

**HIV Integrated Planning Council**

**January 11, 2018**

**2:00-4:00 pm**

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

**Present:** Juan Baez, James Breinig, Kevin Burns, Michael Cappuccilli, Keith Carter, Mark Coleman, Lupe Diaz, Tiffany Dominique, Alan Edelstein, David Gana, Peter Houle, Sharee Heaven, Gus Grannan, La'Seana Jones, Gerry Keys, Ronald Lassiter, George Matthews, Loretta Matus, Dorothy McBride-Wesley, Nicole Miller, Jeanette Murdock, Ann Ricksecker, Joseph Roderick, Samuel Romero, Terry Smith-Flores, Coleman Terrell, Gail Thomas, Adam Thompson, Leroy Way, Lorrita Wellington, Melvin White, Jacquelyn Whitfield, Robert Woodhouse

**Excused:** Katelyn Baron, Henry Bennett, Johnnie Bradley, Jen Chapman, Clint Steib

**Absent:** Bikim Brown, Martha Chavis, Pamela Gorman, Christine Quimby, James Tarver

**Guests:** Dr. Kathleen Brady, Ameenah McCann-Woods, Caroline McDonough, Kristine Ousury, Eric Paulukonis, Maggie Schapcaro, Jen Shinefield

**Staff:** Mari Ross-Russell, Antonio Boone, Nicole Johns, Debbie Law, Briana Morgan, Stephen Budhu

**Call to Order:** A. Thompson called the meeting to order at 2:09 pm

**Welcome/Introductions:** A. Thompson welcomed the council members. Those present then introduced themselves.

**Approval of Agenda:** A. Thompson presented the agenda for approval. **Motion:** L. Way moved, M. Cappuccilli seconded to approve the meeting agenda. **Motion passed:** All in favor.

**Approval of Minutes:** A. Thompson presented the November 9, 2017 meeting minutes for approval. **Motion:** J. Whitfield moved, M White seconded to approve the November 9, 2017 meeting minutes. **Motion passed:** All in favor.

**Report of Chair:** C. Terrell stated Philadelphia received a substantial cut in HIV Prevention CDC funding. He informed the council both the HIPC and Office of HIV planning were funded by the CDC and the Ryan White Part A grant. He explained the funding was cut from the prevention budget, so the Planning Council's budget would have to be adjusted accordingly. C. Terrell added M. Ross-Russell and he have been working to alleviate the effects of the funding cut. M. Ross-Russell added the prevention budget was decreased by 25%, and it may require OHP to lose a staff position. She stated she would let the Planning Council know when an official decision has been made, in relation to the staff position, and notify each subcommittee that would be affected.

M. White asked why the funding was being cut. C. Terrell stated the city had a request for proposal (RFP) for services funded through CDC prevention. He stated awards were made at the beginning of the year, but the amounts were less than the previous year. M. White asked what the CDC funding was used for. C. Terrell replied the CDC funding was used for HIV prevention in Philadelphia. He added the state of Pennsylvania may be facing a similar funding decrease, but there has not been an official announcement from the CDC as yet. M. Cappuccilli asked C. Terrell if he had any information on New Jersey funding. C. Terrell replied not at this time. A. Thompson replied, New Jersey had started to reallocate funds; for example, the linkage-to-care coordinators that were previously funded by the CDC prevention budget are now being funding by Ryan White grants. He stated he did not have official budget information for New Jersey at this time.

survey data collection. From the sample, 54% were between the ages of 18-29, 24% between the ages 30-39, 13% between the ages 40-49, 9% were 50 or older.

K. Brady reviewed the healthcare characteristics of the respondents. 82.6% of participants were insured, of which 52.7% were insured through Medicaid, and 36.6% were insured through private insurance. 90.1% of respondents have a usual source for healthcare, 42.8% had a private doctor, 34.8% used a Public Health Center, and 13.2% used the emergency room for their healthcare. 83.3% had a health care visit within the past 12 months. 60.2% were offered an HIV test by their medical provider.

K. Brady reviewed PrEP and sexual behaviors in the MSM cycle. In total 302 of respondents have heard of PrEP: 143 have discussed PrEP with their physicians, and 76 reported taking PrEP. She added 59 respondents reported having taken Post-Exposure Prophylaxis (PEP). 172 respondents have considered taking PrEP, 51.7% thought PrEP was a good idea. The most common reason for not taking PrEP is the person doesn't like taking medicine.

