Hybrid: Philadelphia HIV Integrated Planning Council
Meeting Minutes of
Thursday, April 9th, 2026
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: J. Baez, T. Burroughs, K. Carter, D. D'Alessandro, T. Dean, A. Edelstein, N. D'Souza, S. DiBianca, H. Docmanov, S. Ellis, E. Harbaugh, J. Haskins, S. Heaven (Co-Chair), N. Houston, S. Jacinto, A. Leger, J. Lugo, M. Mabou, A. Manley, P. Mukinay, J. Myahwegi, P. Neumann, A. Onorato, C. Rainey, S. Smith, D. Surplus, K. Williams

Excused: S. Wynne

Guests: Kathleen Brady (DHH), Cheryl Choice (PA DOH), Cheryl Henne (PA DOH), Lorett Matus, Ameenah McCann-Woods (DHH), Nakia Lancaster, Cameron Schatz (PA DOH), Avis Scott (DHH), Laura Silverman (DHH), N. Deal (Recommended), Z. Stoller (Recommended), K. Fisher (Recommended)

Staff: Tiffany Dominique, Debbie Law, Sofia Moletteri, Kevin Trinh, Kristin Wilson (Intern)

Call to Order: S. Heaven called the meeting to order at 2:06 p.m.

Introductions: S. Heaven asked for introductions.

Approval of Agenda:
S. Heaven referred to the April 2026 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** D. Surplus motioned; K. Carter seconded to approve the April HIPC agenda. Members were asked to vote through a show of hands or through the Zoom poll. **Motion passed:** 17 in favor, 2 abstained. The April 2026 HIPC agenda was approved.

Approval of Minutes (*March 12th, 2026*):
S. Heaven referred to the March 2026 HIPC meeting minutes and asked for a motion to approve. K. Trinh said N. D'Souza was not listed as voting in the action item. **Motion:** K. Carter motioned; J. Haskins seconded to approve the amended March 2026 HIPC minutes. Members were asked to vote through a show of hands or through the Zoom poll. **Motion passed:** 19 in favor, 2 abstained. The amended March 2026 HIPC meeting minutes were approved.

Report of Co-Chairs:
During the approval for the agenda and the March meeting minutes, S. Heaven was elated to announce that recommended members could now vote after becoming full pledged members. Each recommended member who consented to their information to be sent to the Mayor's office received their appointment letter and seated on HIPC.

Report of Staff:
T. Dominique said there were some recommended members who had not received their appointment letters yet. She explained that those without appointment letters should message her

privately. She thanked all the new HIPC members for their patience while they awaited their letters.

She then reminded the HIPC members that they were hosting a training session on the finance spreadsheets on April 29th. The event would be in-person at the Office of HIV Planning (OHP) building.

K. Trinh announced that the PA Department of Health had released Section III of their Integrated Plan for review and comment. He had sent an email to the HIPC members with a link to the section and a form to add their comments. C. Shultz said the Division had released section 3 of the Integrated Plan for review and comment. This left two remaining sections to review in the future. C. Shultz would be presenting their plan in the next month. They hoped to have the vote for consensus in the June meeting. They hoped they would ask questions in the next meeting so they could make an informed vote at the June meeting.

Presentation Items:
-Clinical Quality Improvement-
J. Browne, G. Krull-Aquila and L. Silverman had arrived from the Division of HIV Health (DHH) to present their quality management goals with HIPC. J. Browne thanked them for the invitation to the HIPC meeting. She and her team had worked in the Information Services Unit (ISU). She explained that one of the responsibilities of the ISU was to oversee the Clinical Quality Management (CQM) Program. Annually, they would review their CQM Plan and share their goals and objectives with the HIPC members.

G. Krull-Aquilla described the items on the agenda. They would have an interactive discussion about their draft 2026 CQM Plan Goals. Then they would discuss the process for obtaining input on the plan. She said HIPC's input was important to them and they valued their thoughts and ideas. As the HIPC members read through the draft goals, G. Krull-Aquilla asked the members to consider three questions. The first question asked if there were any gaps in their goals and if there were any quality improvement opportunities that they missed. The second question asked if there were additional goals they needed to consider for future work. The third question asked if the members had heard from providers topics that might warrant further quality improvement work.

