

MEETING AGENDA

Wednesday, June 26, 2019

2:30 p.m. – 4:30 p.m.

Call to Order

Welcome/Introductions

Approval of Agenda

Approval of Minutes

Report of Co-Chairs

Report of Staff

Prevention Services Initiatives

Discussion Items:

- PrEP Workgroup Report
 - Planning Council discussion
 - Next Steps
- End the Epidemic Initiative

Old Business

New Business

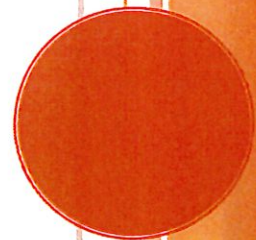
Announcements

Adjournment

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

The next Prevention Committee meeting will be held on
Wednesday, July 24, 2019 from 2:30 - 4:30 p.m. at the
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

PREVENTION COMMITTEE



**Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, May 22, 2019
2:30-4:30p.m.**

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Mark Coleman, Gus Grannan, Clint Steib, Gail Thomas

Excused: Katelyn Baron, David Gana, Janice Horan, Loretta Matus,

Absent: Keith Carter, Lupe Diaz, Erica Rand, Eran Sargent

Guests: Caitlyn Conyngham (AACO)

Staff: Nicole Johns, Briana Morgan, Mari Ross-Russell

Call to order.

C. Steib called the meeting to order at 2:35p.m.

Welcome/Introductions.

The group agreed that introductions were not needed because everyone was acquainted.

Approval of Agenda.

C. Steib called for a motion to approve the agenda. Motion: G. Thomas moved, G. Grannan seconded to approve the agenda. Motion passed by general consensus.

Approval of Minutes

C. Steib called for a motion to approve the meeting minutes from April 24, 2019. Motion: G. Thomas moved, G. Grannan seconded to approve the minutes. Motion passed by general consensus.

Report of Co-Chairs

C. Steib reported L. Matus couldn't attend the meeting.

Report of Staff.

B. Morgan announced there will be a social after the June 13th HIPC meeting from 4:30-6p.m. On June 7th OHP will be hosting the second "Brown Bag" event, which will cover terminology about gender, sexuality, orientation. C. Conyngham asked if a flyer/description could be provided to share with Prevention workforce. C. Steib asked how the previous brown bag event went. B. Morgan noted that the turn out was very low. But there was a lot of interest and questions about the event, so it looks like the date didn't work out. It will be rescheduled. She also announced the Positive Committee will host an evening meeting on June 18th from 6 to 8pm about mental health and

to access those and that will be determined at the federal level. M. Ross-Russell explained that the End the Epidemic plan leverages the health centers so that made sense as a distribution point. C. Conyngham noted that people who are uninsured often have access to PrEP because they have a patient assistance programs. C. Conyngham noted that the donation will change over to Descovy once that drug has been approved for PrEP. G. Grannan stated that it would be good to know if subdistribution would be possible from the health centers, with concern for individuals who might not meet eligibility. C. Steib noted that the AIDS Education and Training Centers offers education for non-RW providers about PrEP, both providing PrEP and referrals to PrEP providers. He noted that other providers and doctors also provide that kind of technical assistance.

B. Morgan noted that the first thing to draw attention to is on page 5- "add link to PrEP provider list" and a note that this is for Philadelphia and not the entire EMA. She noted that the committee asked where to add inclusion of languages other than Spanish and English. C. Conyngham noted that the languages need to meet the needs of communities most impacted and can be added as the need is identified. G. Grannan noted the fastest growth in HIV is in the central Asia and eastern Europe. C. Steib noted that this concern should go down in the Discussion rather than Key Elements. B. Morgan noted that the language can be changed to read "the campaign languages should be expanded to include communities currently impacted". M. Ross-Russell noted that French might be the next logical addition because of the West African communities in West Philadelphia. B. Morgan noted that the language should be updated to reflect PrEP Monitoring and Evaluation Plan to say "transgender individuals".

