

**HIV Integrated Planning Council
Prevention Committee
Wednesday, May 23, 2018
2:30-4:30pm**

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

Present: Mark Coleman, Loretta Matus, Jeanette Murdock, Nhakia Outland, Clint Steib, Gail Thomas

Excused: Dave Gana, Leroy Way

Absent: Gus Grannan

Guests: Caitlin Conyngham (AACO), J. Maurice Pearsall (AACO), Blake Rowley (Gilead)

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

Call to Order: L. Matus called the meeting to order at 2:35pm. Those present then introduced themselves.

Approval of Agenda: C. Steib presented the agenda for approval. **Motion:** L. Matus moved, C. Steib seconded to approve the agenda. **Motion Passed:** All in favor.

Approval of Minutes: C. Steib presented the minutes for approval. **Motion:** L. Matus moved, G. Thomas seconded to approve the minutes. **Motion Passed:** All in favor.

Report of Chair: L. Matus stated the agenda now has a new standing item, "Prevention Services Initiatives".

Report of Staff: N. Johns stated the OHP will have a table at the Prevention Summit, on June 13, 2018, and will also host a workshop about community planning. OHP staff, HIPC members and Recipient staff will be present.

N. Johns stated she attended the PA HPG May 2018 meeting. During the first day the main topics discussed were: linkage to care (rapid), activities in the PA state integrated plan, and various planning challenges within PA counties. She added rapid linkage to care in Pittsburgh was discussed and the next meeting will include greater detail about Pittsburgh's linkage initiatives. During the second day the discussion was about trauma-informed care and they voted to support and endorse the PA Harm Reduction's Coalition's campaign to change the drug paraphernalia laws. Currently in PA syringes are classified as drug paraphernalia.

B. Morgan reminded the committee the HIPC will schedule its allocations meetings after the notice of grant award is received. M. Ross-Russell added HRSA has notified OHP the grant award is expected by the end of May. At that point the HIPC will review allocations materials, and schedule allocations meetings for the three EMA regions.

M. Ross-Russell stated there has been discussion in the Executive and Comprehensive Planning Committees about possible instructions to the Grantee. Those instructions may require an allocation of funds. N. Johns stated the Comprehensive Planning Committee has discussed racial inequities in the health care system. The conversation comes from J. Malloy's public comment in the April 2018 HIPC meeting. The committee is also moving to finalize their retention plan recommendations, but discussion was tabled at the last meeting.

N. Johns informed the committee an excerpt from the consumer survey report was included in today's meeting packet. The excerpt included information about prevention and harm reduction services that were used by survey respondents.

Action Items: None

Discussion Items:

- **Syringe Access**

B. Morgan stated the syringe access program in Camden will reopen on May 30, 2018. The program will be run and operated by Camden AEHC. The program will be based out of a mobile van that will be parked in the Camden AEHC parking lot. She noted this program will be the only syringe access program in the 4 southern Jersey counties in the EMA. B. Morgan reminded the committee expanding syringe access within the 9 county EMA was an activity from the integrated plan that fell under the roles of the Prevention Committee.

N. Johns reiterated syringe access was discussed in the PA HPG meeting, and the committee voted to support the PA Harm Reduction Coalition's campaign to declassify syringes as drug paraphernalia. At this time the coalition is looking for signatures on their petition so legislature changes can be made. She noted their website, www.paharmreduction.org, had more information about the matters.

L. Maus asked about the syringe access program in Camden. She asked how the committee was going to support them as well as the PA Harm Reduction Coalition's campaign. M. Ross-Russell explained the syringe access program was open before in Camden and was closed due to funding issues and controversy over location. Also, there are biases toward syringes and some city councilmen are opposed to syringe access services. The program is set to reopen, as B. Morgan mentioned. B. Morgan added even though city council may present opposition, syringe access programs are state funded in New Jersey. In PA syringe access programs are not state-funded which explains their scarcity.

