

MEETING AGENDA

Wednesday, December 04, 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

Discussion Items

- Ending the HIV Epidemic (EHE)

Old Business

New Business

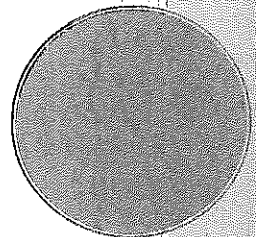
Announcements

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, January 22, 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



**HIV Integrated Planning Council
Prevention Committee**

October 23, 2019

2:30 PM – 4:30 PM

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

Present: Sade Benton, David Gana, Gus Grannan, Kailah King-Collins, Lorrett Matus (Co-Chair), Nhakia Outland

Absent: Mark Coleman, Janice Horan, Joseph Roderick

Excused: Katelyn Baron, Keith Carter, Jeanette Murdoek, Erica Rand, Clint Steib

Guests: Caitlyn Conyngham (AACO), Tira Faison, Sarah Nash

Staff: Briana Morgan, Nicole Johns, Sofia Moletteri

Call to Order:

L. Matus called the meeting to order at 2:45 PM.

Welcome/Introductions:

L. Matus asked everyone in the room to introduce themselves with their names and favorite fall colors.

Approval of Agenda:

L. Matus called for a motion to approve the October 23, 2019 Agenda. **Motion:** D. Gana moved, G. Grannan seconded to approve the October 2019 agenda. Motion passed: general consensus.

Approval of Minutes (September 25, 2019):

L. Matus made a motion to approve the September 2019 minutes. **Motion:** D. Gana moved, G. Grannan seconded to approve the September 2019 minutes. Motion passed: general consensus.

Report of Co-Chairs:

L. Matus reminded the committee that there would not be a Prevention Committee meeting in November, and the next would be on December 4th.

Report of Staff:

N. Johns reported that OHP went to Outfest on October 13th, 2019. She reported that many people signed up for the HIPC Newsletter. She reported that the staff would likely attend again and asked the group to recommend similar events. Such events are a good way to inform individuals that HIPC is an existing resource.

Discussion Items:

—Ending the HIV Epidemic—

N. Johns explained that EHE (Ending the HIV Epidemic) would be a standing discussion item and that C. Conyngham would be reporting on the initiative.

C. Conyngham explained that AACO had submitted the application for the EHE planning grant to the CDC and has just been awarded it. She reported that the EHE grant would start next week, and AACO would likely talk about the grant at upcoming HIPC meetings. She also mentioned that AACO just submitted the October 15th EHE application for HRSA. The grant would provide support for social services and work on expanding RWHAP services. AACO would not know if they receive the HRSA grant until the end of the year—if received, the HRSA grant would be enacted in March 2020. However, the money for the HRSA grant had not yet been approved by Congress, and she warned the committee to keep that in mind.

She reported that the CDC Implementation EHE grant would soon be released, and it would focus solely on supporting prevention activities. She announced that the Bureau of Primary Care released a PrEP rollout NOFO (Notice of Funding Opportunity) for FQHCs (Federally Qualified Health Centers) that receive RWHAP funds. The FQHC applications would be due in November 2019. She mentioned that the AACO surveillance report would also be distributed soon.

C. Conyngham reported on the second phase of the Philly Keep on Loving campaign called Love, Test, Repeat. The advertisements, she explained, have a broader reach than Philly Keep on Loving. The campaign is promoting free, at-home HIV test kits. She reported that they have gotten 82 requests for the at-home kits thus far, but about 49% of those tests had come from surrounding counties in NJ and PA. C. Conyngham explained that AACO wants to support the counties in the EMA, but the campaign is funded through CDC prevention dollars. Therefore, AACO can only distribute the tests to Philadelphia residents. However, AACO had been contacting the individuals from the counties and redirecting them to local resources.

C. Conyngham added that all website and other related resources were available in Spanish. She mentioned that she had materials for the campaign if anybody wanted them for physical or electronic distribution.

N. Outland asked what support was given if someone had tested positive with an in-home test kit. C. Conyngham explained that the kits have two cards—one explaining what to do with a negative HIV test (referral to PrEP providers, etc.), and what to do with a positive HIV test. The positive card directs them to a doctor for a confirmatory test and also lists the 24/7 hotline number that offers free counseling. She explained that the store-bought HIV test kits are usually so expensive because they provide all of this information as well. C. Conyngham also explained that there are several different booklets included in the kits, and AACO condensed the information into a non-overwhelming delivery of information/resources.

N. Outland pointed out that there can be issues with testing at home that medical providers are usually able to intervene in. She asked how AACO was working to combat any difficulties that might arise with at-home testing kits. C. Conyngham agreed that at-home testing isn't always as

great as in-person testing. However, she noted that it is a great way to disperse information, and it also reduces the amount of people unaware of their HIV status. The at-home kits also worked to break down barriers around stigma, criminalization, and people who are not ready. Therefore, at-home kits were a way to think innovatively and outside of the box. It is for people who would otherwise not get tested at all.

