

MEETING AGENDA

VIRTUAL:

Thursday, May 8th, 2025

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (April 10th, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - Treatment Update
- ◆ Committee Reports:
 - Executive Committee
 - Finance Committee – Alan Edelstein & Keith Carter
 - Nominations Committee – Michael Cappuccilli & Juan Baez
 - Positive Committee – Keith Carter
 - Comprehensive Planning Committee – Gus Grannan & Debra Dalessandro
 - Prevention Committee – Desiree Surplus & James Ealy
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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VIRTUAL: June 12th, 2025 2:00pm to 4:30pm

Please contact the office at least 5 days in advance if you require special assistance.

Staff Directory

Mari Ross-Russell - Director, Finance Committee, Executive Committee
Email: mari@hivphilly.org

Tiffany Dominique — Prevention Committee
Email - tiffany@hivphilly.org

Debbie Law — Nominations Committee
Email - debbie@hivphilly.org

Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website
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Kevin Trinh — Minutes & Attendance
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Philadelphia HIV Integrated Planning Council

Meeting Minutes of

Thursday, April 10th, 2025

2:00 p.m. – 4:30 p.m.

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

Present: Juan Baez, Veronica Brisco, Tariem Burroughs, Michael Cappuccilli, Keith Carter, Lupe Diaz (Co-Chair), James Ealy, Alan Edelstein, Ariann Garcia, Pamela Gorman, Jeffery Haskins, Sharee Heaven (Co-Chair), Alecia Manley, Loretta Matus, Patrick Mukinay, Juju Myahwegi, Dorsche Pinsky,Carolynn Rainey, Erica Rand, Clint Steib, Desiree Surplus, Evan Thornburg (Co-Chair), Shakeera Wynne, Xandro Xu

Excused: Nicola D'Souza, Mystkue Woods

Guests: Ameenah McCann-Woods, Tanner Nassau, Bryan-Tyler Orr, Avis Scott

Staff: Tiffany Dominique, Debbie Law, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

Call to Order: L. Diaz called the meeting to order at 2:03 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda:

L. Diaz referred to the April 2025 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** D. Pinsky motioned; D. D'Alessandro seconded to approve the April 2025 HIPC agenda via a Zoom poll. **Motion passed:** 16 in favor, 3 abstained. The April 2025 HIPC agenda was approved.

Approval of Minutes (March 13th, 2025):

L. Diaz referred to the March 2025 HIPC meeting minutes and asked for a motion to approve. **Motion:** C. Steib motioned; J. Ealy seconded to approve the March HIPC minutes via a Zoom poll. **Motion passed:** 17 in favor, 4 abstained. The March 2025 HIPC meeting minutes were approved.

Report of Co-Chairs:

L. Diaz reviewed the Meeting Ground Rules with the HIPC member. The overall message of the Ground Rules was to be respectful towards others. She asked members to hold each other accountable.

Following the review of the Ground Rules, L. Diaz presented her report on the Pennsylvania State HIV Planning Group meeting she had attended last month and mentioned there were several presentations on the state's Integrated Plan. The person responsible for the plan had requested to present for HIPC.

Report of Staff:

M. Ross-Russell asked the members to recommend possible candidates for HIPC. She said if they knew someone suitable for membership, they should reach out to that person with information about HIPC.

Presentation Items:

-DHH National Behavioral Surveillance (NHBS)-

Before beginning his presentation, T. Nassau acknowledged the many surveillance employees who were put on administrative leave until June. He said they had met with project sites and had resolved to continue their work until they were prohibited. He assured the members that the Notice of Funding would be continued to 2026 and encouraged them to continue advocating for these types of projects.

The NHBS was a rotating annual survey in 3 populations at increased risk for HIV acquisition. These populations were men who have sex with men (MSM), people who inject drugs (PWID), and heterosexually active persons at increased risk for HIV transmission. The survey asked about sex and drug use behaviors while offering HIV testing, prevention and other services. Since 2018, NHBS has been tracking the number of new HIV diagnoses. They had found that since 2018, the number of new cases had been rising with 2019 being the peak of the epidemic.

T. Nassau described the demographics of the HIV outbreak. The majority of PWID were between the ages of 30-49 (63%), assigned male at birth (70%) and non-Hispanic (NH) White (52.3%). T. Nassau noted that 1 in 5 individuals were both PWID and MSM, representing overlapping risks. In 2023, the MSM population had the highest rate of transmission at 1,673.8 per 100,000 followed by PWID at 100.7 per 100,000 and at risk heterosexuals at 30.2 per 100,000. T. Nassau highlighted that risk for HIV transmission was higher among PWID due to the lower rate of linkage to medical care within this population when compared to MSM and heterosexual populations.