- **Committee Meeting Times**

B. Morgan stated the OHP will be surveying Planning Council members about meeting times and what committees they were interested in attending. The goal is to identify the best meeting times for members of each committee as well as members who are interested in a particular subcommittee but cannot attend due its meeting time. C. Steib asked if it was possible to have conference call meetings. B. Morgan replied the OHP now has the infrastructure to host conference calling, and noted it was also being discussed in the Executive Committee. At this point the HIPC does not allow for conference calling or proxy vote. The Executive Committee is discussing updating the bylaws to allow for conference calling and to leave conference calling to the discretion of the committee co-chairs, at this point no formal recommendation has been made. N. Johns added the Comprehensive Planning Committee successfully used conference calling in their May 2018 meeting.

L. Matus stated she liked the current date and time for Prevention Committee. She has grown accustomed to carving out the fourth Wednesday of every month from 2:30-4:30pm.

Prevention Services Initiatives:

C. Conyngham stated the PrEP Work Group discussed the PrEP evaluation plan and its target populations. The 6 target populations are:

1. all Philadelphians at risk for exposure to HIV

2. transgender persons who have sex with men
3. HIV-negative young men who have sex with men
4. HIV-negative men who have sex with men of color
5. HIV-negative men who have sex with men who use poppers/meth/benzodiazepines/crack
6. HIV-negative cis-gender women at risk for exposure to HIV

C. Conyngham added the goal of the plan was to reduce new HIV infections by 50% by 2022. From NHBS data it is estimated that 5000 people are at risk of HIV exposure.

From an earlier request of the committee, C. Conyngham stated she has spoken to the medical case manager trainer about what harm reduction and prevention-based trainings are given to medical case managers. Within the last 12 months the trainer has hosted two 3-hour seminars pertaining to prevention. The first being pain management and the opioid epidemic and the second being the opioid epidemic in Philadelphia and reducing overdose risk. C. Conyngham stated she had the goals and objectives for the 2 seminars for those who were interested. Also, the trainer hosts 2 harm reduction seminars annually, HIV 101 and Co-occurring infections.

C. Conyngham stated the Recipient has also asked their subrecipients to share their linkage to care protocol, once received that data will be shared with the Planning Council. C. Conyngham stated the goal for Philadelphia is to have newly HIV positive individuals to be linked to care within 48 hours. She added the Recipient is working on a rapid linkage to care plan that will be adaptable across all cities. She noted San Francisco also has a rapid linkage model.

C. Conyngham reviewed the linkage to care initiatives of a few major cities. She stated New York had the shortest time frame, it required same day linkage to care. San Francisco requires linkage within 5 days, and Pittsburgh is within 48 hours

L. Matus stated herself and C. Steib have visited the Love Your Brotha website. Whilst the website was easy to navigate, she was uncertain of the website's ability to link people to care. L. Matus referenced C. Conyngham's presentation in the October 2017 HIPC meeting. She stated C. Conyngham presented the total number of click-throughs for the Love Your Brotha website but they were not further stratified. L. Matus asked if C. Conyngham could report back on things such as number of condoms distributed or STD kits distributed from click throughs. C. Conyngham replied the Love Your Brotha campaign was nested in the Do You Philly campaign. Those advanced metrics are available, but they are quantified by Do You Philly analysts. She noted she would try to get that information in time for the committee's summer meetings.

L. Matus asked if the Recipient had any feedback on the 1509 initiative. She stated it was the third year of the program but there has been little discussion about their activities within the Planning Council. M. Pearsall stated the 1509 initiative is in its third year and it's a 4-year demonstrative project. The initiative is funded by the CDC, and its main focus is to address the social determinants of health specifically for MSM of color. The program funds the following providers: Bebashi, Action Wellness, Philadelphia Fight, PDPH Ambulatory Health Services, Colours, Kensington Hospital, and Mazzoni Center. In year three, 1509 has seen an increase in uptakes for PrEP services, approximately 800 clients within Philadelphia have used 1509 PrEP linkage services. J. Maurice emphasized that the 800 was just an estimate, not an actual figure. He added the 1509 initiative has teamed up with Temple University to provide trainings on trans-competency, engagement, and outreach for the 1509-funded providers.

