

# MEETING AGENDA

*VIRTUAL:*

*Wednesday, August 21st, 2025*

*2:00 p.m. – 4:00 p.m.*

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (July 23rd, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Discussion Item
  - Needs Assessment
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Comprehensive Planning Committee/Prevention Committee meeting is on  
September 18th from 2:00pm to 4:00pm

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107 (215) 574-6760 • FAX (215) 574-6761 • [www.hivphilly.org](http://www.hivphilly.org)

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**VIRTUAL: Comprehensive Planning Committee/Prevention Committee  
Meeting Minutes of**

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**Wednesday, July 23rd, 2025**

**12:00 p.m. – 2:00 p.m.**

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

**Present:** Keith Carter, James Ealy (Co-Chair), Jeffery Haskins, Loretta Matus, Patrick Mukinay, Juju Myahwegi, Desiree Surplus (Co-Chair), Dena Lewis-Salley, Clint Steib, Shakeera Wynne

**Excused:** Veronica Brisco, Debra D'Alessandro (Co-Chair), Gus Grannan (Co-Chair), Pamela Gorman

**Guests:** Laura Silverman (DHH)

**Staff:** Tiffany Dominique, Sofia Moletteri, Kevin Trinh

**Call to Order/Introductions:** J. Ealy asked everyone to introduce themselves and called the meeting to order at 12:06 p.m.

**Approval of Agenda:**

J. Ealy referred to the July 2025 Comprehensive Planning Committee (CPC)/Prevention Committee agenda and asked for a motion to approve. **Motion: K. Carter motioned; J. Haskins seconded to approve the July 2025 CPC/Prevention Committee agenda via Zoom poll. Motion passed: 7 in favor.** The July 2025 CPC/Prevention Committee agenda was approved.

**Approval of Minutes (June 25th, 2025):**

J. Ealy referred to the June 2025 CPC & Prevention Committee Meeting minutes. **Motion: K. Carter motioned; D. Surplus seconded to approve the June 2025 CPC/Prevention Committee meeting minutes via a Zoom poll. Motion passed: 7 in favor.** The June 2025 CPC/Prevention Committee meeting minutes were approved.

**Report of Co-chairs:**

J. Ealy reported he learned the cost of YEZTUGO, the treatment presented by Gilead in the previous meeting. Each injection would cost \$14,000 and a person would need two injections per year. J. Ealy said Gilead had a program to reduce the cost to \$8,000, but the price was too high for the average person. K. Carter asked if the pharmacies could dispense YEZTUGO. C. Steib said they were able to order YEZTUGO at his clinic. The clinic staff had special training to administer the new treatment. J. Ealy said his organization was in the process of incorporating the treatment to its list of services.

He said they were looking for potential speakers in the fall and would update the committee members soon.

**Report of Staff:**

T. Dominique reported that portions of the application had to be rewritten to comply with the executive orders from the White House. Once this was completed, the allocations for FY25/26 would be released. She believed the application was resubmitted within the last few days.

In addition to the report on allocations, T. Dominique would address three questions that were asked in the CPC/Prevention Committee meeting last month. The first question asked about grapefruit's interaction with YEZTUGO. T. Dominique had spoken with M. Leonardos, a member of Gilead, for a follow up to the question. At this time, Gilead did not have an answer but they would soon provide one. The second question asked if there was guidance for people using Naloxone and YEZTUGO in the purpose 4 study. Currently, there was no guidance and the study was still ongoing. The third question asked if more studies would be conducted with Descovy for people who were assigned female at birth (AFAB). M. Leonardos had told T. Dominique that they did not have plans at this time. T. Dominique said she had found an article stating people who were AFAB should use Descovy if they were unable to use TRUVADA. She offered to send the article to members who were interested.

S. Moletteri announced they had posted the Priority Setting results and process online under the Priority Setting tab.

**Discussion Item:*****-Needs Assessment-***

T. Dominique said conducting the Needs Assessment was a legislative requirement for the Integrated Plan. Due to time constraints, they had discussed having a town hall as a first step for the Needs Assessment. The town hall would serve as a launching point for ideas for focus groups.

The OHP staff were looking to have a town hall in each region with 15 to 40 people in attendance. She said they were holding this meeting to determine the specifics of the town hall such as the optimal number of people at each meeting. T. Dominique said recruitment was important to obtain meaningful and thoughtful information. They wanted to know if HIPC should have a status neutral approach. T. Dominique had wanted to hear from the committees how they would want to advertise the town hall and said answering these questions were key to a successful town hall.

K. Carter suggested having the Positive Committee members moderate the town hall since they were the clients using the services. J. Ealy agreed with K. Carter, but was concerned about the funding needed for the town hall. K. Carter and the Positive Committee had identified potential locations for the town hall in their previous meeting. These locations included the William Way LGBT Community Center, The Church of Saint Luke & The Epiphany, and Jefferson Health. S. Moletteri said they had two locations in Philadelphia and a vague idea for a location in New Jersey. They currently did not have a location in the Pennsylvania Counties. K. Carter said if they had the town hall in person, they could have food and refreshments.