Describing their draft goals, G. Krull-Aquilla said the draft goals should be addressing patient care, patient outcomes and patient satisfaction. The first goal was to maintain a QM infrastructure that routinely collected, analyzed and used program data to support CQI across the continuum of care. Goal 2 was to implement a new care coordination process between Outpatient/Ambulatory Health Services (O/AHS) and Medical Case Management (MCM) to improve communication of key client health outcomes and timely response to emerging client needs. The third goal was to assess the capacity of the subrecipient and recipient to address the needs of people with HIV (PWH) and incorporate the findings into ongoing CQM activities.

T. Dominique, referring to the second goal, asked if there was an old care coordination process that they were replacing with the new one. J. Browne said that previous Community Based Organizations (CBO) programs were currently required to obtain medical data from their clients

including viral transmission, medical visit dates and medications. She said previously CBOs had to reach out to medical providers to obtain this information. DHH had attempted to facilitate this transaction but staff turnovers and delays from both sides had proved difficult to meet the requirements. Additionally the lack of a centralized place to store information made the new care coordination process, with DHH taking more of a central role, as a natural step towards resolving this issue. J. Ealy asked how many providers were in the process. J. Browne believed that it was 24 O/AHS, 20 MCM providers and 6-8 CBOs.

J. Haskins asked what number of subrecipients who dealt with populations who had HIV and were aging. He asked how was their progress in assessing each subrecipient's capacity as stated in goal 3. J. Browne said all of their subrecipients would be impacted by the goals. She said they were working with all of their subrecipients to determine the capacity of subrecipients to serve the aging population. They wanted to evaluate if services were widely distributed among the city and whether certain subrecipients were seeing more aging populations than others.

S. DiBianca asked how her organization could become a subrecipient to serve those who were aging under Ryan White. J. Browne said there was a request for proposal (RFP) that providers could apply for.

G. Krull-Aquilla explained the process in which they could provide input for the QM plan. The plan had run from January to December. Ideally, they had wanted to brainstorm ideas for goals with HIPC before January of each year. They acknowledged that HIPC was a key stakeholder and they received valuable input from them in the past. G. Krull-Aquilla wanted to know if they should continue to obtain input from their subcommittees or focus on the main committee. S. Moletteri said the subcommittees would continue to welcome DHH speakers for the time being. T. Dominique said they should continue to receive DHH speakers in their communities. She said they only needed to determine which committees should receive the information and at what time.

S. Moletteri asked about their Medical Case Management and their care coordination process. They wanted to know how much information DHH were to share and allow comment on in the coming months. J. Browne said it was an ongoing process and counted over 100 activities in this process. She said they had been focused on sharing information on their goals but they were willing to share more information on their goals by email. J. Browne said they had wanted to present their information earlier so they can give HIPC more time to review the information.

C. Rainey said the quality projects often did not reflect the organization's needs. She explained that while the quality projects were informed by quality measurements, they should not apply their quality measurements to every organization uniformly. She said each organization was in a unique position and it was better to assess each organization individually and determine their needs and goals from there. G. Krull-Aquilla thanked C. Rainey for her honest feedback and said they would take it into consideration. L. Silverman said they would want to continue working with organizations in the future to provide greater flexibility. If they wanted to reach out to them, G. Krull-Aquilla said they could email them.

-National HIV Behavioral Surveillance (NHBS) and the Medical Monitoring Project (MMP) Data Review-

Dr. Brady would present the NHBS report, a rotating annual survey in three populations at increased risk for HIV acquisition. NHBS recorded information on men who had sex with men (MSM), people who inject drugs (PWID), and heterosexually active persons at increased risk for HIV transmission. She then described that MMP was a population-based surveillance system for information not always included in traditional HIV surveillance such as behaviors, socioeconomic factors, comorbidities, quality of care, barrier to care, viral suppression and unmet needs.

The report was divided into the four pillars of the Philadelphia Eligible Metropolitan Area (EMA) Integrated Plan Pillars. The first pillar was Diagnose. Dr. Brady presented the HIPC members with a chart depicting HIV testing in 2023 among self-reported HIV negative MSM and HIV prevalence among MSM by race and ethnicity in Philadelphia. Testing rates were 79.6% total in Philadelphia. Dr. Brady said the testing rates were good but they could be improved. Non-Hispanic (NH) Other, or populations who didn't fit into either Non-Hispanic Black or White, had the highest HIV testing rate of 84.6%. The population of MSM with the lowest testing rate was Hispanic MSM population. Additionally, the Hispanic MSM had the highest prevalence of HIV with a rate of 31.3%. The Non-Hispanic White population had the lowest rate of HIV prevalence with 8.8%.