N. Outland asked if AACO was tracking the kits. C. Conyngham responded that though they did have addresses, they were not tracking neither kits nor results. She explained that people can only get 2 kits per year (1 every six months). AACO was not doing follow ups or collecting any information. The goal of the campaign is to reduce all barriers to HIV testing, so they are making it as convenient as possible. Convenience included not doing follow-ups or asking demographic questions.

N. Outland asked about community-based testing/referrals and whether they were prepared for an influx of people. C. Conyngham said that people were typically being referred to Health Center 1 which was fully prepared for people coming in for home-test kit confirmatory tests. The social workers at the center were also prepared to link individuals to care. If that person shows up at a community-based health center, it is likely they would be referred to an HIV provider.

G. Grannan asked if the AACO take-home tests provide a different experience than the store-bought tests. C. Conyngham said that the test run from \$50-\$60, so she doesn't know how popular the store-bought tests are. T. Faison said that many store-bought kits can be sent right to a lab for a confirmatory test. C. Conyngham explained that the AACO test kit is only a rapid testing kit, so they cannot be sent directly to a lab.

—*Comprehensive Sex Education*—

B. Morgan mentioned how there had been discussion around limited requirements for Sex Education in the EMA in previous Prevention Committee meetings.

N. Johns informed everyone that there was a Policy Committee Hearing for PA General Assembly in Philadelphia. She had included a copy of the house bill with the underlined parts as the newly added sections. Thus far, she had no updates for the committee. The hearing did not mean anything would be put into action and was simply a step in the process.

B. Morgan noted that PrEP and PEP are mentioned on page 2. N. Outland mentioned how there was not a lot of publicity around this hearing.

L. Matus asked for clarification around the hearing and amendments. N. Johns explained that the proposal for new legislation was introduced in February 2019. The hearing was held by the House Democratic Policy Committee, but there would likely be more hearings before any vote. C. Conyngham agreed and said it would not be taken to vote until it had gathered publicity and support. N. Johns said there would first be a vote in the committee and *then* it would be brought to the floor of the General Assembly.

N. Johns suggested that the council advocate for it, since they had discussed a need for more comprehensive sex education multiple times in previous meetings. D. Gana agreed and pointed

out that pages 6, 7, and 9 of the bill had policy language regarding gender identity and expression. He mentioned that the council had talked frequently about how sex education lacked such diversity.

N. Johns mentioned that everything in the House Democratic Policy Committee meeting is on the public record, so everyone could do more research behind the hearing and attain a deeper understanding behind the policy if they wanted to. B. Morgan said that if the committee is interested in knowing more about this bill, they can ask someone to come in to talk more about the bill. If someone were to present on the bill, the committee could determine if and how they can get more involved to help the both Philadelphia and the whole EMA. The group unanimously decided that they wanted someone to present on the house bill.

K. King-Collins asked about private and religious institutions and whether they would be affected by the bill. T. Faison responded that private institutions are completely separate. N. Johns explained that sex education can often be dependent on the teacher. N. Outland mentioned that she knows of some private schools that have other institutions come in to talk about sex education, pronouns, etc. B. Morgan responded that other organizations doing in-classroom presentations is not uniform across the school district.

G. Grannan mentioned the part of the bill which allows parents to opt a child out of comprehensive sex education. He inquired about potentially adding a required test before the child is excused. C. Conyngham explained that a lot of schools had adopted an "opt-in" method wherein parents have to find the "opt-out" forms themselves and send them in.

—Update to Public Charge—

B. Morgan mentioned the extensive discussion around Public Charge from last meeting. B. Morgan printed out two articles for the group regarding Public Charge. One discussed how there were multiple jurisdictions challenging the change in the Public Charge rule. It also mentioned how there were three temporary injunctions—the Public Charge rule was supposed to go in effect on October 15th, but jurisdictions are preventing that. However, despite the fact that the rule is being prevented, many individuals are still dropping out of health care out of fear.

B. Morgan reported that the Public Charge rule will put immigrants' health at risk. She said that she was at the New Jersey HIV/AIDS Planning Group which includes six EMAs and TGAs. She reported that Newark, NJ was seeing a significant impact, and a lot of people were dropping and withdrawing from federal health programs. She said that she will report any news as she hears it.

C. Conyngham asked if the NJ providers mentioned how they found out that Public Charge was affecting populations. She asked if they were targeting specific clinics or hearing the information directly from the public. B. Morgan responded that there is someone who had a lot of contact with clients personally, and another individual did a lot of on-the-ground community work. Therefore, the information was being retrieved at a more personal level.

K. King-Collins asked if any other immigrant communities besides Latinx communities were feeling the Public Charge rule. G. Grannan noted the large population of Russian immigrants in the Northeast.

