

**HIV Integrated Planning Council of the Philadelphia EMA  
Prevention Committee  
Meeting Minutes**

**Wednesday, December 13, 2017**

2:30-4:30pm

Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 320, Philadelphia, PA

**Present:** Mark Coleman, Dave Gana, Gus Grannan, Loretta Matus

**Excused:** Jen Chapman, Tiffany Dominique, Clint Steib

**Absent:** None

**Guests:** None

**Staff:** Antonio Boone, Nicole Johns, Briana Morgan, Stephen Budhu

**Call to Order/Introductions:** L. Matus called the meeting to order at 2:37pm.

**Approval of Agenda:** N. Johns stated the meeting agenda needed to be updated to add Narcan training and a brief overview of the consumer survey report under report of staff. L. Matus presented the updated agenda for approval. **Motion:** D. Gana moved, G. Grannan seconded to approve the updated agenda.

**Motion passed:** All in favor.

**Approval of Minutes** (November 15, 2017): L. Matus presented the November 15, 2017 minutes for approval. G. Grannan asked for a typo to be addressed in the minutes. **Motion:** D. Gana moved, G. Grannan seconded to approve the updated November 15, 2017 minutes. **Motion passed:** All in favor.

**Report of Co-Chairs:** L. Matus wished the committee Happy Holidays, and thanked them for their year of service to the HIPC.

**Report of Staff:** N. Johns informed the committee the December Planning Council meeting was cancelled. She noted the Nominations Committee will still meet on Thursday, December 14, 2017 from 12-2 pm, and they would be the last HIPC committee to meet in December. She stated the HIPC will meet again Thursday, January 11, 2018 from 2-4pm. She added, in January Dr. Brady will present the National HIV Behavioral Surveillance (NHBS) data, and in February she will do her annual EMA epidemiological update.

N. Johns informed the committee she contacted Prevention Point to schedule a Narcan training. She explained, she had a few suggested dates based off of Prevention Point's availability, and she asked the committee to review the OHP calendar. N. Johns suggested Tuesdays were the best days for the Narcan training, specifically Tuesday, January 9, 2018. L. Matus asked why the training couldn't be on Thursdays, the same day as the HIPC meetings. N. Johns explained, the Narcan training would require about 2 hours, so it would be best to do on a day where there were no scheduled HIPC meetings. She added, there were no meetings on Tuesday and Fridays, but Prevention Point was not available on Fridays. N. Johns also suggested Tuesday, January 23, 2018 or Tuesday, January 30, 2018. N. Johns asked the committee what their date preference was, and D. Gana replied he was open to all three dates. G. Grannan stated it would be difficult to have the Narcan training on the 23<sup>rd</sup> of January since the Prevention Committee was scheduled to meet the next day, Wednesday, January 24, 2018.

M. Coleman stated he was in favor of any of the dates; however, he felt the HIPC should be present. N. Johns stated the Narcan training would be hosted by the Prevention Committee, and the committee would invite the entire HIPC to attend. D. Gana suggested the Narcan training should be Tuesday, January 9, 2018 since it would be before the January HIPC meeting. L. Matus replied, the committee should stay away from early January because people would just be getting situated after the Holidays. L. Matus stated she was in favor of January 23, 2018 to schedule the Narcan training. G. Grannan suggested the committee should look to schedule the training in February since there were fewer Holidays. He proposed Tuesday, February 6, 2018 for the Narcan training. The committee agreed that January 23<sup>rd</sup> as first choice and February 6<sup>th</sup> as the second choice.

**Motion:** L. Matus moved, D. Gana seconded to schedule the Narcan Training January 23, 2018. **Motion passed:** All in favor.

N. Johns reviewed the consumer survey briefly with the committee. N. Johns noted the consumer survey report was being finalized. She stated 2915 surveys were distributed by the Office of HIV Planning and 392 valid surveys were returned. L. Matus asked what made the surveys invalid. N. Johns replied invalid responses were surveys that were not filled out or outside the EMA. N. Johns continued, of the 392 responses, 364 were paper, and 28 were online. She stated the mean age was 52, and the majority of the sample identified as Black. The majority of survey respondents were low income and almost 50% reported income of less than or equal to \$1000 per month. In total 19.1% were incarcerated since they were diagnosed with HIV. She continued, 48.4% have high blood pressure, 52% reported depression, 43% reported having anxiety, and 61% of the survey respondents at least one mental health concerns.