In 2023, DHH surveyed the Transfeminine persons (TFP) and women of trans experience (WTE) populations by race and ethnicity to learn about the HIV testing and HIV prevalence rates within the last 12 months in Philadelphia. Dr Brady noted there were racial disparities in prevalence among populations. She noted that while the NH White population had the lowest HIV prevalence (5.3%), WTE/TFP had higher prevalence in the Hispanic/Latine (43.2%) and NH-Other (45%) had the highest prevalence. Similarly to the MSM graph, HIV testing averaged around 76.3%. Dr. Brady concluded the rates were good but not great. She said they always had room for improvement.

A survey was conducted in 2024 and included information about HIV testing in the previous 12 months among self-reported HIV negative PWID and HIV prevalence among PWID by race/ethnicity in Philadelphia. These individuals were those who had injected in the last 12 months and self reported their HIV tests. Dr. Brady said they have made significant strides in this population in terms of testing since 2018. The average testing rate among PWID in 2024 was 95.2% across all races and ethnicities. Dr. Brady said the one area of improvement they would like to see was a lower rate of prevalence among the Hispanic/Latine population. This population had twice the rate of HIV prevalence than other other populations at 10.7%.

DHH had surveyed the heterosexual (HET) population in 2025 among self-reported HIV negative HET and HIV prevalence by race and ethnicity in Philadelphia. The average testing rate was 44% among the HET in Philadelphia. Dr. Brady said this was an area they could improve upon.

The next pillar of the plan was the Treat pillar. Dr. Brady presented the HIPC members with a graph of socioeconomic factors affecting PWH. She noted 47.2% of PWH were facing

unemployment and 45.9% of PWH were living below the federal poverty line. D. D'Alessandro asked if they had asked the survey respondents if they had used Medicare and Medicaid. Dr. Brady replied that they had and she reported that most PWH were on Medicaid.
On the next chart, Dr. Brady reviewed data on Anti-Retrovial Therapy (ART) and viral suppression among PWH. The overall prescription rate of ART was 75.5%. The overall percentage of people fully adherent to ART was 58.9%. The percentage of people who were able to achieve sustained viral suppression was 54.5%. She noted there were some differences among the populations. For example, Cisgender male had a higher viral suppression rate (57.5%) than Cisgender women (47.4%). In terms of race/ethnicity, she said that the NH White population had a higher percentage of people who were fully adherent to ART and sustained viral suppression. The percentage of the NH White population with HIV who were fully adherent to ART was 70.3% compared to the NH Black (55.8%) and Hispanic/Latine populations with HIV (58.7%). In terms of sustained viral suppression, the NH White population with HIV had a rate of 75.9% compared to the NH Black (49.6%) and Hispanic/Latine populations with HIV (53.8%).

DHH surveyors asked survey respondents what factors caused them to miss an ART dosage. The top reasons were forgetfulness, changes in daily routine, and oversleeping. Dr. Brady highlighted that a significant portion of people had reported that depression or drinking/drug use had contributed to missing ART doses. Dr. Brady said PWH populations commonly suffered from mental health and substance use issues. 44% of PWH in Philadelphia reported a mental, physical, or emotional disability. 15% of PWH in Philadelphia have symptoms of moderate or severe depression. 1 in 5 PWH in Philadelphia have symptoms of generalized anxiety disorder. 43.3% of PWH in Philadelphia reported non-injection drug use, most of whom reported maraijuana use (37.3%).

Dr. Brady discussed unmet needs in the data. She said 15.2% of PWH needed HIV case management but did not receive it. She explained that they did not know why PWH were unable to receive this service and speculated it was possible these PWH did not know how to access it. 30.2% of PWH needed dental care but did not get it. Dr. Brady said that while some people did not want to use dental services, dental resources for PWH were limited. Dr. Brady drew special attention to the fact that 26.9% of PWH who needed mental and 25% of PWH who needed drug or alcohol counseling/treatment, were unable to receive these services.

26.5% of PWH who needed transportation assistance did not receive. This service did not include people who used transportation for errands. 30.5% of PWH who needed meal or food services did not receive them. 48% of PWH needed shelter or housing services but did not receive them. Dr. Brady said Philadelphia was currently in the midst of a housing crisis and she hoped that the mayor's housing initiative would ease the burden on PWH.

K. Wilson asked if the transgender chart for ART accounted for both transgender men and women. She wondered if they should split the category in two to be more accurate. Dr. Brady said this was a good question. She explained that the category was combined as a measure to protect the identities of the individuals. If the sample size was too small, they ran the risk of revealing who was in those categories.

