acosta voiced his support for bringing more work to the CPG. He then pointed out that, in order for the workgroups to have enough time to function, the Co-Chairs would have to ensure that the rest of the meeting did not last for more than an hour. He reminded the group that a discussion item at the last CPG meeting had gotten sidetracked and, thereby, lasted far longer than necessary, which he felt could have been a turnoff for guests. C. Collins pointed out that the structure of meetings would likely have to change depending on the agenda, especially if presentations were involved. J. Ellis noted that committee reports could also be used as work sessions in order to prevent the Co-Chairs from having to repeat themselves. He clarified that, since subcommittee Co-Chairs would already be using their reports to explain the work they had started, they would have to reiterate their explanations to start the workgroup sessions. M. Ross-Russell stated that committee reports could also be shortened to allow time for the workgroups.

The group considered starting the workgroup sessions at the next CPG meeting by having the group develop questions for the prevention summit presentation. They noted that whether to use the entire CPG as a workgroup or to break into smaller groups would have to be decided by the number of individuals in attendance. However, they changed their plans after M. Ross-Russell recalled that the next three CPG meetings would include the AACO presentations on the current state of the

prevention system and the local epidemic. The Monitoring Committee then decided to only tentatively start the work session at the next meeting if time allowed.

N. Johns informed the group that the OHP had also considered developing some team-building exercises to use as preliminary CPG workgroup activities. She explained that such exercises could get the group accustomed to working together before they started the more difficult tasks related to prioritization. M. Ross-Russell stated that team-building activities could also be used to make the CPG more aware of their collective expertise. She noted that some of the responses to the last membership survey had shown that a few members were not fully cognizant of the representation and expertise in the CPG. The group agreed with the idea and D. Acosta suggested using the results of the CPG training survey as a starting point for the activity. C. Collins voiced some uncertainty as to whether the activity could be done at the next CPG meeting as the agenda was already very full. However, D. Acosta felt that it would be possible to cover all the agenda items as long as the Co-Chairs knew what they had to accomplish before the meeting and kept discussions on track. He and C. Collins also suggested starting the CPG meeting at 2:30, even without quorum if necessary.

- **Project Officer Visit**

D. Acosta reminded the group that the new CDC Project Officer, June Mayfield, would be in attendance at the next CPG meeting. He suggested designating time on the agenda for the project officer to give an introduction, discuss her responsibilities, and possibly give an update on recent CDC activities. He said that he would email the project officer to see what she wanted to do and include OHP staff in the correspondence. In closing, he suggested that the OHP draft the CPG agenda early so that the project officer and the Co-Chairs could receive a copy well in advance.

D. Acosta also took an opportunity to relay some of the points he would be discussing in his own presentation at the next CPG meeting on the current state of the prevention system. He said that there would be very little for him to discuss because there had not been very many changes to the system since his last update in 2008. However, he said that he would discuss some program changes that had resulted from recruitment difficulties experienced by a few agencies. He informed the group that he had requested a grid from the Information Services Unit that would list all of the currently-funded programs in the city by population. He said that he would forward the grid to the OHP when he had obtained it so that it could be included in the handouts. D. Acosta also said that he would discuss the results of AACO's ongoing population workgroup meetings in his presentation to the CPG. He reported that many of the workgroups had mentioned the need for greater collaboration between providers; however, he noted that the grantee was unable to force agencies to cooperate. Additionally, he told the committee that the MSM workgroup had requested an expansion of the available EBIs and locally-developed programs that targeted their population. His response, he reported, had been that the CPG had set aside special funding for locally-developed programs. However, he also noted that no providers had applied for D Up, a locally-developed intervention for MSM populations. M. Ross-Russell replied that, even if D. Acosta had to repeat some details

from the previous year's system update, it was important for the CPG to be informed about the current state of the prevention system as they prepared to make their decision on concurrence. She said that it was especially important for them to be aware that a local program had been offered in response to their request and that no agencies had applied for it. She also noted that, although the grantee could not force collaboration between providers, the CPG could mention the need for such cooperation in the prevention plan, but only if they knew about it. In closing, J. Chapman noted that it was important to give a full review of the current prevention system because guests and new members, such as herself, had not seen the last presentation.