K. Brady moved onto the sexual behavior in the data. She stated 9 was the average number of partners reported in the last 12 months, and the median was 4. 16% reported exchange sex. M. White inquired about exchange sex. K. Brady replied exchange sex was defined as any sexual activity that is traded for goods and/or services. 88.6% reported anal sex in the last 12 months. 362 survey participants reported unprotected anal sex. Of the 362, 58.6% were between 18-29, and 30.9% self-reported HIV+ status. A. Thompson asked if unprotected sex defined as condomless-sex, and how are those on PrEP who engage in condomless-sex defined? K. Brady replied in the study unprotected sex was considered all condom-less sex.

K. Brady reviewed STDS in the MSM cycle. She stated 60.8% of individuals reported having an STD test in the past year, and 20% reported being diagnosed with an STD in the past year. A. Thompson asked did any type of location have a higher prevalence of STDS compared to other testing sites. J. Shinfeld responded there were no noticeable differences. T. Dominique asked if the data could be cross referenced to check if the amount of people who reported an STD matches the number of people who tested positive for those STDS. K. Brady responded that was possible and would look into that analysis in the future.

K. Brady concluded the MSM cycle review with HIV and Hepatitis C prevalence. From the data, 212 tested HIV+, of the 212, 170 self-reported their status. 4% of respondents were Hepatitis C positive, and 7 of them were newly diagnosed.

#### ***HIGH-RISK HETEROSEXUALS CYCLE (HET) (2016)***

K. Brady reviewed the eligibility requirements for the HET cycle.

- Present a valid NHBS-HET coupon
- Had not previously participated in current NHBS-HET cycle
- Live in Philadelphia or Delaware Counties
- Be male or female (transgendered persons were not eligible in current HET cycle)
- Have had vaginal or anal sex with someone of the opposite gender in the past 12 months.

HET Definition

- Have an income below the HHS poverty guidelines
- Education level no greater than high school

K. Brady discussed the injection behaviors of the sample in the past 12 months. In total 662 participants were surveyed. Of that 662, 88% injected more than once a day, 5% injected once a week, and 7% injected less than once a week. Of those who reported injection use, 36% reported always using sterile needles, 40% reported using sterile needles most of the time, 16% reported half of the time, 8% reported rarely using sterile needles, and less than 1% reported never using sterile needles.

K. Brady moved the discussion to healthcare characteristics of the sample. She stated 77.2% were currently insured and of that 77.2%, 91.3% were insured through Medicaid, and 4% were privately insured. 71.5% had a usual place for healthcare and 51.6 of them reported having a private doctor. 72.6% had a healthcare visit within the last 12 months. 50.4% were offered an HIV test within the last 12 months.

K. Brady discussed PrEP awareness and STDs in the PWID cycle. She stated 12% have heard about PrEP, 4% have spoken to a doctor about PrEP and less than 1% have actually taken PrEP. She stated in the sample 42.3% reported having an STD test within the last 12 months. 7.7% reported being diagnosed with an STD within the past 12 months, and Chlamydia was the most common diagnosis with 4.9% reported.

K. Brady reviewed the HIV and HCV prevalence in the PWID sample. She stated there were 32 cases of HIV in the sample, and of the 32, 18 self-reported their status. From the sample 84% were reactive to the HCV test and 30.2% were newly diagnosed with HCV. She stated 26 of the 32 HIV positive individuals were also reactive to the HCV test. A. Thompson asked for those who were aware of their HIV status were they also aware of their HEP-C status. Dr. Brady replied she did not have that information at this time.

K. Brady concluded her presentation with sero-positivity and awareness histogram. The chart compared the sero-prevalence across the MSM-5 HET-4, PWID-4 cycles. She explained HIV prevalence was highest in the MSM cycle as expected, but there were less people who were aware of their status in the other cycles compared to the MSM cycle. She stated the upcoming NHBS studies would be doing a PWID-5 cycle, and transgender women cycle.

T. Smith-Flores asked why the NHBS recruitment excluded South Jersey. K. Brady replied the study's recruitment area was defined by the CDC. She stated the CDC defined the metropolitan area, and only included Philadelphia and Delaware Counties for the MSM cycle. T. Smith-Flores stated South Jersey has a large population of yMSM and PWID who have daily commutes to Philadelphia; she asked what steps would need to be taken to include South Jersey in NHBS data going forward. K. Brady replied a formal request would have to be made to remap a metropolitan area under CDC guidelines. She explained a request would have to be submitted to the CDC accompanied with data showing all those who were excluded from the study, and it would have to show how many people who were excluded have a daily commute to Philadelphia. K. Brady stated this was unlikely at this time, but if the metropolitan area was remapped to include southern New Jersey, it would just include Camden County, NJ.