B. Morgan noted that on Pg 7 the group asked to include information on payment, posters and waiting room materials and expanding access to the PrEP Dropbox folder. G. Grannan asked about what payment information means. M. Ross-Russell said that she remembered that it was about what programs are available to pay for PrEP for people who are uninsured or underinsured. B. Morgan noted that it could be changed to "information on payment for medications and labs".

B. Morgan noted that Pg 8 is about Do You Philly. She reviewed the three additions recommended by the group. She noted that the program is for young MSM of color and maybe not appropriate to add all LGBTQ youth here but in another section. C. Conyngham said that Do You Philly and Philly Keep on Loving campaigns have data on the ages of people who engage it. The PrEP monitoring and evaluation plan has PrEP uptake and media engagement as parts. These could be useful data to look at the effectiveness of programs.

B. Morgan noted that the group wanted to clarification on Club 15-09 and when it was ending (pg 10). She made those changes. She noted that the last time they met they weren't sure what was going to be happening when funding ends. C. Conyngham responded that there are several other navigation programs funded by PDPH and PDPH is monitoring data from those programs. There are five subrecipients for PrEP navigation and four for HIV navigation services – treatment and RW services. She added that PrEP adherence and support activities are included in the HIV navigation.

be a good time. C. Steib noted that he had a note from last meeting: C. Conyngham could present about the HIV outbreak in people who inject drugs (PWID). M. Ross-Russell suggested the group talk about the End the Epidemic plan and the four pillars included. She noted that funding for the plan has not yet been appropriated. She noted that plans could be expected before funding has been decided. She suggested the committee start thinking about what this means for the EMA. B. Morgan noted that New Jersey is working on there End the Epidemic plan now. The group agreed to start working on that in June. The group agreed that C. Conyngham will come in July along with the DEXIS project manager.

G. Grannan said that Project SAFE is starting a needs assessment on arrest diversion. He explained that a person gets arrested and instead of their case going to court, they are offered a slate of social services in lieu of law enforcement response. If law enforcement think you fulfilled those adequately you can have charges dismissed or record tossed. He noted that people he is talking with are not being offered it. If it is offered the services are inadequate and the barriers to the services are too high. He reported that those interviews ae ongoing through the summer. He noted they are interviewing sex workers and drug users.

Old Business

None.

New Business

None.

Announcements

M. Coleman noted that the ACLU has a pop up at the Armory today and tomorrow 11:00 to 8:00. He also noted that Pride is June 9th and the Prevention Summit on June 11th. C. Conyngham recommended people attend the opening plenary at the summit. C. Steib said that there will be youth-specific workshops and there will be several mini sessions and tabling and games. Youth 13-18 can receive community credit by coming to the summit. C. Conyngham said that PDPH is doing a workshop with Ronda Goldfein about community concerns about privacy and molecular surveillance. She encouraged everyone to attend.

Adjournment

Group adjourned by consensus at 3:47p.m.

Respectfully submitted,
Nicole D. Johns, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from April 24, 2019
- PrEP Workgroup Report
- OHP meeting calendar

Introduction

The PrEP Workgroup is a workgroup of the Prevention Committee of the Philadelphia EMA HIV Integrated Planning Council.

In compliance with the Planning Council's federally mandated bylaws, the PrEP Workgroup advises the Planning Council, through its Prevention Committee, on awareness of, access to, and uptake of pre-exposure prophylaxis (PrEP) in Philadelphia, particularly among people disproportionately affected by HIV. Members of the PrEP Workgroup include PrEP advocates, providers, and community members.

