

HIV Integrated Planning Council
June 14, 2018
2-4pm

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

Present: Juan Baez, Katelyn Baron, Kevin Burns, Mark Coleman, Lupe Diaz, Tiffany Dominique, Alan Edelstein, Dave Gana, Gus Grannan, Sharee Heaven, Gerry Keys, George Matthews, Loretta Matus, Dorothy McBride-Wesley, Nicole Miller, Jeanette Murdock, Christine Quimby, Erica Rand, Ann Ricksecker, Samuel Romero, Clint Steib, Coleman Terrell, Melvin White, Jacquelyn Whitfield, Steven Zick

Excused: Peter Houle, Pamela Gorman, Nhakia Outland, Terry Smith-Flores, Adam Thompson, Leroy Way, Lorrita Wellington

Absent: Henry Bennett, Johnnie Bradley, Jen Chapman, La'Seana Jones, Jason Simmons, Gail Thomas

Guests: Jessica Browne, Tyrone Burke, Chris Chu, Caitlyn Conyngham, Ronald Lassiter, Ameenah McCann-Woods, Kristine Ousley, Nicole Risner, Kim Wentzel

Staff: Mari Ross- Russell, Nicole Johns, Briana Morgan, Stephen Budhu

Call to Order: K. Baron called the meeting to order at 2:11pm. Those present then introduced themselves.

Public Comment: None

Approval of Agenda: K. Baron presented the agenda for approval. M. Ross-Russell stated the agenda needed to be amended because José Bauermeister is unable to present. K. Baron presented the amended agenda for approval. **Motion:** J. Murdock moved, D. Gana seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: K. Baron presented the minutes for approval. **Motion:** J. Murdock moved, J. Whitfield seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair:

C. Terrell informed the council he has attended a few prevention-oriented meetings over the course of the year. He stated there has been talk of new prevention initiatives nationally which he will share in his presentation later on in the meeting.

K. Baron reminded the committee to put their mobile devices on silent and if they need to take a call please do so outside of the meeting.

Report of Staff:

M. Ross-Russell stated the HIPC has received its notice of grant award for fiscal year 2019 (FY2019) and the OHP wanted to survey the council about best times for the regional allocations meetings. The potential dates would be July 19, July 24, and July 26 2018. She asked the council if they wanted to meet in the morning or afternoon, and if the EMA regions had a preference on date. Votes were tallied on the whiteboard in the conference room. At the conclusion of surveying New Jersey will have their allocations meeting first, on July 19, 2018 at 1 pm, next the PA counties will have their allocations meeting at 1 pm on July 24, and finally Philadelphia will have its allocation meeting on July 26, 2018 at 1pm.

N. Johns reminded the council the OHP surveyed HIPC members about committee meeting times. Of the 40 HIPC members, 15 members filled out the survey. The majority of responses stated they were happy with the current meeting times of the committees; only a few responses requested a change in meeting time.

B. Morgan informed the council the rail park was now open and encouraged all to attend.

M. Ross-Russell stated she wanted to thank those individuals who worked with the OHP during their workshop at the Prevention Summit; T. Dominique, J. Murdock, and A. McCann-Woods.

Action Items:

- **Allocations**

A. Edelstein stated the HIPC has received its notice of grant award, a 1.519% decrease from FY2017's level-funding budget. A. Edelstein provided a brief summary of the allocations process for the current fiscal year. This past year the partial grant award was less than years past, so it was believed the entire grant award would be also less than that of previous years. Because of this the Recipient proposed a 2.5% decrease budget that was approved by the Planning Council in February 2018.

A. Edelstein asked the council to review the allocations spreadsheet in the meeting packet. He explained the budget in black is the previously approved level funding budget from July 13, 2017; the budget in blue is the 2.5% decrease budget that was approved on February 9, 2018; the budget in red is the updated decrease budget based off the notice of grant award (1.519% decrease).

S. Romero asked what the Finance Committee is asking for the council to approve. A. Edelstein replied at this time the Finance Committee has recommended the HIPC to approve the budget in red, the 1.519% decrease budget.

S. Heaven asked if the \$232,000 that was allocated into DEFA for housing would be affected by the 1.519% decrease budget. A. Edelstein replied yes it was, the updated figure is around \$228,000.