M. Cappuccilli asked K. Brady if she or other Philadelphia NHBS investigators had access to data from the other 21 jurisdictions in the study or get feedback from the CDC about how Philadelphia compares with other areas. K. Brady replied they just have access to their own jurisdiction's data. She explained the CDC will notify them if there is an emerging trend in areas, but otherwise the jurisdictional data was kept private until the CDC publishes their final report on the cycle. She added there were opportunities to collaborate with other jurisdictions. A. Ricksecker asked since they have access to the data cycles over

about \$160,000 at this time. She explained at future meetings the Recipient will provide an itemized spreadsheet that explains spending throughout the fiscal year across service categories, to include the final reallocations.

**Motion:** A. Edelstein moved, A. Ricksecker seconded to approve the reallocation request.

**Vote:** 28 in favor, 0 opposed, 2 abstentions. **Motion Passed.**

- **Interim Co- Chair elections**

B. Morgan stated the Executive Committee discussed an interim co-chair in their January meeting. The Executive Committee recommended interim co-chair nominations should be opened up at the January Planning Council meeting. B. Morgan reminded the council because of the integration of the two planning bodies earlier in 2017, the Executive Committee decided to extend all co-chair terms until September 2018. Therefore the interim position would be for 6 months and there would be co-chair elections in September 2018. A. Thompson asked if the interim co-chair was required to be HIV+. He explained the bylaws required consumer representation in the officer position. M. Cappuccilli replied the HIV+ standard did not apply for the interim position, but it required nominees to be in good standing with attendance. B. Morgan stated the nominations would be open for 30 days, so the conclusion of the nominations process would not be until March, since February only had 28 days.

**Motion:** The Executive Committee moved to conduct interim co-chair elections.

**Vote:** 29 in favor, 0 opposed, 2 abstentions. **Motion Passed.**

## **Discussion Items**

- **Attendance Policy Review**

M. Cappuccilli stated the conversation would be tabled due to time constraints.

## **Report of the Committees:**

- **Comprehensive Planning**—Adam Thompson, Chair

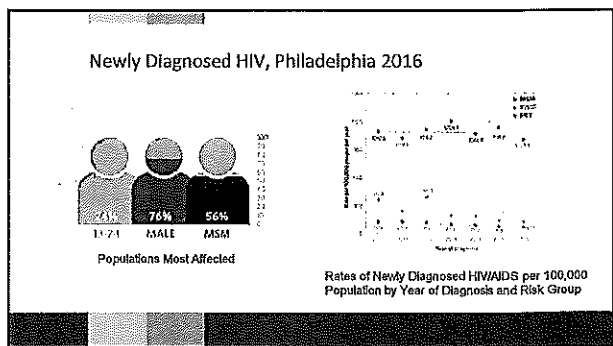
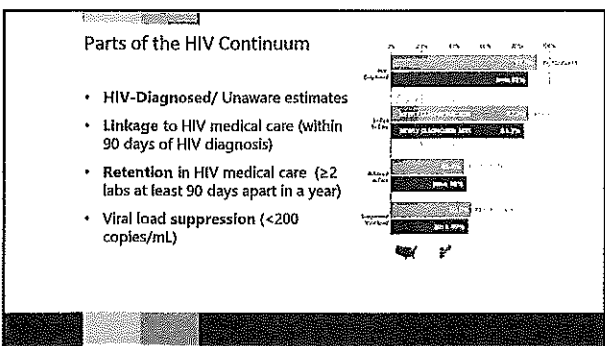
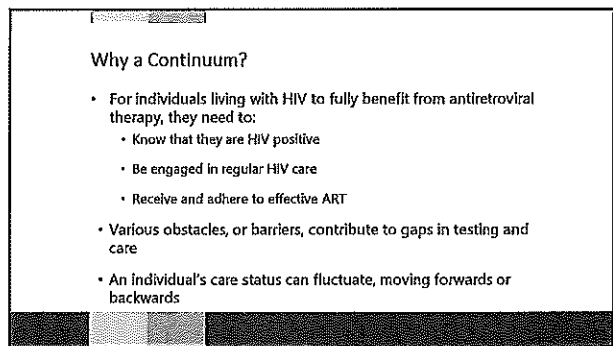
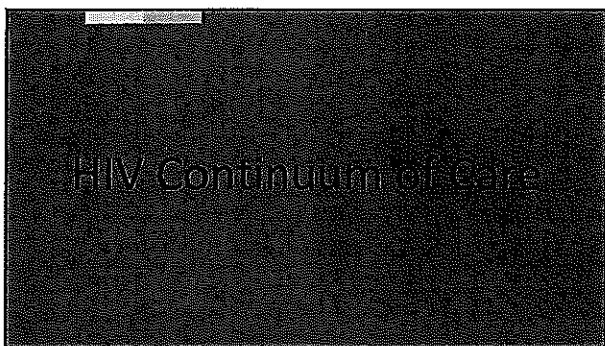
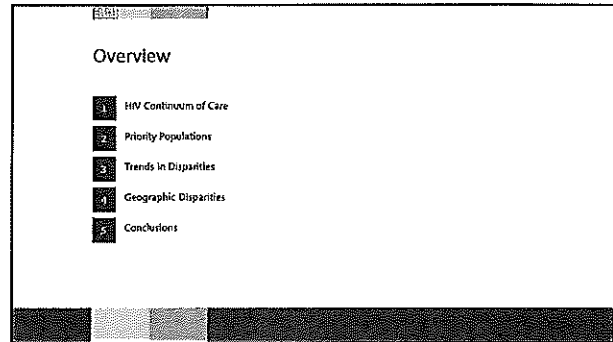
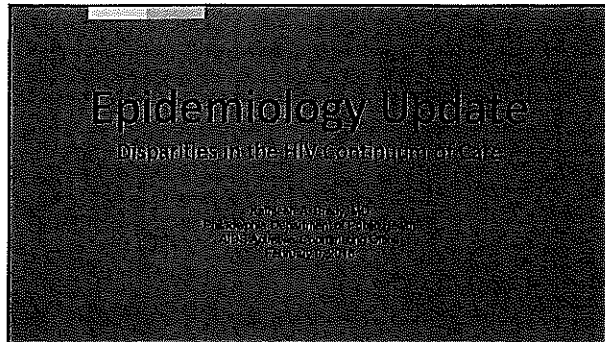
A. Thompson stated the committee participated in a brainstorming activity in their November meeting. He stated the ideas were centered around barriers to retention. He explained ideas were grouped into 4 categories: Transportation, Real and Perceived Cost, Lack of Social Support, Customer Service/Front Office. He stated after the ideas were grouped the committee was given a chance to vote on topics and the topics with the most votes would be in priority in the upcoming meeting. He added the committee will also assess the feasibility of their ideas. A. Thompson stated the Comprehensive Planning Committee will meet next Thursday, January, 18, 2018 from 2-4pm and the committee is still looking for a co-chair.

