MEETING AGENDA

Wednesday, January 22, 2020
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) Pillar Three

Old Business

New Business

Announcements

Adjournment

PREVENTION COMMITTEE

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, February 26, 2020 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

HIV Integrated Planning Council
Prevention Committee
December 04, 2019
2:30 PM – 4:30 PM
Office of HIV Planning 340 N. 12th Street, Suite 320, Philadelphia, PA 19107

Present: Sade Benton, Keith Carter, Mark Coleman, Lorett Matus, Nhakia Outland, Erica Rand, Clint Steib, Gail Thomas, Sarah Nash, Kailah King, Tyrell Mann-Barnes

Absent: Dave Gana, Gus Grannan, Janice Horan, Joseph Roderick

Excused: Katelyn Baron

Staff: Briana Morgan, Nicole Johns, Sofia Moletteri

Call to Order:

L. Matus called the meeting to order at 2:37 PM.

Welcome/Introductions:

C. Steib welcomed everyone and asked them to introduce themselves.

Approval of Agenda:

L. Matus called for a motion to approve the December 04, 2019 Agenda. **Motion:** K. Carter motioned, K. King-Collins seconded to approve the December 2019 agenda. **Motion passed:** general consensus.

Approval of Minutes *(October 23, 2019):*

L. Matus made a motion to approve the October 2019 minutes. **Motion:** K. Carter motioned, T. Mann-Barnes seconded to approve the October 2019 minutes. **Motion passed:** general consensus.

Report of Co-Chairs:

C. Steib reported that the US Department of Health and Human Services released Ready Set PrEP which explained how to access HIV prevention medication. Gilead would also be distributing PrEP for free to those who are uninsured. He said he would leave copies the flyer in the office.

C. Steib also reported that the Please PrEP Me campaign updated their PrEP manual due to DESCOVY release and new protocol. He said would leave the manual in the office as well.

C. Steib mentioned a presentation at Drexel University about molecular HIV surveillance and cluster detection and response. He explained that the presentation covered use and misuse of data. There are issues behind ethics and consent regarding molecular surveillance. He added that there were also researchers from Philadelphia to talk about how the data was being used in Philadelphia.

He lastly reported that one of the doctors in his clinic would be talking about U=U for World AIDS Day. The doctor had come across an abstract that talked about de-stigmatization inconsistency from clinicians. She noted that medical providers were not pushing the U=U campaign.

Report of Staff:

B. Morgan reported that there would be New Business items on the agenda about the HIPC calendar.

B. Morgan also reported that the Positive Committee was having an evening meeting on Tuesday to talk about EHE (Ending the HIV Epidemic). N. Johns asked people to RSVP if they were to come—all are welcome and RSVP was not mandatory, but it would help the office prepare. K. King-Collins asked if she could forward information about the meeting to others. N. Johns encouraged sharing the event since it was open to the public. The meeting would not be a typical business meeting and would be more discussion-based. K. Carter added that although it would be a Positive Committee meeting, its overall purpose was to reach out to the broader community by providing a more accessible time.

N. Johns reported that someone from SafeHouse would be at the HIPC meeting next Thursday, December 12, 2019. Those interested in hearing more about their services and the recent court ruling should attend.

Discussion Items:

—Ending the HIV Epidemic—

B. Morgan explained that AACO was currently working on the EHE happenings, so she would be presenting on EHE. She announced that the 1 year EHE Planning Grant started on September 20, 2019. The planning grant was Philadelphia specific, but AACO was planning on using its structure to extend to the rest of EMA. The draft would be submitted by December 30, 2019.

B. Morgan was working on the 5 page epidemiologic profile snapshot for the CDC grant. She explained that the typical OHP EPI profile for the Integrated Plan was 300 pages, so the information needed to be condensed. B. Morgan reported that the draft of the 5 page snapshot was finished but still in draft form. She added that the format of the EPI snapshot was meant to be broadly accessible to both community members and providers.

The introductory paragraph described Philadelphia as the fourth most segregated city in the United States, having around 1.5 million residents with over 19,000 of those residents diagnosed with HIV. Nearly a quarter of residents live in poverty, and though the unemployment rate is dropping, it is still 8.2% and disproportionately high at 14% for black residents. The rate of uninsured is decreasing, and over one-third of residents are insured through Medicaid.