Overall, participants in the survey had an HIV prevalence rate of 1,133.4 per 100,000. The HIV prevalence among PWID was nearly 5 times that of the overall population. T. Nassau disclosed that they did not have data on PWID breakdown by race/ethnicity. Though he hoped to have this data in Philadelphia soon after collaborating with V. Ryan, a PH.D student at Drexel University within the next few months.

In 2023, Philadelphia saw a decline in drug overdose deaths for the first time since 2018. T. Nassau explained that the lower number of overdose deaths was attributed to the changing drug supply. They were seeing people using less Fentanyl and similar drugs; though these drugs still exist in the drug supply. T. Naasu said the decline in overdose deaths was small. 2023 saw 1,122 overdose deaths compared to the 1,207 overdose deaths in 2022.

Formative Assessment was a part of the survey. During this part of the survey, DHH gathered community and professional key informants, focus groups, and field observations. They had conducted 12 professional key informant interviews and 6 community key informant interviews. They aimed to interview more Latinx and youth persons because they recognized that they did not recruit enough people from these populations in the last cycle. He said they held a focus group around the McPherson Square Library last spring and that helped them learn where they

could conduct their activities. They also contacted a researcher at Jefferson University to help them with their formative assessment.

NHBS used respondent-driven sampling by identifying key community members and giving each of them five coupons to recruit others. The goal was to obtain a representative sample. T. Dominique asked about the average network length. T. Nassau responded that while referrals varied by individual, each key member typically generated 10–15 waves of recruitment. Nassau would describe their findings from the assessment. They had asked people if they had known other people who used drugs. They had found that networks with connections were large, geographically bound networks with connections across race/ethnicity and gender. Geographically, this was the largest barrier to networks. The assessment had revealed that youth, or those under 30 years old had tended to interact with other youth. There were also preferences for others using similar types of drugs. The implications for these findings were that the seeds of their recruitment efforts needed to be geographically diverse, younger and had injected different types of drugs.

T. Nassau described the barriers to the assessment. One of the barriers included the length of the interview. He said interviews generally lasted 30–40 minutes. Respondents were also given an HIV and Hepatitis test. Including the consent process, T. Nassau said the interview could last up to an hour. Respondents were compensated for their time. Each respondent was given \$50 for completing the interview, \$25 for the HIV test, \$25 for the Hepatitis test and \$20 for each person the respondent had recruited. In total, the respondent had the opportunity to earn \$200. Other barriers to the formative assessment were disrespect for participants from the staff, policing/police presence, disruption of networks, and unstable phone access. DHH had learned that they needed to create protocols, training, and field sites that focused on ways to minimize barriers. Xylazine use could lead to injection wounds or multiple injection sites or increased smoking and snorting drugs. This could mean more reuse or sharing of injection equipment due to distribution changes. T. Nassau said while syringe distribution may be decreasing, frequency of injection may also be decreasing. He said they needed to be mindful of the population's access to syringes and its implications.

Between August and November, T. Nassau said they had recruited just over 430 participants, which was under the 500 participant goal they had. They had a delayed start because they wanted to know how the policy changes implemented at the beginning of last year would impact their ability to recruit people. 63.7% of participants self-identified as male. 35.4% of participants self-identified as female and 0.9% self-identified as a gender that did not fit in the aforementioned gender categories. The racial and ethnic demographics of the sample group was 242 NH White individuals, 116 NH Black individuals, 55 Hispanic individuals, 12 multiracial individuals and 6 individuals as Other. . The median age of participants was 42 and most people were between the ages of 37 to 50. Only 5% of their participants were younger than 30 years old despite a concerted effort to recruit more young people.

Participants were asked to describe their socioeconomic status through various questions. Most or 64.3% of participants had reported having a household income of less than \$10,000. About 68.7% of participants had reported being unemployed. 25.3% of participants had less than a high school education.

Most participants reported having unstable housing. 74% of participants reported having housing instability and 52% of participants reported currently being unhoused. 25.5% of participants reported being recently incarcerated.