L. Matus asked if this information was shared with the PrEP work group. J. Maurice replied it was shared in their May 2018 meeting.

C. Steib asked if the 1509 project was sustainable. J. Maurice replied thus far it is a 4-year demonstrative project, at the conclusion of the 4-year period the best practices learned from 1509 will be incorporated into the 1802 initiative.

In reference to the 800 clients estimate, L. Matus asked J. Maurice if he had estimates for the number of clients on PrEP. J. Maurice replied he would have an estimate in the upcoming months. C. Conyngham replied the number of clients on PrEP is a significant drop off from the number of clients who used PrEP linkage services. The observed trends thus far are in line with trends observed nationally. C. Steib asked if the drop offs are because of people discontinuing PrEP or for reasons associated with linkage and referrals. J. Maurice stated that data was in the process of being collected and analyzed, therefore he did not have an estimate at this time. He noted there are observed drop offs for PrEP after 3 months of prescriptions.

B. Morgan thanked C. Conyngham and J. Maurice for sharing their information with the committee. She asked what the approach would be for plan implementation in the 6 key populations. C. Conyngham replied the Recipient is in the process of identifying the best data sources for key populations. At this time there aren't sufficient data sources for some of the target populations. For the populations that data is available it would be a joint effort between the PrEP Work Group and AACO. Within AACO epidemiologists will identify trends and establish baseline data. At that point the data will be presented to the work group and their recommendations will be incorporated into the planning process.

B. Morgan asked how activities will be selected for the plan, and how will they be evaluated. C. Conyngham replied activities about PrEP uptake would be selected by working in collaboration with PrEP providers. A number of providers currently prescribe PrEP in Philadelphia and data can be obtained from them. After data is analyzed, areas that need to be improved will be identified and then discussed in collaboration in the focus groups. Also, there is a PrEP screening tool that is use by providers and we can get data from its use. The screening tool is currently 3 pages but there is a more succinct user friendly 1-page tool in the works.

M. Ross-Russell stated the Prevention Committee has not seen anything related to 1509, 1802 or the prevention initiatives in quite a while. She continued, the reason why the "Prevention Service Initiatives" was included in the agenda is because the committee no longer has a UCHAPS representative, therefore the committee has not been informed about the prevention services within the EMA or nationally. J. Pearsall asked was the suggestion to keep the Prevention Committee informed with 1509 and 1802 activities. M. Ross-Russell replied that was correct. C. Conyngham asked if all prevention-based forms should be reviewed by the committee. M. Ross-Russell replied no, just forms that maybe significant such as the PrEP screening tool. J. Maurice stated that was very feasible to share some prevention-based information. L. Matus stated for instance the committee could have reviewed the 1-page screener that is in the works and provided feedback.

L. Matus stated the committee should be informed about prevention services. B. Morgan stated, for example the committee was unaware there was a PrEP screener sheet. C. Conyngham stated the screener was meant for use by the tester not the client, but she would be still happy to share it with the committee.

M. Ross-Russell stated by keeping the committee informed they would be able to work on the prevention services initiatives that are in the integrated plan.

N. Outland asked if the PrEP screen that was being discussed is the current one that is being used by 1509 providers. J. Maurice stated 1509 currently uses a 3-page PrEP screener, C. Conyngham is referencing a new more succinct 1-page PrEP screen. Both screeners are similar though. The main difference is the title of the screeners and their length.

C. Steib stated there are other gaps in knowledge. He stated there was mention of PrEP campaign by the city in the PrEP work group. J. Maurice stated the campaign was not formalized as yet, the campaign that was mentioned to launch in the summer is by Gilead. That campaign was a nationwide advertisement campaign. In regards to the city's campaign, once it is more formalized he would happy to present it to the Prevention Committee and Planning Council. Also, he stated he will provide updates to the committee about 1509 going forward.

J. Murdock asked what the numbers 1509 and 1802 referred to. J. Maurice replied those numbers refer to CDC grant funded programs, 1509 is funded by the 15-09 for ease the program is called Club 1509 or 1509 for short. The same explanation applies for 1802.