B. Morgan noted that the next portion of the snapshot included information on indicators of HIV risk while noting the care continuum as well as the four pillars to the EHE: Diagnose, Treat, Prevent, and Respond. She explained that the indicators of HIV risk were mental health, substance use, incarceration, housing, and sexual risk/STIs. Though aforementioned indicators were not the only ones in play, they were best for laying groundwork related to the needs of the communities identified. Identifying indicators allowed for the office to prepare data for addressing barriers in the future. She added that the snapshot had explanations as to why the specific indicators were chosen by using MMP (Medical Monitoring Project) data and other such databases that looked into HIV and health outcomes. For example, data uncovered that those struggling with mental health have a higher risk of acquiring HIV, and mental health diagnoses are more common in PLWH (people living with HIV) than the general population rate. In total, 42.5% of PLWH struggle with mental health.

B. Morgan read off more data from the snapshot. Substance use issues were found to be closely related to mental health, and 5,494—or a quarter—of PLWH have substance use issues. PWID (people who inject

drugs) were also 39% less likely to achieve viral suppression. There had also been a 115% increase of HIV diagnoses in PWID.

As of 2010, Philadelphia had the largest incarceration of any major city in the United States. Because of this, Philadelphia joined the MacArthur Challenge to reduce the jail population by 50%. Though Philadelphia has not yet reached 50%, it has decreased 42.4% since July 2015.

B. Morgan noted that cost for housing has been increasing, and based on 2018 census data, 44.7% renters spent more than 35% of their household income on rent. The recommended amount to spend on rent is 30% of the household income. This was due to a combination of low incomes in Philadelphia as well as high rent rates. MMP and CareWare data showed that 1,553 of PLWH had unstable or temporary housing in 2018. Unstable housing was directly linked to have negative outcomes on HIV risk behaviors as well as retention in care for PLWH. She also included that PLWH who were homeless were 53% less likely to receive ART (antiretroviral therapy), and PLWH who were unstably housed were 49% less likely to achieve viral suppression.

According to MMP data, 10.5% of PLWH had indications of high risk sex.

B. Morgan discussed Philadelphia's place on the care continuum based on 2018 data. Compared to national data, Philadelphia is better at diagnosing and linking people to care. However, Philadelphia performs worse for percentage of individuals retained in care and having obtained viral suppression.

C. Steib reported that NYC had reached their goal of 90% of people linked to care, retained in care, and virally suppressed. K. Carter asked about NYC's community engagement model and if the model's information was released and available to Philadelphia. He commented on how community engagement seems to be the most important part of reaching care continuum goals. N. Outland suggested that NYC's significant amount of one stop shops explains high rates of viral suppression and retention in care.

K. Carter added that NYC has a much higher budget than Philadelphia, and people who test positive in NYC get care and housing for the uninsured and unstably housed.

B. Morgan noted that there are limitations in data around transgender individuals as well as surveillance data. She explained that prevention data is newer and methods of collection have not been consistent. There is also data lacking for individuals with non-HIV related disabilities. The aging population is a prominent portion of PLWH, and there is an increasing amount of people living with disabilities in that population.

N. Outland asked if there contact with organizations that work with people living with disabilities. B. Morgan said that there has been more emphasis on connecting with such organizations, but there is not a variable that allows for a proper count of PLWH who are also living with disabilities. N. Outland suggested using CareWare, as it is customizable for collecting certain subsets of data. B. Morgan responded that such data has not yet been collected and is therefore not in the CareWare system. The issue around lacking data for people living with disabilities is a national issue as well. She added that it is known that people with disability often have the same health determinants as PLWH.

K. Carter asked if the Planning Council could ask AACO to uncover more information about veterans and people with disability. N. Johns responded that Planning Council could do that. K. Carter asked if it would be in the form of a directive. N. Johns responded that the CPC (Comprehensive Planning Committee) could draft the directive since they often have AACO in attendance. She suggested that CPC could work out the specifics and decide which particular data would be most helpful to obtain. B. Morgan added that there is also census data for people living with disability that may be a bit helpful.

B. Morgan moved onto the four pillars as defined by the federal government. The first pillar, Diagnose, has had scattered results, though the overall amount of new diagnoses has decreased and the amount of people aware of their HIV status has increased. While new diagnoses has declined for heterosexuals and MSM, there has been a large number of new diagnoses are people of color and PWID. In 2014, there were 566 new HIV diagnoses, but there were only 424 in 2018. Still, 1 in 10 people living in Philadelphia do not know of their positive HIV status, and the CDC determined that the 1% was responsible for 23% of new HIV transmissions in 2017.