N. Johns concluded her synopsis of the consumer survey by reviewing Hepatitis C (HCV) diagnosis history, reported sexual activity, and the recommendations to the HIPC. She noted people who reported a HCV diagnosis were more likely to have an income of less than \$1000 per month, and to be retired or disabled compared to those who did not report a history of HCV diagnosis. She stated 57% of respondents reported being sexually active within the last 12 months, 4.3% partner on PrEP, 12.8% reported having a HIV+ on medication, and 1.8% reported HIV+ partner not on HIV meds. Of those who reported to be sexually active within the last 12 months, 26% reported being offered information on PrEP, and 11.2% of those who did not report sexual activity within the last 12 months were offered information on PrEP.

She stated the main takeaways from the consumer survey is the Ryan White care system is serving those who are in need, poverty limits people's access to medical care, many people living with HIV have complex mental health issues, the Ryan White population is aging and planning of services should cater to an aging population, and incarceration history hinders access to care. She concluded with 5 recommendations for the Planning Council to improve the care system. The recommendations are as follows:

1. The Planning Council should work to mitigate the effects of poverty through material support such as food, housing, transportation services, and financial assistance as well as the provision of services that respects all kinds.
2. Risk assessments to identify PLWH who are at risk of falling out of care.
3. Efforts to support PLWH as they age
4. Housing assistance and homelessness assistance
5. An alternative system to Medicare/Medicaid transportation services

L. Matus asked what was the frequency that the Office of HIV Planning conducts the consumer survey. N. Johns replied every 4-5 years and the next would be about four years away. N. Johns noted the format of the consumer survey would likely change due to expanding availability of internet access.

**Action Items:** None

**Discussion Items:**

- **Draft letter to Mayor's Opioid Task Force**

L. Matus asked the committee if they wanted to begin drafting the recommendations letter to the Mayor's Task Force. B. Morgan stated the committee needed to discuss some of the logic behind drafting the letter. She explained the committee needed to identify who their intended audience is, and the purpose of the letter. N. Johns reminded the committee in the last meeting they reviewed safer consumption sites[SCS], and the committee wanted to draft a letter to express that they were in favor of SCS. N. Johns suggested the letter could also be used as a form of communication with the Mayor's Opioid Task Force. She explained, in the letter the committee could invite someone from the Mayor's Task Force to become a member of the Prevention Committee, or establish a direct connection with the Mayor's Task Force.

L. Matus asked how the committee could address widespread poverty. G. Grannan stated poverty is a social determinant of health, and noted there are tons of social determinants of health. He stated, in his opinion poverty always warrants a conversation, but there is very little that can be done to limit poverty or its effects. L. Matus suggested the letter could be used as a tool to explore what can be done to help those in poverty as well as to combat the opioid epidemic. G. Grannan stated he took the purpose of the letter to offer support of SCS. He stated, in his opinion, the Mayor's Opioid Task Force Final Recommendations Report showed the Mayor was collecting information about SCS and also looking for more data. He continued, the letter could be used as a piece of data that the Mayor may have been looking for. He emphasized the letter should include both the social determinants of health and the causes of harm for opioid users. As an aside, he added, the majority of harm is caused due to the criminalization of drug use. He stated law enforcement needs to take a gentler approach to the drug use since current procedures has not shown to decrease death from opioid overdose. G. Grannan admitted creating a SCS was not feasible under current funding, but he suggested law enforcement could alleviate some of their biases toward drug use. L. Matus asked G. Grannan if he felt that at SCS or user sites<sup>1</sup> they should offer HIV testing. G. Grannan replied he does not think that HIV testing would be necessary at either site because the opioid community does not have a rising HIV incidence and plenty of opportunity for testing. He noted, since sterile equipment was provided at SCS, the risk of HIV transmission was lowered.