This report summarizes the PrEP Workgroup's deliberations as of its March 2019 meeting. It consists of three sections, as follows:

1. General principles for expanding access to PrEP and PEP services in Philadelphia that guided the Workgroup's discussions. See *page 2, below*.
2. A list of all 10 of the PrEP-specific activities included in the 2018 update of the Planning Council's [Integrated HIV Prevention and Care Plan, 2017-2021](#) by goal, objective, strategy, and page number. See *page 3, below*.
 - See [Section I](#) of the 2018 update to the **Philadelphia EMA Integrated HIV Prevention and Care Plan** for an up-to-date epidemiologic overview including detailed descriptions of emerging and special populations referenced in this report.
3. Annotations by the PrEP Workgroup for PrEP-related activities in the 2018 update of the [Integrated HIV Prevention and Care Plan 2017-2021](#). See *pages 4-16, below*.

- This section provides the context for each PrEP-related activity (labeled "Key Elements") in the [Integrated Plan](#), along with a summary of the PrEP Workgroup's discussions that most closely align with the activity (labeled "Discussion").

Upon completion of this report, the Workgroup will refer the document to the Prevention Committee of the Planning Council. Workgroup participants, some of whom are also members of the Prevention Committee, will be available to provide additional input directly to the Committee. The PrEP Workgroup hopes this report will be attached to the next update of the **Integrated Plan**.

For more information about the PrEP Workgroup, including meeting minutes, visit its [page](#) on the Planning Council's website, www.hivphilly.org.

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

Section 2. Summary List of PrEP-Specific Activities in the 2018 Update of the Integrated HIV Prevention and Care Plan 2017-2021

#	Activity	Goal	Objective	Strategy	Plan Location
1	Coordinate provision of PrEP and PEP	Goal 1: Reduce new HIV infections	Obj. 1.2: Reduce the number of new infections	Strategy 1.2.2: Ensure the provision of PrEP and nPEP to at-risk populations	Page 6
2	Develop and implement a plan to inform the public about the availability of PrEP and nPEP				
3	Create online campaign Do You Philly to encourage condom use, HIV testing, and PrEP uptake in Philadelphia	Goal 3: Reduce HIV-related disparities and health inequities	Obj. 3.1: Reduce HIV-related disparities in new diagnoses among high-risk populations	Strategy 1.2.7: Reduce the percentage of youth, including gay and bisexual men who engage in HIV risk behaviors	Page 10
4	Provide prevention navigation services that link MSM of color to PrEP and provide ongoing adherence support				
5	Ensure the provision of PrEP and nPEP to at-risk populations				
6	Provide prevention navigations services that link MSM of color to PrEP and provide ongoing adherence support	Goal 4: Achieve a more coordinated response to the HIV epidemic	Obj. 4.1: Support collaboration, communication, and coordination across all sectors	Strategy 3.1.1: Increase access to services for MSM of color that address social determinants of HIV risk	Page 17
7	Continue and expand community education activities about PrEP				
8	Continue and expand clinical education about PrEP	Goal 4: Achieve a more coordinated response to the HIV epidemic	Obj. 4.1: Support collaboration, communication, and coordination across all sectors	Strategy 3.1.2: Increase access to biomedical prevention interventions	Page 18
9	Monitor population level PrEP uptake in key populations in Philadelphia				
10	Educate and update clinical providers throughout the EMA on the most current evidence-based guidelines and protocols, including but not limited to routine screening and PrEP provision	Goal 4: Achieve a more coordinated response to the HIV epidemic	Obj. 4.1: Support collaboration, communication, and coordination across all sectors	Strategy 4.1.2: Continue outreach and education to clinical providers outside the Ryan White system.	Page 23

PrEP Workgroup Report 2019
 PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