B. Morgan added the HIPC is also approving the MAI budget as well.

Motion: The Finance Committee moved to approve the 1.519% decrease budget. **Vote:** 19 in favor, 0 opposed, 4 abstentions. **Motion Passed.**

- **Needs Assessment Committee**

B. Morgan reminded the council the Executive Committee recommended dissolving the Needs Assessment Committee in the council's April meeting. Since a bylaws change was required it constituted a council vote after a 30-day comment period. At this time the 30-day period has ended so the council can now vote on retiring the Needs Assessment Committee.

Motion: The Executive Committee moved to retire the Needs Assessment Committee and update the bylaws to reflect the change. **Vote:** 17 in favor, 0 opposed, 4 abstentions. **Motion Passed.**

Special Presentation:

- **Secret Shoppers — José Bauermeister, PHD, MPH**

Postponed.

- **No New Infections — Coleman Terrell, AACO**

C. Terrell stated the first report of HIV came out in 1981 and initially it was estimated that 1 in 7 MSM would contract HIV in their lifetime. He stated since the discovery of HIV the goal was to stop new infections and treat those who are infected. He explained the CDC has 4 pillars to achieve those goals: *increase knowledge of HIV status, prevent new HIV infections, reduce transmission of HIV, and outbreak response.*

Increase Knowledge of HIV Status

C. Terrell reviewed the prevention efforts in Philadelphia for people who inject drugs (PWID). At the height of the HIV epidemic, in 1992, 819 people were diagnosed with HIV in Philadelphia with injection drug use transmission. In contrast, in 2016 HIV infections by injection drug use transmission were down to 27 new transmissions.

C. Terrell reviewed the history of HIV perinatal transmissions in Philadelphia. He explained the peak of perinatal transmissions was between 1993 and 1994, there were 23 reported cases each year. In contrast, in 2017 there have been no reported cases of perinatal transmission. He noted the key factors in reducing perinatal transmissions are as follows:

- combination ART regimens to reduce HIV transmission from mother to infant
- standard of care in the US that all women who are pregnant get tested for HIV and retested in the 3rd trimester in high prevalence areas, like Philadelphia

C. Terrell reviewed the rates of new diagnoses in Philadelphia. He explained MSM have the highest rate of new diagnosis compared to any other group. MSM make up 56% of new HIV infections, while men overall make up 76% of new HIV infections. Youths aged 13-24 make up 24% of all new infections. Diagnosis rates of HIV are 10 times higher in MSM compared to heterosexual and PWID populations. He added the CDC estimated 1 in 2 black MSM and 1 in 3 Latino MSM will contract HIV in their life time.

C. Terrell reviewed seropositivity percentage estimates of the MSM, MSM of color and heterosexual populations. He stated overall heterosexuals have a 0.76% seropositivity rate, females have a rate of 0.68% and males have a rate of 0.84%. MSM have a seropositivity rate of 2.46%, MSM of color have a seropositivity rate of 3.7%, and white MSM have a seropositivity rate of 1.1%. Two-thirds of the HIV cases that were identified through testing in MSM populations were new diagnoses.

C. Terrell reminded the council K. Brady presented NHBS data to the HIPC earlier in the year and he stated he wanted to briefly review some of that data that was presented. C. Terrell began NHBS review by discussing the MSM cycle. He reminded the council data for this cycle was collected from July 2017-October 2017 and to be eligible you must be: 18 years of age or older, born male and self-identify as male, and have ever had oral or anal sex with another man. In total 564 MSM were surveyed, of that those, 212 were HIV positive, and 96% had oral or anal sex with a man in the last 12 months. Of those who were HIV positive only 11% were not self-reported.

C. Terrell moved the council's discussion to the Heterosexual (HET) cycle in the NHBS. Data for this cycle was collected from July 2016 to November 2016. To be eligible for the HET cycle you must: be between the ages of 18 and 60 years, be male or female, (transgender persons are not eligible for the HET cycle) and have had vaginal or anal sex with someone of the opposite gender in the past 12 months. Overall HIV prevalence was 2.2%, prevalence excluding self-reported positives was 0.9%. 3 people who reported PrEP use tested newly positive during the cycle.