B. Morgan asked to whom the letter was being addressed. G. Grannan stated he felt the letter should be addressed to the Mayor, since the Opioid Task Force has already made their final recommendations. He added, technically the HIPC serves the Mayor, therefore it was appropriate to address the letter to the Mayor. L. Matus asked should the letter include suggestions of where to implement SCS. G. Grannan replied, the letter could include possible destinations for SCS, but it would be counterproductive to suggest only one or two SCS to be placed in high opioid use areas. B. Morgan asked if the committee wanted to make formal requests to the Planning Council about draft of the letter or leave the responsibility to this committee. She added, the letter could request for someone from the Task Force to attend meetings,

1. User sites are in reference to the November 2017 Prevention meeting, and it is sites were drug users aggregated and often agencies would provide sterile equipment. These sites like safer consumption sites are not sanctioned.

request information, or just establish a line of communication. L. Matus asked if it was still feasible to request anything from the Task Force, and if they were done meeting until further notice. G. Grannan stated the Task Force already released their final report, so it maybe difficult to make requests to them. N. Johns stated the Task Force made a status report in November, and the committee could request for someone to bring an update on implementation of their recommendations.

L. Matus referenced recommendation number 9 of the Mayor's Task Force Report, "Expand naloxone availability", and suggested the committee should focus on that recommendation. M. Coleman proposed the committee should review the Task Force recommendations and focus on those that relate to housing and poverty. He suggested the letter could be used to ask what how/if the Mayor was addressing the lower income neighborhoods. M. Coleman asked the committee for suggestions that would improve the lives of opioid users. G. Grannan replied, it starts by destigmatizing drug use, and also moving away from drug abstinence programs. He continued, even though drug abstinence programs are backed by medical professionals, they have a low success rate. He explained, to help opioid users, law enforcement must stop targeting them. Second, the Mayor should also focus on financial assistance for opioid users, and create an effective model to house drug users. He noted the Mayor's Opioid Task Force Recommendations do mention housing reform, but an effective model must be developed first.

N. Johns suggested the letter's purpose could be to offer aid and support to current efforts. She made note the Planning Council decides how Ryan White Part A grant funding is allocated, so the Planning Council was capable of using their resources to help implementation of some of the recommendations. G. Grannan stated the letter could offer technical support from agencies. N. Johns suggested the committee could make an outline of what to include in the letter in the upcoming meetings.

**Old Business:** L. Matus asked where the committee stood with the Integrated Plan. She recalled, from earlier meetings the committee was focused on Strategy 1.2.3 (Ensure equitable access to syringe access services, substance use treatment and related harm services), and was looking to gather data. N. Johns stated OHP requested all the data from the recipient on behalf of the Prevention Committee. She stated the committee should have all data requests in time for its January meeting. N. Johns proposed the Integrated Plan should be a standing agenda item under "Old Business" to ensure the committee reviews the Integrated Plan.

**New Business:** B. Morgan asked if the committee has seen the new website. D. Gana replied, yes, and he commended B. Morgan on her work. B. Morgan reviewed the changes to the website. She pointed out the homepage tracks the prevalence of HIV in the Philadelphia EMA and the Philadelphia care continuum. She explained the service directory page was searchable by keyword. She stated the meeting packets were still available as well as the calendar, which was available now in either list or calendar view. B. Morgan encouraged the committee to let her know if they had problems finding information or had suggested changes. D. Gana asked if the website allowed you to search by mental health services, and if the list was printable. B. Morgan explained you could print the lists of providers. G. Grannan asked if the website is searchable by service. B. Morgan replied, the website is searchable by service and by zip code. She stated the website would be updated regularly and encouraged the committee to let her know about any content that was outdated, or new information that was not on the website. M. Coleman asked if the Positive Committee newsletter is on the website. B. Morgan replied, it was, as was a sign-up form for the OHP newsletter.

**Research Updates:** None

**Announcements:** M. Coleman announced it was National Hot Chocolate Day.

**Adjournment: Motion:** D. Gana moved, G. Grannan seconded to adjourn at 3:41pm. **Motion passed:** All in favor.

Respectfully submitted by,

Stephen Budhu, Staff

Handouts distributed in the meeting:

- Meeting Agenda
- November 15, 2017 minutes
- OHP Calendar