Old Business: L. Matus asked about the committee's UCHAPS representative. M. Ross-Russell stated, to her knowledge, the member who was the UCHAPS representative has taken a leave of absence from the Planning Council and UCHAPS. The member has expressed interest a few months ago about rejoining the committee and UCHAPS again. At this point she is unsure though if that member is still interested. C. Steib asked how that member was selected to be the UCHAPS representative. M. Ross-Russell stated UCHAPS structure calls for a government representative and a community representative from each city. The community representative is usually a co-chair of that city's Prevention Planning Group, so they could report back to the council. That member who represents Philadelphia was elected as the community co-chair to represent prevention before the Planning Council integrated. After integration that member continued to serve as the UCHAPS representative.

J. Maurice stated he was the government representative for UCHAPS and C. Conyngham has been the alternate. Due to funding restrictions the meetings are now virtual, and UCHAPS last met two months ago. UCHAPS is scheduled to have another meeting in July which will also be virtual. Before virtual meetings UCHAPS last met in person in Baltimore, MD, mid-last year. The last thing that was discussed by UCHAPS was urban health agenda, which was developed by UCHAPS a couple years ago. The urban health agenda was to interview city representatives about initiatives within their cities, and their definition of health disparities.

M. Ross-Russell stated Philadelphia did not have a community representative for UCHAPS. J. Maurice replied the community representative was present at both the last in person meeting and the last virtual meeting. That individual actually chairs the UCHAPS meetings, it seems as though they just have not informed the Planning Council. PDPH has been in constant communication with UCHAPS. L. Matus stated this reinforces the disconnect that was alluded to before; the committee has been completely unaware of this. Not to imply it's anyone's fault, but there definitely has been a lapse of information and it would have been useful to know that that member still attends UCHAPS. J. Maurice stated, "there has been a lot of lapses of communication as it relates to UCHAPS. It is not all jurisdiction, they are undergoing some changes."

C. Steib suggested J. Maurice could keep the committee and Planning Council informed about UCHAPS going forward if that member does not return from their leave of absence. M. Ross-Russell stated if that member does not return it would be a conflict with UCHAPS' requirements. It is required that the community representative is a member of that city's Planning Council that they are representing; chair

preferred. B. Morgan suggested that UCHAPS could be a discussion item on the HIPC's June 2018 agenda. The committee could talk about community representation within UCHAPS.

J. Maurice stated he would be happy to keep the committee informed while the HIPC figures out its community representation.

New Business: L. Matus asked about a veteran member who has been absent of late. She stated that member has been absent due to the health concerns but she wanted to follow up. She suggested the committee should send a card to that member. B. Morgan asked if L. Matus wanted the committee to send a card or the Planning Council. L. Matus replied both. N. Johns added the Positive Committee has sent that individual a card.

B. Rowley stated PrEP has new guidelines and is now approved for persons 35kgs and over. There is no stipulation on age, only on weight. He noted Gilead is aware that insuring adolescents for PrEP may present challenges. He stated there are states that adolescents can get PrEP without being on their parents' insurance (not the case for Pennsylvania, currently). Some doctors within Philadelphia already have experience dealing with insurance issues pertaining to minors. There are a few patient assistance programs within Philadelphia. Also, Gilead does still offer the co-pay assistance program that allows up to \$4800 annually. Gilead is the payer of last resort. A number of states have insurance assistance for PrEP for adolescents, recently San Francisco has launched their assistance program. M. Ross-Russell asked how confidentiality will remain for those who are on their parents' insurance. B. Rowley replied he was unsure how it will work in PA, but California does block medications on insurance plans it is possible that PA may look to other states for legislative changes. C. Conyngham stated for individuals over 18 who are on their parents' insurance there are privacy blocks on the account through HIPAA. The insurance owner will only be able to see if the deductible is met. For individuals under 18 privacy blocks are more challenging. A system of privacy blocks will have to be used, and even still there may be a breach of privacy. In California there is legislation that protects youth's privacy but there isn't legislation in Pennsylvania as yet. San Francisco has started a youth PrEP funding program. The program was funded by organizations' 340B money. M. Ross-Russell asked if C. Conyngham has any information about how San Francisco worked around the 340B spending requirements. The current requirements state that 340B money could only be spent in fundable Ryan White Part A service categories or categories otherwise designated by HRSA. C. Conyngham replied they may have different designations besides Ryan White; they may use state ADAP 340B money.