PrEP Workgroup Annotations to Strategy 1.2.2 Activity A

<p>Key elements</p>	<ul style="list-style-type: none"> ▪ Of the approximately 13,000 individuals with PrEP indications in Philadelphia, 12,000 are not on PrEP. <i>(Note: this figure does not include people with PrEP indications in the surrounding counties.)</i> ▪ PDPH estimates between 870 and 1,218 individuals in Philadelphia were on PrEP in 2016. ▪ Between 7% to 9% of the total population of persons with PrEP indications in the City of Philadelphia were on PrEP in 2016. ▪ Culturally appropriate PrEP and PEP services are available and accessible to target populations including PWID and transgender persons. ▪ As of March 2019, 45 individual providers are included in PDPH’s PrEP provider list.
<p>Discussion</p>	<ul style="list-style-type: none"> ▪ Assuring access to PrEP training curricula to community medical practices with evidence of PrEP capacity in ZIP codes with high HIV and STD prevalence. ▪ Facilitating culturally appropriate PrEP-themed town halls, community events, and health fairs. ▪ Promoting coordination and collaboration regarding the individual-level and public health benefits of PrEP and PEP among community based clinical programs and local community and faith-based leaders. ▪ Integrating PrEP screenings with HIV testing and Hepatitis C testing.

PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021
PrEP Workgroup Report 2019

PrEP Workgroup Annotations to Strategy 1.2.2 Activity B

client services, and community engagement resources/events.

- Developing and promoting PrEP campaign talking points for navigators, hotline personnel, educators, clinical staff, and other parties who interact directly with members of the target population that reinforces and leverages the campaign’s information and call to action, including information on payment for medications and labs.
- Providing more information in doctors’ offices and spaces where labs are drawn.
- Providing posters and waiting room materials to PrEP providers and emergency rooms, and notifying providers that these materials are available.
- Engaging support of the PrEP campaign by popular opinion leaders, public personalities, and social influencers.
- Collaborating on PrEP campaign-related educational activities with community partners such as churches, mosques, libraries, barbershops, beauty salons, school settings, health fairs, college campuses, and faith-based institutions.
- Expanding access to on-demand STI services expanded to include PrEP and PEP in order to reach under-served persons for whom PrEP and PEP are indicated (modeled on New York City’s program of eight Sexual Health Clinics).
- Assuring HIV testers facilitate access to PrEP and PEP.
- Expanding access to the PrEP Dropbox folder.

Discussion

Goal 3: Reduce HIV-related disparities and health inequities					
Objective 3.1: Reduce HIV-related disparities in new diagnoses among high-risk populations					
Strategy 3.1.1.: Increase access to services for MSM of color that address social determinants of HIV risk					
Responsible parties	Activity	Target populations	Data indicators	Baseline 2016	Source
<ul style="list-style-type: none"> ▪ PDPH ▪ Navigation services providers 	Provide prevention navigation services that link MSM of color to PrEP and provide ongoing adherence support	HIV-negative MSM of color	<ul style="list-style-type: none"> ▪ # of navigation clients ▪ # of linkages to behavioral health and social services ▪ # of linkages to PrEP in PDPH-funded programs only) 	<ul style="list-style-type: none"> ▪ 83 Club 1509 clients ▪ 34 linkages to supportive services ▪ 10 linkages (4th quarter 2016 only) 	Club 1509 provider data exports (CAREWare)



PrEP Workgroup Annotations to Strategy 3.1.1	
Key elements	<ul style="list-style-type: none"> ▪ PDPH provides grants to seven projects funded by AACO's CDC-funded PS15-1509 cooperative agreement to conduct prevention navigation services for eligible clients. <i>(Note: PS15-1509 ends in 2019. Transition planning for these clients is underway. Currently, AACO funds five subrecipients for PrEP navigation services and four subrecipients for HIV navigation, which includes PrEP adherence and support.)</i> ▪ As of Year 3 of PS15-1509, 704 clients have been screened for PrEP, 545 referred to PrEP, 438 linked to PrEP, and 357 prescribed PrEP.
Discussion	<ul style="list-style-type: none"> ▪ Developing formal relationships among PDPH-funded navigation services, community medical providers, pharmacists, and mental health/substance abuse treatment services and plans in neighborhoods with high prevalence of HIV and STDs. ▪ Assessing how PDPH-funded navigator providers advertise and recruit HIV-negative MSM of color for their programs. ▪ Identifying lessons learned through the 1509 program and assessing its impact on the system.