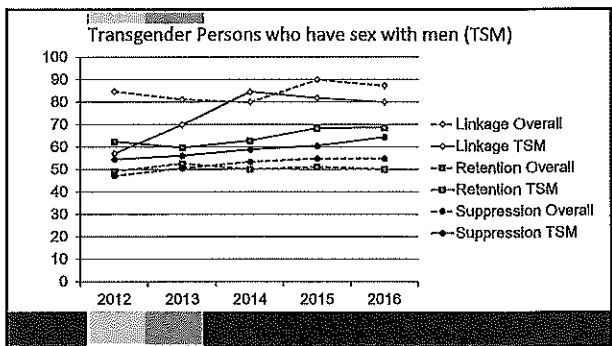
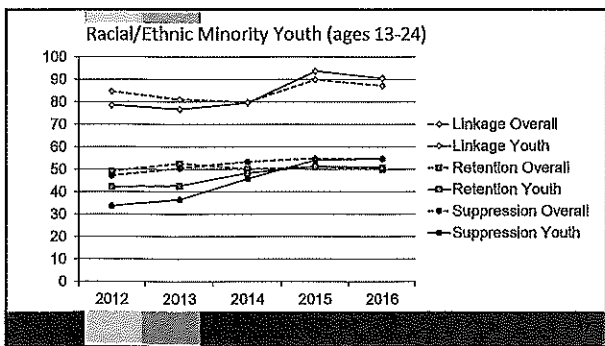
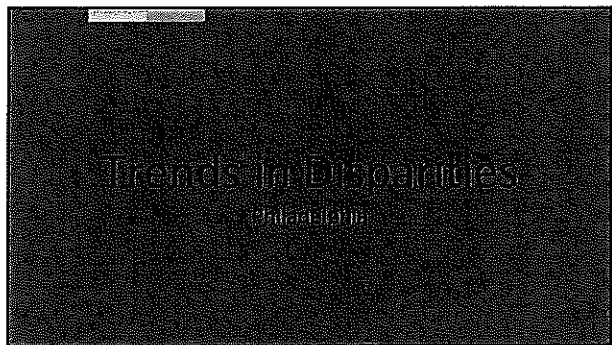
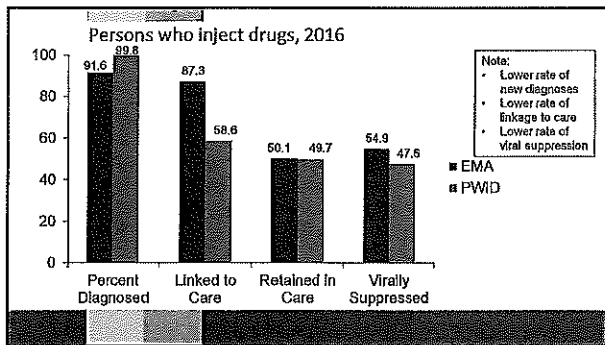
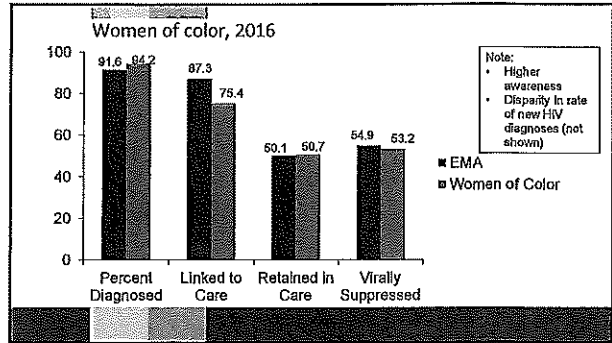
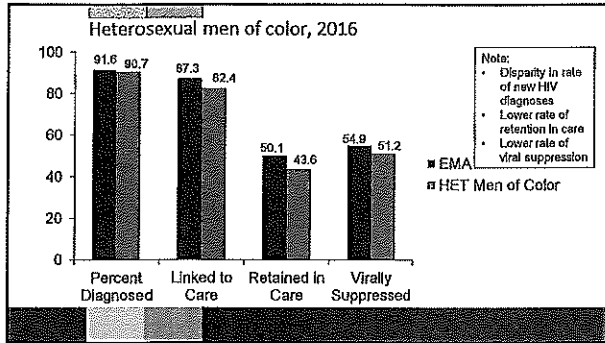
- **Executive Committee**

