

**Philadelphia HIV Integrated Planning Council
Positive Committee
Meeting Minutes
Monday, November 13, 2017
12:00-2:00p.m.**

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

Present: PH (15), PA (2), NJ (3)

Staff: Nicole Johns, Stephen Budhu

Call to Order/Moment of Silence/Introductions: K. Carter called the meeting to order at 12:08 pm.

Approval of Agenda: K. Carter presented the agenda for approval. **Motion:** J.W. moved, D.G. seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (October 16, 2017): K. Carter presented the October 16, 2017 minutes for approval. **Motion:** J.M. moved, L.W. seconded to approve the minutes. **Motion passed:** All in favor.

Report of Chair: K. Carter informed the committee at the last HIPC meeting the council approved a reallocation of \$100,000 into the Philadelphia foodbank/home-delivered meals service category. He explained the allocation was only for Philadelphia because New Jersey food-service category was underspent and the PA counties that were over spent were receiving carry-over funding from the previous year.

K. Carter welcomed J. Murdock as the new co-chair of the Committee.

J. Murdock informed the committee this past weekend she was part of a panel that discussed racism in medicine. She explained the panel had a discussion about what PLWH go through during their life time and some of the barriers to care.

Report of Staff: N. Johns notified the committee a memorial for Planning Council members was on display in the OHP conference room. She invited the committee to add content to the memorial. She stated she had no further information on A. Boone.

N. Johns introduced the committee to the AIDSvu website¹. She explained AIDSvu is a comprehensive website that maps the HIV prevalence and incidence in a given area. N. Johns showed the committee the prevalence of HIV in the zip code 19107. She noted the rates were given based off 100,000 of population, therefore the numbers given were proportions not actual number of cases. Various members requested the rates of their specific zip codes.

N. Johns explained AIDSvu can also be used to map HIV prevalence in a state or the entire country. She reminded the committee the HIV cases were reported in rates per 100,000 of population so they can be easily compared. She explained counts are subjective since not every state has the same population. N. Johns showed the committee prevalence rates of HIV in a select few states. She explained the rates were based off of 2015 figures.

N. Johns showed the committee the HIV care continuum website².

1. For more information visit <https://aidsvu.org/>
2. <http://hivcontinuum.org/>

She noted the HIV care continuum website could be used to see those who were late testers for HIV, those who are virally-suppressed (undetectable cell count ≤ 200 viral copies/mL), age groups, race/ethnicity, and gender. The committee looked at various areas within Philadelphia and discussed the rate differences. The committee deduced that geographic location influences HIV rate, specifically areas around prison have higher rates of HIV. The committee also discussed the differences age has on HIV diagnosis/prevalence. For comparison the committee also looked at the HIV rates in Atlanta using the same variables. The committee discussed the differences and proposed reasons for the differences.

Discussion Items:

- **Retention in Care**

N. Johns informed the committee the Comprehensive Planning Committee was also reviewing some of the barriers of retention to care. She explained the Positive Committee could give insight into some of the barriers to care. She noted from the consumer survey data analysis transportation was a major barrier to care. She informed the committee more than 50% of those who reported having Medicare/Medicaid insurance reported experiencing transportation issues.

N. Johns introduced an HIV care continuum diagram to the committee. The steps in the diagram were diagnosed with HIV, linked to care, engaged in care/retained in care, prescribed anti-retroviral medication, achieved viral suppression. N. Johns explained the care continuum is cyclical and people can go through steps again if they are not retained in care. The committee noted that this pertained to undetectable = untransmittable³. M.W. reminded the committee last month the CDC acknowledged that those who are undetectable pose no risk of sexual transmission to their partners. N. Johns suggested the committee watch a video about undetectable = untransmittable.⁴ The video was a short excerpt that featured HIV-positive individuals' response to the CDC acknowledgment, and the decriminalization of HIV related offenses.