D. D'Alessandro asked how they had obtained their prevalence information. Dr Brady said they aimed to interview 500 people in each priority population. D. D'Alessandro asked if they knew where people had obtained their HIV diagnosis. Dr. Brady said most PWH over the age of 50 and asking them where they were diagnosed was not informative. D. D'Alessandro said it might be helpful to record information about where new diagnoses were occurring. Dr. Brady said they would receive this information from their surveillance data. She said most people were diagnosed in clinical care and primary care sites.

Prevent was the next pillar of the Integrated Plan. Dr. Brady compared pre-exposure prophylaxis (PrEP) continuum across different race/ethnicity groups. PrEP awareness was the highest among NH White compared to the NH Black and Hispanic/Latine populations at 95.7%. The Hispanic population had the lowest PrEP awareness at 84.8%. Dr. Brady noted that the Hispanic population had the highest rate of PrEP discussion at 79% compared to the NH Black (55.4%) and NH White (59.7%) populations. Similarly, PrEP usage was the highest among the Hispanic/Latine population at 52.6% compared to the NH Black (39.9%) and NH White (49.3%). Dr. Brady said since HIV occurred more in NH Black people, they needed to increase the PrEP usage in the NH Black population.

DoxyPEP was a type of treatment for HIV-negative people who were exposed to the virus. Dr. Brady presented the council with a chart of the DoxyPEP continuum for MSM in 2023. She noted that DoxyPEP awareness was low at 5.56%. However, the data indicated that once someone had heard of the treatment, they were interested in using it. About 61.73% of MSM who had heard of DoxyPEP were interested in using it.

Dr. Brady had updated the Planning Council on Mpox vaccination. At this time, less than 1 in 20 MSM reported having an Mpox diagnosis. About 2 in 5 MSM reported receiving a dose of the Mpox vaccine. Among those vaccinated, 7 in 10 MSM received at least one dose intradermally.

Dr. Brady reviewed data on the PrEP continuum for WTE and TFP from 2023 by race and ethnicity. She said they had high rates of PrEP awareness from 86.2% from the NH Black population to 100% from the Hispanic/Latine. NH Black and Hispanic/Latine WTE/TFP recorded a higher rate of PrEP discussion with their medical provider. NH White WTE/TFP recorded a lower rate at 50%. PrEP use reflected a similar dynamic. PrEP usage rate was greater in NH Black (48.3%) and Hispanic (56.5%) WTE/TFP than NH White WTE/TFP (26.5%).

PWID data from 2024 was reviewed afterward. Dr. Brady said the numbers had improved but they were looking to make further progress. S. Moletteri asked if the PWID data included MSM. Dr. Brady replied that for this cycle, they did not include MSM. It did include transgender since they did not conduct that cycle regularly and it was not conducted across jurisdictions. PrEP awareness among PWID ranged from 56.3% for the NH Black population to 76% with the Hispanic/Latine. The rate of PrEP discussion with a provider ranged from 17% with the NH Black population to 28% with the Hispanic/Latine population. PrEP usage spanned from 7.1% with the NH Black population to 14% with the Hispanic population.

Following information about PWID and PrEP, Dr. Brady compared harm reduction data between 2022 and 2024. She reported an increase in people using a sterile needle for injecting drugs from

50.5% in 2022 to 55.9% in 2024. She reported that more people used the syringe program. There was an increase from 68.5% to 80.5%. The percentage of people who accessed treatment had increased from 46.7% in 2022 to 57.7% in 2024. The percentage of people who had Medications for Opioid Use Disorder (MOUD) treatment had increased from 60.9% to 73.1%. The percentage of PWID who had a non-fatal overdose had increased from 29% to 38.9%. Dr. Brady explained that this survey was created using self-reported information and the statistic came from people who had survived an overdose.

Dr. Brady reviewed data on the PrEP continuum among HIV negative HET. Dr. Brady said they had improved PrEP awareness significantly since 2019. According to the chart from 2025, PrEP awareness in the Hispanic/Latine HET population was 30.2% and it was 57.7% in the NH White HET population. PrEP discussion among HIV negative HET was the highest in the Hispanic/Latine HET population with 9.4%. Similarly, PrEP, the Hispanic/Latine population had the highest PrEP usage percentage at 5.7%. Dr. Brady said they still had room for improvement.

The Respond Pillar was the last pillar of the Integrated Plan. Dr. Brady said they do identify clusters and outbreaks of HIV. They had been monitoring PWID since 2018. The COVID-19 pandemic had made monitoring PWID more difficult, but they had made progress. Dr. Brady HIV transmission had stabilized in the last two years. She estimated they had about 30 cases of HIV in this time period. They continued monitoring PWID for outbreaks.