C. Terrell moved the council's discussion to the people who inject drugs (PWID) cycle in the NHBS. Data for this cycle was collected from July 2015 to November 2015. To be eligible for this cycle you must: be 18 years of age or older and have injected drugs in the last 12 months. Overall HIV prevalence in this cycle was 4.8%, the prevalence without those who self-reported their HIV status was 4.8%.

C. Terrell reviewed healthcare statistics within Philadelphia. He explained about 78% of new HIV diagnoses come from a healthcare setting. In 2016 roughly, 25,000 HIV tests were administered in non-healthcare settings. He continued, the percentage of who were linked to care after receiving a positive HIV test has increased steadily from 2016. In 2016, 71% of those newly diagnosed were linked to care, in 2017, 76% were linked to care and thus far in 2018, 77% have been linked to care. He noted linked to care in this context refers to those who are newly diagnosed being linked to care within 30 days of diagnosis.

Preventing New Infection

C. Terrell stated the Recipient has taken great steps to prevent new HIV infections. The Recipient has supported PrEP and PEP expansion tools. Also the Recipient has invested in both capacity building and technical assistance to increase PrEP and PEP knowledge. He added the PrEP clinical advisor at the Recipient is currently working on a PrEP study. Throughout the EMA there are also expanded PrEP navigation in clinical sites (5 funded programs) and 1509 PrEP Navigation in community-based settings (7 funded programs). C. Terrell emphasized syringe access services and condom distribution services are still viable prevention methods.

C. Terrell presented the priority populations. In total there are four priority populations: racial/ethnic minority youth (ages 13-24), MSM of color ≥ 25 years of age, women of color, and PWID. Priority populations are defined as populations who have observed disparities at a higher rate than the rest of the HIV continuum. Disparities could be any of the following:

- Higher rates of new HIV diagnoses/transmissions
- Lower rates of HIV status awareness
- Lower rates of retention in medical care
- Lower rates of viral load suppression

C. Terrell reviewed the racial/ethnic minority youth population. In racial/ethnic minority youth (ages 13-24) percent diagnosed with HIV was 48.6% compared to 91.6% in the EMA. Linkage to care rates for racial/ethnic minority youth (ages 13-24) were similar to that of the EMA with 83.7% and 87.3%, respectively. C. Terrell stated racial/ethnic minority youth had a higher percentage of being retained in care at 59% compared to 50% in the EMA. Viral suppression rates of racial/ethnic minority youth were comparable to the EMA at 53.1%, and 54.9% respectively. M. White asked if youth have access to healthcare. C. Terrell replied minority youth do have access to health care, they are just not getting HIV tests. C. Steib commented on the low viral suppression in minority youth can be attributed to low treatment adherence not just the availability or lack thereof of services.

C. Terrell reviewed the MSM of color population. He stated MSM of color who are 25 or older are less likely to be aware of their HIV status, retained in care, and viral suppression compared to the EMA, but have a higher rate of linkage to care. Other parts of the MSM of color continuum like linkage to care, and viral suppression have negligible percentage differences.

C. Terrell reviewed the women of color population. He stated women of color have higher rates of percent diagnosed compared to the EMA but have a lower rate for linking to care.

C. Terrell concluded NHBS recap with review of the PWID population. He stated PWID are almost 100% aware of their status at 99.8%, but have very poor linkage to care at 58.6%, and viral suppression at 47.6%.

Reduce HIV Transmission

C. Terrell stated the goal is to reduce HIV transmission. One of the best ways to reduce HIV transmission is care engagement. Key elements of care engagement in Philadelphia are: Ryan White medical case management, Project CoRECT, and rapid ART initiation. He stated Ryan White medical case management was crucial to reduce transmission risk. Project CoRECT works with health care providers to identify people who have fallen out of care. People are identified by both surveillance and the provider feedback. He noted in the future CoRECT will be expanded. T. Dominique asked how Project CoRECT will be expanded. C. Terrell stated PADOH has given Philadelphia money to expand the project, and more details will be provided in the future about upcoming changes.

C. Terrell explained rapid ART initiation is defined as linking people to care and starting ART as soon as they have been diagnosed with HIV. For rapid linkage to work there needs to be a collaborative effort between HIV treatment providers and HIV testing providers for rapid linkage and provision of ART, screening for insurance, and enrollment in assistance immediately following diagnosis. A. Ricksecker asked if this fell under the scope of a Ryan White Part A planning body. C. Terrell replied it could, a recommendation about rapid linkage from the HIPC would be helpful. C. Steib asked what immediate linkage was defined as. C. Terrell replied within 5 days of initial diagnosis.