1 in 4 of new diagnoses are youth, age 13-24. She reported that the 25% for new infections in youth has been a stable percentage for the last 6-7 years, and over half of youth 13-24 are unware of their HIV status. MSM made up about half of new diagnoses, and 5 of every 6 of new MSM diagnoses were men of color. 86% of new diagnoses were linked to care within 30 days, but rates were disproportionately lower for PWID and transgender individuals.

M. Coleman asked if there was any current strategy or initiative to get students tests. B. Morgan replied that initiatives and testing rates varied from school to school for university students. She added that the rate of HIV testing for Black high school students was over 40%. Though there was room for improvement, this was well above the national rates.

B. Morgan moved onto the second pillar, Treat. She said that PLWH who receive RWHAP care fare significantly better with retention in care and viral suppression. Transgender youth age 20-24 are less likely to attain viral suppression, though youth 13-19 have better rates.

She continued to explain that 1 in 3 people in Philadelphia are lost to care and account for 61% of new HIV transmission in 2017. 1 in 10 in care are not virally suppressed and account for 16% of new transmissions. In 2018, 45% of PLWH were retained in care, and just under 50% were virally suppressed.

Of the people who were identified to be in Philly within the last 5 years but lost to care, 61.5% were retained in care, and of the people who had only some evidence of HIV care, 67.6% had viral suppression. B. Morgan suggested that NYC may have a better way of counting populations, so it may be beneficial to look into NYC's data collection methods. Philadelphia's current system is flawed because accurate information is lacking, and many providers do not know if people are lost to care or getting care elsewhere. Providers and agencies have attempted to match up information.

K. Carter noted that SPBP recertification occurs every 6 months and asked if the recertification information was being used to locate individuals. N. Johns responded that sharing information is not common. Theoretically, such information would be helpful, but because of protocol, confidentiality, and other issues, the process of sharing information is complicated and therefore rare.

B. Morgan said that the PA Department of Health has authority and more access to information, but specific access must be granted due to huge consequence for sharing information. She said that the state can collect information from Philadelphia but is not required to report all information back to Philadelphia.

N. Outland asked if agencies are required to document what had happened to people lost to care. B. Morgan said that if an agency knows about a death, AACO would find out quickly. However, if someone was lost to care, such reporting can be delayed.

B. Morgan moved onto the third pillar, Prevent. Prevent mostly included PrEP and syringe service programs. Federal dollars can pay for syringe service programs but not the syringes themselves. She said that 13,113 Philadelphians have indications for PrEP. 1 in 5 people with indications for PrEP receive it,

but 4 in 5, or around 10,000, do not. Within the 13,113, 2 in 3 are MSM, 1,500 are PWID, and 3,300 are heterosexuals. C. Steib asked when that data was from, and B. Morgan responded that the data was from 2018 but used a formula that would show consistent numbers for 2019.

T. Mann-Barnes mentioned how DESCOVY and Gilead for PrEP trials did not included cisgender women. He added that cis women are often not on PrEP even if they have indications for PrEP. K. Carter asked if the reason cis women were being left out had anything to do with fertility or pregnancy issues. N. Johns said that this may be the reason, but it could be worked around. N. Outland said that cis women are left out, but so are transgender men. B. Morgan added that the biggest group of individuals with PrEP indicators is MSM at 2/3. Therefore, the pharmaceutical companies may be concentrating on men for monetary reasons. C. Steib commented on how DESCOVY was already used in a trial with women, and it was already proven to not affect pregnancy.

B. Morgan said that 2018, the Philadelphia Department of Public Health distributed 1.3 million condoms. That same year, Prevention Point served 14,000 unique individuals and dispensed 3.3 million syringes.

B. Morgan moved onto the fourth pillar, Respond. Respond is molecular surveillance to locate emerging issues and new clusters and identifying effected populations. She said that in 2018, there were 71 new diagnoses in PWID. She noted that viral suppression in previously diagnosed PWID is below average. Expanding harm reduction services would be emphasized, since the above-average outbreak for PWID.