After the video N. Johns showed another video to the committee about retention in care⁵. The video talked about the importance to being linked to care and achieving virally-suppressed status. The major tag line of the video was achieving a virally-suppressed status will help start an AIDS-free future. In response to the video N. Johns shared some statistics about viral-suppression and those linked to care nationally and in Philadelphia. She noted that Philadelphia was at 50% viral-suppression which is higher than the national average of 49%. She proceeded to show the committee surveillance data for retention in care and viral suppression. The data showed PLWH in Philadelphia vs those in the Ryan White Care system. She stated that those in the Ryan White care system had an 84% viral-suppression rate compared to 49% of those not enrolled in the Ryan White system. N. Johns went through surveillance data for MSM, MSM of Color, heterosexual, Women of Color, and those who were recently released from prison/jail. She noted those PLWH who were in the Ryan White care system had a higher proportion of viral suppression compared to those who are not enrolled.

N. Johns explained the health department uses Project CoRECT⁶ to identify individuals who have fallen out of care. She explained CoRECT works because providers share with the health department those who have fallen out of care. In turn, she explained the health department contacts those individuals and asks why they have fallen out of care and helps them get back into care. N. Johns shared the most common reasons for loss

3. For more information about undetectable = untransmittable visit <https://www.hivplusmag.com/undetectable/2017/9/27/breaking-cdc-officially-recognizes-undetectableuntransmittable-hiv-prevention>
4. https://www.youtube.com/watch?v=U2QsvYef_cE video link
5. <https://www.youtube.com/watch?v=TAJWgOiH25I>
6. For more information on Project CoRECT visit <http://grantome.com/grant/NIH/U01-PS004505-01>

to care: moving, death, incarceration, fear of co-pays, mental illness, stigma. N. Johns asked the committee to share some of their challenges getting to the doctor. K. Carter explained he uses a buddy-system when he goes to the doctor, and he asked the committee their thoughts. R.W. replied he has a support system among his friend group. He explained his friends share when their doctor's appointments are, what medication they are prescribed. He noted this helps him adhere to medication and stay in care. D.G. stated he has an adherence regiment that uses alarms to remind him to take his medicine. M.Q. stated he carries a 4-day supply of medication at all times. H.B. explained the most important thing to retention and adherence is setting. He explained the importance of a strong support system, and how it creates a purpose for someone to stay in care. He explained to the committee those in urban settings have easier access to transportation and are more likely to go to the doctor compared to PLWH from more rural/suburban settings. D.G. replied UBER ride service was being used on an experimental basis in various places. He explained the idea was discussed in other committees and the logistics were still being figured out. He noted the most common model uses the case manager or health worker having an UBER account and the client contacting their case manager for access to the service.

K. Carter asked the committee if they have experienced any other barriers to care. H. B. replied it is difficult to do blood-work and testing across multiple doctor's appointments and he suggested that the system should try to condense the number of tests or lump them into one or two visits. R.W. commented he uses a regiment to take his medication and eventually it became habit. K. Carter thanked the committee for their participation.

- **Newsletter**

N. Johns reminded the committee they discussed the newsletter content in the last meeting. She stated so far, the newsletter will contain information about Benephilly, research updates from the pipeline. M.C. added Underground Arts⁷ will have a show 8pm, and he believed it would be good for the committee to attend as well as incorporate in the newsletter. D.G. suggested adding undetectable=untransmittable and a link to resources. M.C. suggested the newsletter could talk about World AIDS Day and some of the activities/programs in Philadelphia. N. Johns agreed and noted OHP will be launching a new website on World AIDS Day. The committee decided those who attend events on World AIDS Day will write short segments about their experiences and if possible provide photographs. M.C. proposed he would create a list of the upcoming events, D.G. noted he would assist as well.

Old Business: None

New Business: H.B. requested the committee cover more trauma-informed care. He suggested getting a presentation from a trauma-informed social worker. He also suggested the committee watch two films The Mask You Live In, and Misrepresentation.

Announcements: D.G. announced he distributed flyers at the beginning of the meeting. He explained the flyers were about a housing availability event and volunteerism. He encouraged all members to participate in volunteering and the housing event.

M.C. announced November was Diabetes awareness month.

Adjournment: The meeting was adjourned by general consensus at 1:30p.m.

Respectfully submitted by,
Stephen Budhu, Staff

Handouts distributed at the meeting:

7. for more information visit <https://firstpersonarts.org/>

- Meeting Agenda
- October 16, 2017 Meeting Minutes
- OHP Calendar