The survey asked participants what type of drug they had used. Most or 55.1% of participants had used Heroin by itself. T. Nassau noted that they knew that Heroin often contained other drugs and that participants had often mixed drugs with Heroin. About 83.2% in participants reported injecting drugs more than once a day. The most typical number of injections was 4 with most participants injecting drugs 4 to 7 times a day.

Fentanyl was another drug that was referenced by participants. 86.3% of participants had reported recent use of fentanyl. Of those using Fentanyl, 83.1% reported using Fentanyl more than once per day. 6.4% reported using Fentanyl once a day. 5% reported using Fentanyl more than once a week. 5.3% reported using Fentanyl once a week or less. The formative assessment revealed that Fentanyl test strips were not widely used because they cannot quantify the amount of fentanyl in the drug.

The HIPC members were given a chart comparing the number of people who used non-injection drugs in 2022 to those in 2024 such as Heroin, Powder Cocaine, Crack and Methamphetamine. The chart showed more people using drugs without injecting. T. Nassau concluded that the changing trends would have an impact on harm reduction. For example, less people using injections meant less HIV transmissions.

Most participants were insured. About 97.7% of participants had reported that they were insured. Of these participants, 92.2% reported that they had Medicaid. 84.6% reported that they had seen a healthcare provider in the previous year, but only 62.4% were offered an HIV test. Participants were asked about their usual source of care. 31.5% reported that their usual source of care was the Clinic or health center. 32% reported they received care from their doctor's office. 32.6% said their usual source of care was the hospital emergency room.

In terms of HIV testing, 74.3% of participants reported having an HIV test in the previous 12 months. This was an improvement from 2022 where 57.2% of participants reported having an HIV test. In 2024, 46.4% of participants had reported they had an STI test in the last 12 months. This was a small increase from the 43.1% seen in 2022.

Hepatitis C testing was asked in the formative assessment. DHH found that there was an increase in the percentage of negative Hepatitis C tests as well as a reduction in positive Hepatitis C tests in 2024 in comparison to 2022. The percentage of negative Hepatitis C tests had increased to 39.4% in 2024 from the 31.7% seen in 2022. The percentage of positive Hepatitis C tests had decreased from 24.4% in 2022 to 16.5% in 2024. T. Nassau highlighted that the percentage of people who were exposed to Hepatitis C but currently negative had increased from 18.4% to 26.7% in 2024. He attributed this change to increased access to Hepatitis C treatment.

From the DHH Annual Surveillance report, T. Nassau described the PrEP continuum. PrEP awareness, discussion about PrEP and PrEP usage were the highest among MSM. DHH found

that at-risk heterosexuals and PWID reported the lowest levels of awareness, discussions about, and usage of PrEP. Overall, discussions about PrEP with a medical provider in the last year were critically low across all groups. A greater number of people had used syringes from the Syringe Services Program (SSP). This had increased from 68.5% in 2022 to 80.5% in 2024. There were fewer people who had obtained a syringe secondhand from an SSP. This had decreased from 20.4% in 2022 to 14.7% in 2024. The percentage of people reporting being able to access treatment was increased from 46.7% in 2022 to 57.7%. Access to treatment for Medications for Opioid Use Disorder (MOUD) had increased from 60.9% in 2022 to 73.1% in 2025. The percentage of non-fatal overdoses had increased from 29% in 2022 to 38.9% in 2024. T. Nassau said this could be due to variability but it was something they would like to examine closer.

After reviewing the data, T. Nassau described the implications and the lessons they had learned. The first was that housing instability and poverty were highly prevalent and acted as structural barriers to HIV prevention/care and other services. He concluded that increasing quality of life indicators in this population would also increase access to prevention. The second implication was that increased contamination of dope with xylazine may be driving a shift towards smoking and snorting instead of injecting due to concerns about xylazine-related wounds. This would be beneficial towards preventing infectious diseases. T. Nassau said it may partly explain the increases in syringe coverage. He said DHH was still concerned about overdoses in the population.

In the previous year, 1 in 4 HIV negative PWID had not been tested for HIV and 9 in 10 individuals had never discussed PrEP with a provider. T. Nassau reminded the group that the number of individuals being tested had increased and the percentage of individuals speaking with their provider about PrEP had increased to 10%. He recognized that there was still room for improvement but also wanted to highlight the progress made over the past two years.

-Medical Monitoring Project (MMP) 2018-2022-

MMP was a population-based surveillance system for information not always included in traditional HIV surveillance. This would include things such as behaviors, socioeconomic factors, comorbidities, quality of care, barriers to care and viral suppression and unmet needs.

