

MEETING AGENDA

VIRTUAL:

Wednesday, October 23rd, 2024

2:30 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes Prevention Committee (September 25th)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - PrEP Week Synopsis/Recap
- ◆ Discussion Item
 - Prevention Committee Recruitment Presentation Review
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Prevention Committee/Comprehensive Planning meeting is

November 21st, 2024 2:00 - 4:00

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

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**Prevention Committee
Meeting Minutes of
Wednesday, September 25th, 2024
2:30 p.m. – 4:30 p.m.**

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

Present: Veronica Brisco, Keith Carter, James Ealy, Loretta Matus, Juju Myahwegi, Jerome Pipes, Desiree Surplus (Co-Chair), Adam Williams, Mystkue Woods

Guest: Jeffery Haskins, Sigfried Aragona (DHH), Brian Hernandez, Teagan O'Malley, Sarah Krier, Bill Pearson (DHH), Ahmea Pacheco-Branch, Harlan Shaw (DHH)

Staff: Tiffany Dominique, Sofia Moletteri, Kevin Trinh

Call to Order/Introductions: D. Surplus asked everyone to introduce themselves and called the meeting to order at 2:33 p.m.

Approval of Agenda:

D. Surplus referred to the September 2024 Prevention Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; J. Ealy seconded to approve the September 2024 Prevention Committee agenda via Zoom poll. **Motion passed:** 6 in favor, 2 abstained. The September 2024 agenda was approved.

Approval of Minutes (August 28th, 2024):

D. Surplus referred to the August 2024 Prevention Committee Meeting minutes. **Motion:** K. Carter motioned; V. Brisco seconded to approve the August 2024 Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 5 in favor, 4 abstained. The August 2024 minutes were approved.

Report of Co-chairs

None.

Report of Staff:

T. Dominique reported that M. Ross-Russell would be absent during the week. T. Dominique added to her report that they recently had an Executive Committee meeting to discuss the member term limits and next steps.

K. Carter asked when the combined Prevention Committee and Comprehensive Planning Committee (CPC) meeting would occur. T. Dominique answered that they would be holding the combined meeting on November 21st, the typical CPC meeting time.

Presentation:

-Stigma Project-

S. Krier and T. O'Malley both introduced themselves and thanked the committee for the invitation. They were with the University of Pittsburgh under the School of Public Health, Infectious Diseases and Microbiology. S. Krier began her presentation with a background on HIV-Related Intersectional Stigma (HIVIS). She noted that HIVIS impacted the care experiences and health outcomes of people with HIV (PWH), explaining that it was the key strategy of Pennsylvania's Integrated HIV Prevention and Care Plan. For this project, they were committed to reducing HIVIS in healthcare settings and were in partnership with the PADOH (Pennsylvania Division of Health) and the PA HIV Planning Group. During this partnership, they documented the prevalence and impact of HIVIS in healthcare settings among PWH, determined healthcare provider readiness for HIVIS reduction efforts, and developed HIVIS reduction interventions for HIV care clinics.

After the background portion, S. Krier provided a brief overview of the project. As part of the project, they had completed a statewide survey of 1,421 clients from PA's Special Pharmaceutical Benefits Program (SPBP) on stigma in healthcare settings and health and well-being. The second step of their project involved interviewing clients and HIV care providers about the impact of HIVIS. The third step of the project involved 41 PWH and people working in HIV care settings participating in a series of 6 activities using Human-Centered Design to create HIVIS intervention concepts.

S. Krier went into detail on the survey information they had collected. She said the racial demographics of the 1,421 people living with HIV (PLWH) surveyed were as follows: 57% White, 23.4% Black, 15.3% multiracial, 1.1% Asian, 15.3% Hispanic/Latino, and 0.3% Native American. The gender demographics of those surveyed were as follows: 76.2% male, 22.8% female, and 0.3% transgender. S. Krier revealed that the top reasons for stigma appeared to be HIV status, sexual orientation, race/ethnicity, and sexual behavior. The survey asked participants to answer questions about their experience with stigma and health providers. The survey found that survey respondents experienced and anticipated stigma most from non-HIV doctors and front desk staff. As for predictors of stigma, the survey identified four groups which experienced higher levels of stigma: those who are bisexual or other-identified sexualities (not heterosexual), Native American individuals, those who are low-income, and middle-aged individuals. S. Krier stated that stigma significantly predicted detectable viral load and non-retention in care.