N. Outland asked the most affected subpopulations. B. Morgan said that the group actually impacted by the rule is smaller than those who would not actually be impacted but are still afraid. However, many are terrified of any consequence and are therefore dropping out of public health. This, she explained, was the main reason for people dropping out of the health care systems in NJ. B. Morgan explained that the Public Charge rule focuses heavily on number of benefits accessed. Therefore, if someone accesses more than one benefit system, they are impacted more.

B. Morgan mentioned that there is a new rule wherein someone has to be able to secure healthcare (insurance or money) after 6 months of coming into the county. B. Morgan said that there was a study done in 2018—before new Public Charge—that said that 46% of immigrants opted out of SNAP even if they were eligible. B. Morgan recognized that immigrants were trying to protect their families before this rule as well.

Old Business:

None.

New Business:

G. Grannan announced that there was a federal decision regarding the SafeHouse case. The US Attorney filed to prevent SafeHouse from operating and listed it as a facility for people to use drugs. The federal judge decided that SafeHouse did not violate federal drug law. He ruled that the federal drug laws referred to the house itself and not the intent of the person entering the house. Therefore, it was not illegal for SafeHouse to operate. G. Grannan said that the judge seemed to recognize that those who wrote the federal drug laws did not have safe consumption sites in mind. It was written in 1986 and updated in 2003. At this time, consumption sites were not “on the radar.”

G. Grannan reported that PA Senator Williams was trying to pass a bill in the Senate to block safe injection sites. He explained that there were many movements to create safer consumption sites that would be affected by this decision.

N. Johns mentioned that there was a podcast called Narcotica. She said the latest episode as of October 3rd, 2019 was about SafeHouse. G. Grannan said that one of the hosts on the podcast works in Philadelphia.

C. Conyngham mentioned the health advisory released on October 16th. In 2018, there were 71 new HIV cases among PWID. Thus, there was a 115% increase since 2016. None of the cases were AIDS cases, so it was likely these people were newly infected. AACO recommended PWID get test and retested every three months.

She continued to say that most people who went into the emergency room were not going in for HIV. A lot of people went in for STIs, substance use disorder treatment, infection around injection wounds, and overdose. Therefore, AACO was pushing providers that do MAT (medication assisted treatment) to provide PrEP as well. She also mentioned that a new PDPH CHAART with EPI Curves, demographic information, and general updates would soon be released.

N. Johns said that individuals from SafeHouse were coming to the December HIPC meeting.

Announcements:

D. Gana announced that Connecting the Dots, a conference about the intersection between HIV and mental health, would take place on November 22nd from 8 AM – 4 PM. Registration is available. The event would take place at 801 Market St in Philadelphia. He warned that the event was running out of tickets.

D. Gana also announced that on December 6th, 2019, UPenn CFAR would be having the Red Ribbon event. The event was free and open to the public. D. Gana listed off some of the people who would be receiving awards, including Tiffany Dominique and 17 year old Samuel Weissman. The event would occur at the school district on 440 Broad Street from 5 PM – 7 PM.

Adjournment:

The meeting was adjourned at 3:53 PM by general consensus.

Respectfully Submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- October 2019 Prevention Committee Agenda
- September 25, 2019 Prevention Committee Meeting Minutes
- House Democratic Policy Committee Hearing—Comprehensive Sex Education
- New “public charge” rule will put immigrants’ health at risk
- Federal Judges in 3 States Block Trump’s ‘Public Charge’ Rule for Green Cards

December 2019

The HIV Integrated Planning Council (HIPC) and related committees meet at the Office of HIV Planning, 340 N. 12th Street, Suite 320 Philadelphia; unless otherwise noted. Dates/times are subject to change Contact 215-574-6760 or www.hivphilly.org for details.

Sun Mon Tue Wed Thu Fri Sat

1	2	3	4 <i>Prevention Committee</i> 2:30-4:30pm	5	6	7
8	9	10 Positive Committee 6-8pm	11	12 <i>Nominations Committee</i> 12-2 pm HIV Integrated Planning Council 2- 4:30 pm	13	14
15	16	17	18	19	20	21
22	23	24	25 OFFICE CLOSED <i>Happy Holidays</i>	26	27	28
29	30	31				

January 2020

The HIV Integrated Planning Council (HIPC) and related committees meet at the Office of HIV Planning, 340 N. 12th Street, Suite 320 Philadelphia; unless otherwise noted. Dates/times are subject to change. Contact 215-574-6760 or www.hivphilly.org for details.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
5	6	7	8 OFFICE CLOSED	9 Finance Committee 2-4pm	10 Nominations Committee 12-2 pm HIV Integrated Planning Council 2-4:30 pm	11
12	13 Positive Committee 12-2pm	14	15	16 Comp Planning 2 -4pm	17	18
19	20 OFFICE CLOSED	21	22 Prevention Committee 2:30-4:30pm	23	24	25
26	27	28	29	30	31	