T. Dominique said they needed to figure out how they would collect data. J. Ealy asked about the time frame for the town halls. T. Dominique said they were hoping to have the town halls in the

fall or early winter with results and an analysis done by February. She suggested having the town hall to coincide with the week of World AIDS Day. The dates of the town halls were uncertain at the moment. K. Carter said they would need to go through an IRB. T. Dominique said he was correct, but the IRB process would be expedited since they would be collecting data on the service system. *PLEASE NOTE: This was said but upon later review we have learned that because it is a townhall and it is evaluation of RW services the IRB is not required.*

S. Moletteri said the Positive Committee had reviewed the town hall brainstorming worksheet - based off of the priority setting results - in their last meeting, and they answered all the questions included. S. Moletteri had also sent out the worksheet as a Google Form so CPC and Prevention members could respond. They would review each question in the survey and then the answers to each question. The first question asked about the barriers to care. Six members responded that long wait times were the most common barrier to care. Three people each reported paperwork and access/service awareness as barriers to care. S. Moletteri noted that financial security was a common theme throughout the survey.

The second question on the survey asked which priority services members most wanted to explore in depth at a town hall. Six members had voted Housing Assistance as their top service. K. Carter said they had also discussed the social determinants of health and believed housing was a key aspect in promoting health.

T. Dominique said if they were to have a hybrid meeting, they would need to record to help with note taking. If the town hall would be separated into rooms, each room would have someone taking notes. T. Dominique said they needed to be clear they were recording the participants. If they were in a hybrid meeting, they were likely to have a camera and they needed to allow their guests to choose if they would present themselves in front of the camera. T. Dominique said they needed to place time limits on how long people spoke and they needed to communicate when a person's turn to speak was over to ensure all participants were given the opportunity to speak.

Based on the responses, S. Moletteri suggested having a structured listening session in the beginning. They said this could open people to speaking about the various topics in the town hall. K. Carter said it was important for them to communicate the structure and ground rules of the town hall beforehand

The committee looked at question 7. This question asked what would make the town hall interactive and engaging. The survey participants answered, with seven votes, that small group discussions and breakout groups were the most effective ways to create an interactive and engaging atmosphere.

Question 8 asked what shape/tone the town hall should take on. Six members felt the town hall should take on a structured listening session form. S. Moletteri said members had wanted the feeling of self-advocacy and the ability to determine their own lives. K. Carter emphasized that financial independence and literacy were important to reaching this goal.

Question 4 asked if there were any populations that were underserved within each of the priority services. According to the survey, six members felt that transgender individuals were

underserved. Five members felt immigrants and those with limited English proficiency were underserved. K. Carter said they had to remember that heterosexual individuals were a population who needed attention as well. Populations like cisgender women were underserved.

Question 5 asked if there were services not listed in the top 10 that should be explored in a needs assessment/town hall. PrEP and other medications were listed topics that were overlooked. S. Moletteri asked if they had wanted to open the discussion in the town hall to people who were affected by HIV and not just PLWH. The other committee members had agreed they should take a status neutral stance on town hall discussions.

Question 6 asked which social determinants of health most shape health outcomes for PLWH in the EMA. Nine members had voted unstable housing as the most significant factor in PLWH's health. Seven members had voted transportation issues as another factor. Seven other members voted food security as a top issue affecting determinants of health.

The committee would review the listening session participant survey form. S. Moletteri said the form had asked each participant for their demographic information and what service they had used in the past month. S. Moletteri said the committees could edit or add questions to this form. J. Ealy felt the form was comprehensive.

T. Dominique asked if the two committees would like another joint meeting. She said the Prevention Committee had already scheduled a speaker in August. S. Moletteri said CPC would be available for a joint meeting. J. Ealy asked if they could postpone the speaker to September, but rescinded his suggestion after learning from T. Dominique that the speaker's presentation had already been postponed once. K. Carter wondered if they could continue the conversation at the next HIPC meeting. T. Dominique said the HIPC schedule was tentative with notice of award looming closer. The committee members agreed they should have a discussion about the town hall before September, when HIPC members would be reaching their term limits. It was also decided to move the town hall discussion to the August 21st CPC meeting and to invite the Prevention Committee members to this meeting.

**Any Other Business:**

None.

**Announcements:**

None.

**Adjournment:**

J. Ealy called for a motion to adjourn. **Motion:** K. Carter motioned, J. Haskins seconded to **adjourn the July 2025 CPC/Prevention Committee meeting.** **Motion passed:** Meeting adjourned at 1:31 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- July 2025 CPC/Prevention Committee Agenda
- June 2025 CPC/Prevention Committee Meeting Minutes
- Needs Assessment Form

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