Survey respondents were asked four open ended questions about their experiences to which 94% or 1,332 of survey participants responded. She described the primary themes they had found that indicated a positive experience with a provider. The themes included feeling a close relationship with providers, a non-stigmatizing equitable approach which allowed for open-minded and non-judgmental care, and an affinity with a provider with shared characteristics. With their survey, they found that HIVIS was a significant predictor of healthcare avoidance and poor adherence to HIV care. The findings from the study underscored a need to develop interventions to reduce HIVIS through learning from non-stigmatizing healthcare. S. Krier said that they had not found any evidence-based HIVIS reduction interventions that currently existed to reduce stigmatizing behaviors among clinical staff and perceptions of stigma among clients.

T. O'Malley said because they did not find any evidence-based interventions, they had set out to create their own. She described their development process and how they would include

stakeholders in a meaningful way to co-create intersectional stigma reduction interventions. They would apply the principles and methods of Human-Centered Design (HCD) which is a discipline that develops solutions in service to people, centering human experience and need when problem-solving. HCD combines design and participatory-action public health with the use of structured methods.

Using HCD, they conducted a series of stakeholder sessions to get feedback, develop, and refine HIVIS intervention concepts. There were two phases: understanding and designing. There were 4 sessions and 7 activities that were completed. The stakeholders included both those receiving and providing HIV-related care. During the Understanding stage of development, they had interviews with the participants about the impact of HIVIS and asked the participants to identify areas for intersectional stigma interventions. During the Design portion of development, the participants were asked to review and vote on the interventions before generating refined concepts to reduce HIVIS in healthcare settings.

The participants had generated 8 intervention concepts. They refined the ideas into 3 categories: institutional & structural, capacity-building, and clinic culture & environment. The clinic health outcomes they had hoped to achieve were viral load suppression and retention in care. T. O'Malley gave a general overview of each idea which are as follows:

1. Create inclusive client-centered visual and written materials in the clinic
2. Create a peer-led support and social group
3. Create a physical clinic space to make clients feel welcomed safe and represented
4. Train all clinic staff members regardless of positions to set up a clinic culture with clear expectations and consistent messaging regarding inclusive, stigma free, and affirming healthcare
5. Create a speaker's roster of clients who are interested in sharing their story with diverse clinic staff or healthcare providers at conferences, panels, and other events.
6. Display clinic's stigma and discrimination free health care policy including consequences of stigma towards clients, in client spaces throughout the clinic
7. Create a stigma task force composed of clients and clinic leadership and staff to address intersectional stigma and implement solutions in the clinic
8. Implement a routine client health care experience feedback system that is activated after every clinic visit

T. O'Malley and S. Krier opened their presentation to questions from the committee members. K. Carter said it appeared that most of the ideas suggested were targeted at non-leadership positions. He asked if there was a way to ensure that the leadership was trained to create a stigma-free environment and whether they could have someone with clinical experience make these decisions. T. O'Malley said this was something that they would keep in mind. She noted that they had struggled with finding leadership/upper management open to being interviewed. K. Carter suggested a buddy system as a means of reducing stigma. He remembered having a buddy who was with him when he was receiving medical treatment, citing it as beneficial to his care. K. Carter asked if they had cultural competency training. S. Krier replied that they did and that was one of the reasons why they started this project. They wanted cultural competency training to be an ongoing process.

T. Dominique asked how the concepts from the project were shared. J. Ealy asked if they had identified any client obstacles. S. Krier said they were sharing the concepts now through their presentations. Additionally, their abstract was accepted at the International AIDS Conference in Munich. S. Krier said they were surprised by how prevalent HIVIS was at all levels of care. T. Dominique asked if they knew about leaders who were successful in reducing stigma and whether those leaders were successful in sharing their ideas with other organizations. S. Krier said she did not know if there were any projects like this. She said they were looking to experiment to find out what had worked and what did not. K. Carter asked if they had evaluated client service in a similar fashion to the Division of HIV Health's radical customer care. He described it as placing a call to the system and evaluating the client experience at all levels of care. S. Krier replied that they had not tried it yet but they had heard about it.

Any Other Business:

None.

Announcements:

J. Ealy announced Covenant House would be having a meeting on October 23rd and he would not be at the next Prevention Committee meeting.

T. Dominique said they would be tabling at events and asked for suggestions for where they could table at. A. Pacheco-Branch asked to be connected to any events as well. She said Friday was National Gay Black HIV Men's Awareness Day. She announced they would be doing a screening of the movie Philadelphia at Colours.

K. Carter reminded the committee that there would be another Aging with HIV Symposium on February 20th and 27th at the DoubleTree Hotel.

Adjournment:

D. Surplus called for a motion to adjourn. **Motion:** K. Carter motioned, D. Surplus seconded to adjourn the September Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:48 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- September 2024 Prevention Committee Meeting Agenda
- August 2024 Prevention Committee Meeting Minutes