- **Next Steps/Next Meeting Date**

The group decided to meet on a monthly basis for a while until the CPG workgroups were established. As a result, they scheduled their next meeting for Wednesday, May 13th, from 10:00 am – 12:00 pm.

Old Business

None

New Business

None

Announcements

None

Adjournment

The meeting was adjourned by general consensus at 2:38 pm.

Respectfully Submitted,

Joseph Ellis, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes (*February 13th, 2009*)
- AEM – 2009 Prevention Summit Workshop Agenda (draft)
- OHP Meeting Calendar

COMMUNITY PLANNING GROUP (CPG)

Monitoring Committee

Meeting Agenda

Wednesday, April 15th, 2009

1:00 -3:00 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:

- **Prevention Summit Workshop – Volunteers**
- **Open House – Volunteers**
- **CPG Agenda – What’s New in the Community/Committee Reports**
- **Small Group Activity – CPG Focus**
 - **Nominations/Think Tank Discussion**
- **Next Steps/Next Meeting Date**

Old Business

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
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

AEM – 2009 Prevention Summit Workshop

Be part of the solution: community planning 101

Introduction to community planning – OHP staff (15 mins)

OHP mission

CPG overview – funding, roles and responsibilities

CPG 5 year planning process - CPG Members (15 mins)

Review large steps in process with examples

Use chart

Explain where we are now and why participation is important

Show examples from plan

Group Exercise, Using Data in Decision-Making – OHP and CPG Members (45 mins)

Small groups 4-10 people with leader, recorder and reporter

Review data provided to draw conclusions about populations and risk (TBD)

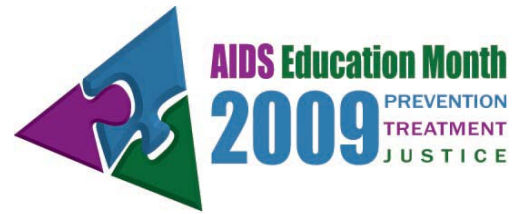
Report back to full group on small group discussions

CPG Member Panel for Q and A (15 mins)

Wrap Up and Invite to OHP Open House

Materials Provided:

CPG applications, CPG brochures, meeting calendars, 5 Year Process chart



10th Annual Prevention and Outreach Summit

Workshop/Panel Discussion Submission

Interested in putting together a great workshop at the Prevention and Outreach Summit? Let us know about it!

Please fill out the following worksheet and return it to Juliet Fink.

Email: jjfink@fight.org * Fax: 215-985-4492

Submissions are due by Monday, April 20th, 2009

Title of Workshop	Be part of the solution: community planning 101		
Name of primary contact	Nicole Johns		
Address of primary contact	340 N. 12 th Street Suite 203 Philadelphia, PA		
Phone number of primary contact	215-574-6760	Fax Number	215-574-6761
Brief Description of Workshop This description will be used in the Summit program so please make sure it is clear and concise. No more than 200 words.	<p>Did you ever wonder who makes the decisions about HIV prevention services in Philadelphia? Join us in an interactive workshop to find out how you can help prevent HIV infections in your community, by participating in the Philadelphia HIV Prevention Community Planning Group (CPG). The workshop will include a brief introduction to community planning, a panel of current CPG members, and a group activity.</p> <p>HIV Prevention Community Planning requires people from different walks of life and interests (service providers, consumers and interested community members) to come together to plan how to prevent HIV infection in their community. CPG activities include defining target (high risk) populations and choosing effective HIV prevention interventions for those populations. The CPG's decisions guide the work of the health department and community organizations.</p>		
Please circle one:	Workshop X or Panel		
Track: (circle any that apply)	Research Youth Women LGBTQ Out of Care General Policy X Latino Faith-based Sex Work		
Equipment/Materials Needed:	Projector Laptop Video/DVD player Other: <i>Please specify</i> Newsprint and markers		

See other side