PhillyKeepOnLoving (PKOL) was the city's sexual wellness brand. Dr. Brady shared PKOL awareness data from 2023. She said since the brand was launched, awareness had increased from overall to 23% of the population. She said they had made strides in targeting their priority populations. Dr. Brady said most visitors to their website ordered condoms or lube. Fewer but still a significant percentage of people ordered HIV tests from the website.

Dr. Brady presented the council with 2023 data on MSM drug use. Most MSM reported commonly using marijuana regardless of their HIV status. The most common drugs used by MSM PWH, other than marijuana, were meth, ecstasy and cocaine. Dr. Brady said it was worth noting that MSM had high cocaine usage regardless of HIV status at an average of 23%.

1 in 4 MSM reported a diagnosis of any bacterial STI in 2023. In the previous 12 months. Dr. Brady said social determinants of health and discrimination were driving transmissions. According to 2023 data, 36.7% of MSM had reported they lived at or below the poverty line. 25.1% of MSM reported having unstable housing in the last 12 months. 20.7% of MSM reported being unemployed. 36% MSM reported experiencing verbal discrimination. At least 20% of MSM had experienced physical violence. Dr. Brady noted that at least 10% of MSM had experienced poor service and at least 5% of MSM experienced healthcare discrimination. She said this had bred mistrust for healthcare providers.

According to 2024 data on drug use among PWID, 83.2% of PWID had injected more than once a day. Dr. Brady said they had seen few Hepatitis C transmission in 2024.

Discussion Item:
-Co-Chair Nomination-

T. Dominique said S. Heaven would be the HIPC co-chair until September when she would reach her term limit. When they elected a new co-chair, this person would have until September to be mentored by S. Heaven. For those who nominated themselves for this position but were not elected, T. Dominique said they had another opportunity to campaign for the position once S. Heaven had left HIPC. If neither position was available, there were subcommittees that needed co-chairs to lead them.

S. Heaven described her experience as a co-chair. She said being a co-chair was about being able to balance different relationships to benefit the community. As co-chair, she met with both the OHP staff and the HRSA. She said she was consistently learning in the position. S. Smith asked how many hours had she devoted to the position per month. S. Heaven replied that she spent four hours per month in various meetings. Outside of their meetings, S. Heaven had times where she would need to review reallocations requests. She stressed that flexibility was an important trait that a co-chair should have. S. Smith asked how long the project officer meetings took. S. Heaven said they were about 15 minutes each. Usually, she had a script earlier in the week to prepare her for the meeting.

T. Dominique said they had three members who expressed interest in running for co-chair. She opened the floor for nominations. S. Smith nominated herself. Likewise, T. Burroughs nominated himself for co-chair. During this time, nominations for co-chair were opened to all HIPC members until the next HIPC meeting where they would vote for the next co-chair.

Committee Reports:
-Executive Committee-
None.

-Finance Committee-
A. Edelstein said the Finance Committee did not meet in March. However, they would be hosting a training event on April 29th in an event called "Show Me the Spreadsheets."

-Nominations Committee-
J. Baez said the Nominations Committee had recommended four people to the Planning Council in their Open Nominations Process. Afterward, the Open Nominations Panel had discussions about Orientation and the member survey.

-Positive Committee-
S. Moletteri said the Poz Committee would be meeting on April 21st. They would receive a presentation from ViiV.

-Comprehensive Planning Committee-
D. D'Alessandro said the Comprehensive Planning Committee (CPC) would meet next week where they would be voting on the Condensed Priority Setting.

-Prevention Committee-
D. Surplus reported that they would have their meeting on April 22nd with a presentation from Dr. Metzger

Other Business:
None.

Announcements:
A. Onorato announced that there would be a Community Wellness Day at the Mt. Pisgah African Methodist Episcopal Church on May 9th. She also said that Penn Medicine had three mobile units that could be rented for activities like clinical visits or testing.
D. D'Alessandro said registration was open for the Aging and Thriving Symposium at the DoubleTree on May 5th. S. Moletteri asked if younger people would be allowed to attend. D. D'Alessandro said they would not turn away people who were willing to learn.

Adjournment:
S. Heaven called for a motion to adjourn. **Motion:** K. Carter motioned, C. Rainey seconded to adjourn the March 2026 HIPC meeting. **Motion passed:** Meeting adjourned at 2:47 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:
- April 2026 HIPC Agenda
- March 2025 HIPC Committee Meeting Minutes