B. Rowley stated Washington has started to launch their prevention initiative in similar fashion to San Francisco. So far, they have allotted 2 million dollars. M. Ross-Russell asked if they used ADAP money. B. Rowley stated they used state discretionary funds. C. Conyngham asked if their program covered medications as well. B. Rowley replied yes. C. Conyngham stated New York also has a program but medications are not covered, only labs.

L. Matus asked if confidentiality for adolescents just pertains to HIV or is it for other chronic diseases as well such as diabetes. C. Conyngham replied in Pennsylvania young people under 18 can consent to birth control, pregnancy treatments, mental health treatments, HIV treatment, and STI treatments. People under the age of 18 cannot consent to Diabetes treatments in Pennsylvania. There are certain criteria for you to consent to treatment if you're under 18 including:

1. If you have ever been pregnant
2. If you're seeking mental health treatment
3. Married or ever been married
4. Emancipated

B. Rowley informed the committee Gilead will start airing its nationwide “market softener campaign”, that will focus on HIV testing and prevention. Ads will air during prime time on major networks. The ad will air for a few weeks and will be replaced with specific Truvada for PrEP advertisement. The campaign will feature many different types of couples and ethnicities. L. Matus asked if the campaign will air in other languages. B. Rowley replied at this time only English, but there are Spanish speaking persons within the commercials, the entire commercial would not be in Spanish though. Gilead has discussed airing the campaign in Spanish and also Creole in the future. All brochures about PrEP are printed in both English and Spanish. B. Morgan asked will commercials also be on podcasts or apps, like the CW app. B. Rowley replied the commercial will be on Hulu and Youtube, he is unsure if it will air on other apps. It is likely though, since the commercial will air on the CW, NBC, Fox/FX, and Bravo.

Announcements: June 8, 2018 is the National Caribbean AIDS awareness Day. June 13 is the Prevention Summit and June 27, 2018 is HIV national testing day.

B. Morgan announced May is Hep-C awareness month.

N. Johns announced there are more event fliers on the bulletin board and encouraged members to review them.

B. Rowley announced there are 2 sponsored dinners for Gilead on Tuesday, May 29, 2018 and Thursday May 31, 2018. The dinners will focus on targeting HIV and PrEP for adolescents. He encouraged those who are interested to follow up with him for more details after the meeting. M. Ross-Russell stated there has been conversation about a 3-month injectable. She asked B. Rowley will that be discussed within those dinners or has Gilead discussed this currently. B. Rowley replied the conversation about injectables will not be had by Gilead, another agency is spearheading that. There has been mixed success with the injectable in clinical trials. There are also issues associated with its application, there is a certain fat content requirement for the site injection. Also, the injectables have not been approved for transgender persons. The expectation is injectables are still a few years away, there are fat soluble injectables as well as intra-muscular ones. Both injectables require a lengthy doctor visit for their application. C. Conyngham stated it was thought that injectables would be suited for those who did not like taking pills or were unable to. In theory a 3-month injectable did not require a daily regiment, but preliminary studies have shown that a daily health regiment is needed to maintain the injectables efficacy. Also, researchers have observed that the injectable does not work well when the patient takes other medications, like anti-histamines, and it takes a while for the body to absorb the injectable. During that absorption period it would likely be required for that individual to take PrEP in pill form. Due to these factors it does not seem likely injectables will be released at this time.

C. Steib announced St. Chris will have 3 blocks of the AIDS quilt on display for the entire month of June. There will be an opening display ceremony on June 6, 2018.

Adjournment: Meeting adjourned by consensus at 4:22pm

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Consumer Survey Excerpt