Outbreak Response

C. Terrell reviewed the outbreak response measures of Philadelphia. Outbreaks are detected through the following:

- space/time
- providers
- molecular [transmission]

G. Grannan asked if molecular transmission can track the transmission of HIV from person to person. G. Grannan added if it could it may be detrimental because though who are sex workers may not get tested since it's a criminal offense to pass HIV to someone (knowingly). C. Terrell replied molecular surveillance cannot track HIV origin, it tracks the flow of the HIV epidemic and can help identify high risk areas, not persons.

M. Coleman asked if there were any current trends in the EMA that the council needed to be aware of. C. Terrell replied the council needed to be aware of the disparity in minority youth. Currently there are no new emerging trends but it is possible there will be some in the near future with the current opioid epidemic.

C. Terrell concluded his presentation by making a call to action. He explained PrEP programs must focus on low barrier access and include adherence support. PrEP is not equally accessed by all populations. We must focus on decreasing HIV stigma. We must create culturally responsive and affirming programs. Improved client outcomes and providing high quality care is a social justice issue. We must use data to drive program decision making and resources need to be aligned with the epidemic

J. Murdock inquired about serodiscordant couples. She asked how people who are uninsured can get PrEP. C. Terrell replied there are a few PrEP access programs around the city and he will share more information with her at the conclusion of today's meeting.

C. Steib asked if there are any programs that do HIV testing in high schools. C. Terrell replied the school system has not been very receptive about HIV testing schools, but they have allowed STI testing. The goal is to get youth who tested positive for STIs to get tested for HIV outside of the school setting.

Discussion Items:

- **Year End Spending Report**

A. Edelstein explained this report was previously presented in the Finance Committee.

A. McCann-Woods stated at the conclusion of the Ryan White 2017 contract period, that ended on February 28, 2018, the system wide allocations were underspent by \$262, 276 (8%). The EMA was overspent by \$255,175 (1.42%) across the funded service categories. This resulted in a net underspending of \$7,101 for FY2017.

Report of the Committees:

Comprehensive Planning Committee— Tiffany Dominique and Adam Thompson, *Co-Chairs*

T. Dominique stated the committee has not met for the June, but in its May meeting they discussed committee meeting times, racial inequality and finalizing their retention plan. The racial inequality discussion item comes from J. Malloy's public comment in the March 2018 HIPC meeting. Discussion on finalizing the retention plan was table due to attendance. The committee will meet next, Thursday, June 21, 2018 from 2-4pm.

Executive Committee

K. Baron stated the committee has not met since May 2018. They last discussed conference calling and attendance.

Finance Committee— Alan Edelstein and David Gana, *Co-Chairs*

No further report.

Needs Assessment Committee— Gerry Keys, *Chair*

K. Baron stated the council just approved a bylaw change to retire the committee.

Nominations Committee— Kevin Burns and Michael Cappuccilli, *Co-Chairs*

K. Burns stated the committee met and discussed conference calling within the subcommittee. The committee recommends starting a three-month trial period for members to use conference calls in subcommittees. Members will be able to call into subcommittee meetings once during that trial period for the attendance to count as present. Also, the committee reviewed member attendance and has decided to remove 1 member and issue warnings to 5 others.

Positive Committee— Keith Carter and Jeanette Murdock, *Co-Chairs*

J. Murdock stated she no formal report, the committee is also still looking for new members.

Prevention Committee— Loretta Matus and Clint Steib, *Co-Chairs*

C. Steib the committee had not yet met in June. In the last meeting the committee discussed syringe access, committee meeting times, and UCHAPS representation.

C. Steib stated the PrEP work group is still looking for a co-chair, and they will not meet in June or July. The Prevention Committee will meet Wednesday, June 27, 2018

Old Business: None

New Business: None

Announcements: J. Murdock announced she is trying to register people to vote. Those who are already registered to vote could sign a pledge to vote. Those who are interested should sign up with her after the meeting.

Adjournment: Meeting adjourned by consensus at 3:44 pm.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Allocations Spreadsheet
- Year End Underspending Report
- No New Infections Power Point slides