M. Cappuccilli stated in their January meeting the Executive Committee discussed interim co-chair elections (which was voted on today), HIPC officer attendance, and leadership training. M. Cappuccilli stated the Executive Committee recommended the attendance policy should stay the same for HIPC officers, but the Nominations Committee would notify officers after they have missed 2 meetings.

A. Thompson stated the Executive Committee discussed leadership training in their past meetings. He stated leadership skills are acquired over time. He explained he has been involved with various training programs over the years and is currently involved with a 5-day Black MSM youth leadership training. A. Thompson asked about interest from the committee and offered to develop training.

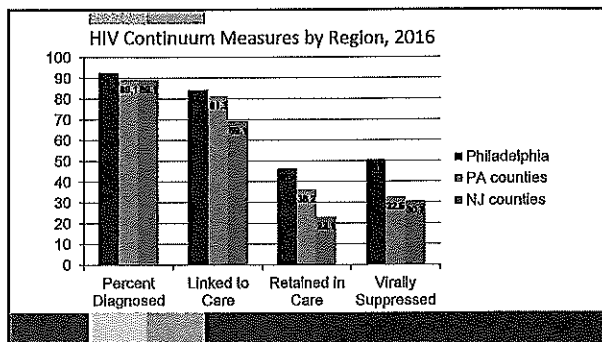
M. Cappuccilli stated the next meeting of the Executive Committee is Thursday, February 22, 2018 from 2-4 pm.





### Differences by Geography

- Lower rates of awareness in collar counties
- Lower rates of retention in care in collar counties
- Lower rates of viral suppression in collar counties



# Conclusions

### Areas of action for decreasing disparities

- PrEP access and adherence support
- HIV Navigation Services
- Targeted HIV Testing
- Opt-out routinized HIV Testing In Health Care Settings/STD clinic/jails
- HIV screening In Emergency Departments
- Linkage to care activities
- Syringe service programs
- Access to condoms
- Ryan White MCM
- CoRECT

### Additional Areas of action for decreasing disparities

- Stigma
- Adherence
- Culturally competent programs
- Language barriers
- Community mobilization
- Leveraging the Ryan White Care system to improve health outcomes
- Average/poor quality data on transgender persons
- Changing opioid epidemic, and the need for rapid outbreak response planning

### Next steps

- Implementation of activities under CDC Prevention/Surveillance grant (18-1802)
- Expand CoRECT (Data to care activities)
- Restructuring of MCM in EMA
- Further research on interventions to improve viral suppression once patients engaged in HIV care