PrEP Workgroup Report 2019
PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

PrEP Workgroup Annotations to Strategy 3.1.2 Activity A	
	<ul style="list-style-type: none"> ▪ As of March 2019, 45 provider sites are included in DDPH’s PrEP provider list. <i>(Note: Providers with extended hours are noted in the document.)</i>
Discussion	<ul style="list-style-type: none"> ▪ Addressing barriers to accessing PrEP and PEP among uninsured and under-insured persons through initiatives that pay for uncovered costs of PrEP-related visits and labs at community medical provider sites. ▪ Supporting PrEP programs providing developmentally appropriate services to persons under the age of 25, particularly teens. ▪ Developing programs that provide evening and weekend hours to expand accessibility to PrEP services. ▪ Expanding access to PrEP and PEP “starter packs” for special circumstances that may occur in settings such as emergency departments with immediate linkage to PrEP providers. ▪ Engaging pharmacists and physicians in expanding access to PrEP and PEP, and in supporting PrEP adherence. ▪ Exploring possible role of 340b program financing to fill gaps in insurance coverage such as co-pays for PrEP clinic visits and laboratory costs. ▪ Exploring the use of telehealth to expand access to PrEP.

Strategy 3.1.2: Increase access to biomedical prevention interventions					
Responsible parties	Activity C	Target populations	Data indicators	Baseline 2016	Source
PDPH	Continue and expand community education activities about PrEP	<ul style="list-style-type: none"> ▪ MSM of color ▪ Community leaders ▪ High-risk heterosexuals ▪ Sexual and drug using partners of PLWH ▪ PWID ▪ Transgender women 	<ul style="list-style-type: none"> ▪ # of technical assistance sessions provided by PDPH Clinical Advisor ▪ # of persons reached during TA sessions 	<ul style="list-style-type: none"> ▪ 30 TA sessions ▪ 670 persons reached 	PDPH PrEP Clinical Coordination Program



PrEP Workgroup Annotations to Strategy 3.1.2 Activity C	
Key elements	<ul style="list-style-type: none"> ▪ In 2018, the PDPH PrEP Clinical Coordinator (1) conducted 45 technical assistance visits at clinical sites, which engaged 650 persons, (2) trained 74 certified HIV testers at 7 Testing and Linkage to Care in-service trainings, and (3) participated in 6 PrEP Workgroup meetings attended by 240 duplicated individuals.
Discussion	<ul style="list-style-type: none"> ▪ Developing a network of Popular Opinion Leaders who can inform the community on the benefits of PrEP and PEP, how and where to access PrEP and PEP services, and the role of adherence to PrEP.

Strategy 3.1.2: Increase access to biomedical prevention interventions

Responsible parties	Activity E	Target populations	Data indicators	Baseline 2016	Source
<ul style="list-style-type: none"> ▪ PDPH ▪ HIPC 	Monitor population level PrEP uptake in key populations in Philadelphia	High-risk HIV-negative individuals Transgender women MSM of color Youth 13-24	<ul style="list-style-type: none"> ▪ # of HIV-negative Philadelphians on PrEP ▪ # of HIV-negative MSM on PrEP 	<ul style="list-style-type: none"> ▪ Data to be reported in 2019 	PDPH PrEP Monitoring and Evaluation Plan