MMP gathered data on the various socioeconomic status of PWH. From 2018 to 2022, 22.5% of PWH reported having unstable housing for the last 12 months. 18.1% of PWH had food insecurity. 47.2% of PWH reported being unemployed or unable to work. 45.9% of PWH were below the federal poverty line. 29.9% of PWH had received Social Security Income (SSI). 18.4% of PWH had received Social Security Disability Insurance (SSDI).

DHH had collected information on prescription of ART, the percentage of people fully adherent to ART and the percentage of people fully virally suppressed. Using this data, they were able to see discrepancies between populations. For example, the percentage of the NH White population fully adherent to ART was 70.3% compared to the 55.8% of the NH Black population and the 58.7% of the Hispanic populations. Disparities could be seen once again in the percentage of people who were virally suppressed. The percentage of the NH White population who were virally suppressed was 75.9% compared to the NH Black population with 49.6% and Hispanic population which had a percentage of 53.8%.

T. Nassau reviewed the reasons why people had missed a dosage of ART. The three most common reasons were forgetting to take their dosage, changes in daily routine, and either falling asleep or oversleeping.

MMP had also tracked data related to mental health and substance use in PWH in Philadelphia. About 44% of PWH in Philadelphia reported a mental, physical, or emotional disability. 15% of PWH in Philadelphia have symptoms of moderate or severe depression. Nearly 1 in 5 PWH in Philadelphia have symptoms of generalized anxiety disorder. 43.3% of PWH in Philadelphia reported non-injection drug use, with Marijuana accounting for 37.3% of use.

T. Nassau went into further detail about unmet needs. About 15.2% of PWH who needed HIV case management did not receive it. 30.2% of PWH needed dental care but did not receive it. 26.9% of PWH needed mental health services but did not get them. 25% of PWH needed drug or alcohol counseling/treatment and found that their needs were unmet. 26.5% of PWH who needed transportation assistance did not receive it. 30.5% of PWH needed meal or food services and did not receive it. 48% of PWH who needed shelter or housing services did not get them. T. Dominique asked if there were barriers to services and if T. Nassau could name them. This data was gathered before the DHH Housing program was set up. T. Nassau replied that the questions did not ask about barriers to services but they could use the data to interpret possible barriers to the population.

T. Dominique asked if age was a contributing factor to how people were introduced to drugs. T. Nassau said it could be a contributing factor and they were willing to explore this topic further.

J. Ealy asked whether the lack of access to PrEP had more to do with the provider initiating the discussion or whether it was related to the patient initiating discussion on PrEP. T. Nassau answered that they did not ask that question in that detail. They had only asked whether the patient had discussed PrEP with their provider. He said the impetus should be on the provider to start the discussion. J. Ealy said it was often that the provider had not started PrEP discussions because they did not have confidence that the patient would adhere to it and they should change this atmosphere.

Committee Reports:

-Executive Committee-

L. Diaz announced that the Executive Committee would be meeting on April 16th.

-Finance Committee-

None.

-Nominations Committee-

M. Cappuccilli reported that the Nominations Committee had met today and removed members from the Planning Council who had attendance violations. He said HIPC currently had 36 active members with 14% of the membership being unaligned consumers.

Normally, the Nominations Committee would be holding their application review. M. Cappuccilli stated that they did not have enough applications to hold a review and would wait until they had obtained enough applications before moving forward.

-Positive Committee-

K. Carter announced that they would host an in-person meeting on May 12th. L. Diaz asked how many people were attending the Positive Committee. K. Carter replied that 3 to 4 people were attending and he was hopeful attendance would improve.

-Comprehensive Planning Committee-

C. Steib reported the Comprehensive Planning Committee had a combined meeting with the Prevention Committee to conduct the Priority Setting Process.

-Prevention Committee-

C. Steib announced the Prevention Committee would be meeting on April 23rd.

Other Business:

None.

Announcements:

T. Dominique reminded the HIPC members to join a subcommittee if they had not done so already. She placed the contact information of the OHP staff and their corresponding subcommittee in the chatbox.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion:** C. Steib motioned, K. Carter seconded to adjourn the April 2025 HIPC meeting. **Motion passed:** Meeting adjourned at 3:08 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- April 2025 HIPC Agenda
- March 2025 HIPC Committee Meeting Minutes
- Meeting Ground Rules Document