In summary, B. Morgan said that the snapshot would be included in the EHE Planning Grant draft—the final plan was not due until somewhere along June—August of 2020. Until then, there would be community engagement for adjustments and feedback to the plan. AACO was planning a day long community input session in the spring of 2020, and HIPC would meet in the evening in March for more engagement opportunities.

She explained that after the draft, there would be an implementation grant due that would depend on details from the draft plan. The implementation grant was due before EHE plan is finalized. Therefore, AACO and OHP were pushing for early community engagement to add into the implementation grant.

K. Carter asked if the epidemiological snapshot would change within the timeframe of getting the implementation grant in. B. Morgan responded that it was unlikely to change in any drastic way.

Old Business:

None.

New Business:

B. Morgan suggested having a presentation in 2020 about the contents of the EHE plan. Everyone agreed. B. Morgan said she would alert AACO of this. L. Matus asked if the presentation would occur on the January 22nd meeting for Prevention Committee and whether or not they would present to the full council in January or February 2020. B. Morgan responded that they would have the presentation on January 22nd for Prevention, but HIPC would need more figuring out.

B. Morgan said the Executive Committee discussed the HIPC March evening meeting and suggested making the meeting "less business" and more informative and discussion based. The main topic would be discussion around EHE.

N. Johns said that there are already HIPC presentations planned for January and February 2020, so EHE discussion would have to be postponed.

B. Morgan asked if the committee wanted to have any presentations for February. K. Carter suggested learning more about molecular surveillance data in the Prevention Committee as well. B. Morgan said that since Dr. Brady would do that with HIPC in February 2020, she could look into asking another presenter for Prevention for more insight. K. Carter agreed and proposed asking someone to discuss consent issues within the surveillance data.

C. Steib suggested a PrEP update from AACO since they are still having quarterly meetings with providers. N. Outland and C. Steib agreed that they wanted an update since there was no longer a PrEP workgroup. B. Morgan said she would check about the 1509 and the PrEP update with AACO.

N. Johns said that that Comprehensive Planning Committee was next meeting January 16th, and there would be presentation from Dr. Brady and K. Walker. They would present on data around PLWH who have given birth. The process used for monitoring is great, so the presenters were going to focus on barriers, challenges, etc.

Announcements:

K. King-Collins announced that she was facilitating an HIV Jeopardy game December 4, 2019, at Cheyney University at 7 PM.

C. Steib announced there would be a film screening of the movie, 5B, on December 5, 2019. Penn CFAR was hosting the event on 418 Curie Boulevard, Philadelphia. He also announced that CFAR would host the Red Ribbon awards at school district on 440 N Broad on December 11, 2019.

N. Outland announced that the Mazonni Center would host a fashion show on December 5, 2019 at 6 PM. The fashion show was run by a community program for transgender women and MSM and was in celebration of World AIDS Day. G. Thomas asked about tickets, and N. Outland said the event was open to the public.

Adjournment:

C. Steib called for a motion to adjourn. **Motion**: N. Outland motioned, G. Thomas seconded to adjourn the December 4, 2019 Prevention Committee meeting. **Motion passed**: all in favor. Meeting adjourned at 4:03 PM.

Respectfully Submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- December 2019 Prevention Committee Meeting Agenda
- October 23, 2019 Prevention Committee Meeting Minutes
- December 2019/January 2020 OHP Meeting Calendar

OFFICE OF HIV PLANNING PHILADELPHIA
WWW.HIVPHILLY.ORG

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
			1 ***OFFICE CLOSED***	2	3	4
5	6	7	8	9 *Nominations Committee 12-2 pm* **HIV Integrated Planning Council 2-4:30 pm**	10	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	

OFFICE OF HIV PLANNING PHILADELPHIA
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February 2020

The HIV Integrated Planning Council (HIPC) and related committees meet at the **Office of HIV Planning,**

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	*4*	*5*	*6* *Finance Committee* *2-4-pm*	*7*	*8*
9	10 **Positive Committee** **12-2pm**	*11*	*12*	*13* *Nominations Committee 12-2 pm* **HIV Integrated Planning Council 2-4:30 pm**	*14*	*15*
16	*17* ***OFFICE CLOSED***	*18*	*19*	*20* *Comp Planning 2 -4pm*	*21*	*22*
23	*24*	*25*	26 *Prevention Committee 2:30-4:30pm*	*27*	*28*	29