PrEP Workgroup Annotations to Strategy 3.1.2 Activity E	
Key elements	<ul style="list-style-type: none"> ▪ PDPH’s PrEP Monitoring and Evaluation Plan was completed in 2018. <i>(Note: this plan identifies transgender persons who have sex with men as a target population.)</i> ▪ PDPH participated in the national PrEP-related HIV Technical Cooperation Group of the University of Washington’s Public Health Capacity Building Center. ▪ Baseline data on PrEP uptake in Philadelphia is currently being identified and collected.
Discussion	<ul style="list-style-type: none"> ▪ Geo-coding (1) HIV incidence data, (2) select STI incidence data, and (3) locations of providers on the PDPH roster to identify ZIP codes that indicate disparities in access to PrEP providers. ▪ Addressing PrEP access gaps identified by geo-coding through such activities as (1) building clinical community-based capacity for PrEP services, and (2) linking clinical providers with available PrEP educational programs, CME courses, and other training tools. ▪ Implementing PrEP-related lessons to be learned by 2022 in the performance of PDPH’s CDC cooperative agreement project <i>Demonstrating Expanded Interventional Surveillance: Towards Ending the HIV Epidemic in Philadelphia (DEXIS)</i>. DEXIS is a 4-year project that began in October 2018 to address disproportionate rates of new HIV infections among gay and bisexual men of color, other men of color who have sex with men, youth of color ages 13-24, and transgender persons of color as well as to address health disparities within the HIV prevention system in Philadelphia. The project builds on Philadelphia’s existing surveillance

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PrEP-Related Activities in the 2018 Update to the Philadelphia EMA Integrated HIV Prevention and Care Plan 2017-2021

PrEP Workgroup Annotations to Strategy 4.1.2	
Key elements	<ul style="list-style-type: none"> ▪ Information on formal clinical education about PrEP is available from the Philadelphia regional partner site of the Mid-Atlantic AIDS Educational and Training Center (Health Federation of Philadelphia).
Discussion	<ul style="list-style-type: none"> ▪ Maintaining an online list of CME credited PrEP-related webinars. ▪ Providing access to PrEP and PEP best practice protocols, electronic medical record templates for PrEP and PEP, health care coverage information for HIV prevention, research articles and training programs for clinicians (the basis of which is currently available (but not easily accessible) at an online file hosting service (Dropbox.com)). <p>Encouraging quality improvement projects in clinical practices on PrEP, PEP, HIV testing, and STD screening.</p> <ul style="list-style-type: none"> ▪ Addressing barriers to and improving access to PEP. ▪ Encouraging Community Advisory Boards operated by service providers in Philadelphia to disseminate information on PrEP and PEP. ▪ Encouraging clinicians to improve services by soliciting and incorporating community feedback. ▪ Facilitating greater representation of racial/ethnic minorities, women, and transgender persons in PrEP-related research.

HRSA HAB Recipient Webcast
Ending the HIV Epidemic: A Plan for America Discussion Questions
June 25, 2019

Treatment Pillar

As part of the Ending the HIV Epidemic initiative, what technical assistance would be helpful to inform your HIV care and treatment initiatives/strategies, particularly focusing on reaching the out of care and the newly diagnosed?

Are there particular intervention models/approaches you would recommend as areas for technical assistance through the Ending the HIV Epidemic initiative to reach the out of care? The newly diagnosed? At both the provider/clinical and systems level?

What new partners do you plan to engage?

Respond Pillar

How do you plan to work with HIV cluster detection efforts to provide HIV care and treatment to those identified through these efforts?

What technical assistance would be helpful for your work in this Pillar?

If you provide syringe service program support, how do you plan to expand that support and what technical assistance would be useful?

Diagnose and Prevent Pillars

As we discussed in the webcast content, although HRSA's Ryan White HIV/AIDS Program is not a primary lead on the Diagnosis and Prevent Pillars, we are working very closely with the HRSA-funded Health Center Program and CDC. Are there specific issues or technical assistance that you would like us to convey to our partners for the activities that will be planned for these Pillars?

Overall

We have also been working with NIH CFAR staff – what would you need from the CFARs to help you achieve the goals of the Ending the HIV Epidemic initiative?

Submit responses to these questions to: EndingHIVEpidemic@hrsa.gov