

HIV Integrated Planning Council
Thursday, October 11, 2018
2-4pm

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

Present: Katelyn Baron, Henry Bennet, Michael Cappuccilli, Keith Carter, Mark Coleman. Maisaloon Dias, Lupe Diaz, Alan Edelstein, David Gana, Pamela Gorman, Gus Grannan, Sharee Heaven, Janice Horan, Peter Houle, Gerry Keys, Loretta Matus, Nicole Miller, Jeanette Murdock, Nhakia Outland, Erica Rand, Joseph Roderick, Samuel Romero, Terry Smith-Flore, Clint Steib, Gloria Taylor, Coleman Terrell, Adam Thompson, Steven Zick

Excused: Juan Baez, Tiffany Dominique, La'Seana Jones, Christine Quimby, Gail Thomas, Jacquelyn Whitfield

Absent: George Matthews, Dorothy McBride-Wesley, Jason Simmons, Zora Wesley. Melvin White,

Guests: Carmen Camros, Chris Chu, Ameenah McCann-Woods, Nicole Risner, Blake Rowley, Jennie Vanderlaag, Kim Wentzel

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

Call to Order: S. Heaven called the meeting to order at 2:15pm. Those present then introduced themselves and participated in an ice breaker activity.

Approval of Agenda: S. Heaven presented the agenda for approval. She stated the agenda needed to be updated to add the action item "UCHAPS representation". S. Heaven presented the updated agenda for approval. **Motion:** D. Gana moved, K. Carter seconded to approve the agenda. **Motion Passed: All in favor.**

Approval of Minutes: S. Heaven presented the minutes for approval. T. Smith-Flores asked for an addendum to the minutes. S. Heaven presented the updated minutes for approval **Motion:** A. Edelstein moved, K. Carter seconded to approve the minutes. **Motion Passed: All in favor.**

Public Comment: T. Smith-Flores expressed her issues with the medical services in South Jersey. She informed the council she was misinformed about services and explained a grievance was filed. A. McCann-Woods stated the Recipient was aware of the grievance and will look into the matter further.

Report of Chair: No report. C. Terrell stated he would present his report during the prevention services update.

Report of Staff: N. Johns informed the council the updates to the integrated plan are almost completed. Upon completion the plan updates will be available on the Office of HIV Planning's website: hivphilly.org.

B. Morgan informed the council the epidemiologic profile is almost completed and a link will be posted on the Office of HIV Planning's website. L. Diaz asked B. Morgan to specify what the epidemiologic profile is. B. Morgan replied the EpiProfile is a comprehensive document that contains general population data about Philadelphia and its EMA. It includes risk data, demographic information, HIV/AIDS statistics, unmet needs, and service utilization.

Action Items:

- **HIPC Bylaws**

B. Morgan asked the council to review the HIPC bylaws that are included in today's meeting packet. She reminded the council, they reviewed the bylaws previously to change language from "CEO's designee" to "CEO". Unfortunately, upon review, there were more places where "CEO's designee" was used in the bylaws. All changes to the bylaws must be reviewed by the Planning Council and can be voted upon after a 30-day comment period has passed. The November meeting is only 28 days from this meeting, so the council will vote on changes in the upcoming December meeting or a later meeting.

B. Morgan stated all changes to the bylaws are in red and "CEO's designee" is crossed out and replaced by "CEO".

M. Coleman stated he did not agree with the use of "CEO" in community-based organizations. He explained in many cases, these organizations are non-profits and do not fit the traditional business model with chief executive officer/officials. M. Ross-Russell explained in regards to the bylaws, the term "CEO" refers to the Chief Elected Official, which in the case of Philadelphia is the mayor. In regards to the term "CEO" it is a staff position that usually oversees all duties of an organization. Organizations have the ability to name their staff positions as they see fit.

UCHAPS Representation

M. Ross-Russell explained the Executive Committee discussed Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) representation during its October meeting. She stated this discussion item is because Philadelphia has not had community delegate representation from the Planning Council for almost 2 years.

M. Ross-Russell explained that UCHAPS requires each of the participating cities to have at least two delegates, one delegate that is a representative of the local government body, and the other a representative from the community. The governmental delegate is appointed by the Recipient but the community delegate and alternate can be elected by the Planning Council. She explained UCHAPS requires the community delegate to be a current, future, or former chair of the HIV Integrated Planning Council. The community delegate also must be a current member of the Planning Council. Ideally the community delegate will be a representative of HIV preventative services.

M. Ross-Russell explained the Executive Committee recommended L. Diaz and herself as the community delegates for UCHAPS delegation. C. Steib asked how the nominations was made. M. Ross-Russell explained it was discussed in the Executive Committee and the selection was made based off of UCHAPS requirements.

M. Cappuccilli asked what the commitment for UCHAPS is and what is their mission. M. Ross-Russell explained UCHAPS was founded around 15 years ago from city HIV planning bodies. UCHAPS is a national collaboration of community partners and health departments with a history of dedication to preventing new HIV infections and reducing health disparities, morbidity, and mortality related to HIV and AIDS. There were 7 founding cities and now UCHAPS is composed of 10 cities. The idea was UCHAPS city delegates would meet and share prevention services ideas and discuss the impact of the HIV epidemic in large urban areas. C. Terrell stated UCHAPS meets 3-4 times annually. Historically, UCHAPS has met in one of the founding cities at HIV conferences. Recently UCHAPS has have virtual meetings due to funding issues. When there is funding for in person meetings, UCHAPS will pay for the travel expenses for one governmental and one community delegate for each city.

K. Carter asked when the Executive Committee discussed UCHAPS representation. M. Ross-Russell stated the Executive Committee discussed this on October 11, 2018.

K. Baron asked why there is a sudden to push for UCHAPS representation. The Planning Council has not had a representative approaching two years almost, why is there a sudden discussion for the representation? M. Ross-Russell explained the discussion needed to happen a long time ago however due to scheduling and other agenda items, this discussion kept getting postponed.

C. Steib stated he would like to open up discussion about UCHAPS representation. He stated he was unable to attend the October Executive Committee meeting, and he feels as though his voice was not included during the selection process.

L. Diaz asked M. Ross-Russell to explain what was meant by “future chair”. M. Ross-Russell replied other EMAs have co-chair elects, where the co-chair elect is trained for a year or so before they become co-chair. In the case of the Philadelphia there are no co-chair elects, so “future co-chair” may come down to anyone who the Planning Council sees fit to assume the position.

A. Edelstein suggested the Executive Committee can withdraw its recommendation and possibly open up a nomination during a Planning Council meeting. The HIPC co-chairs who were present at the Executive Committee withdrew their recommendation. The Planning Council moved to table the discussion and suggested that UCHAPS representation should be a discussion item on the HIPC’s November agenda by consensus.

Discussion Items:

- **PrEP Advertising Update-** *Blake Rowley, Gilead*

B. Rowley greeted the council and stated he would be sharing some facts around the PrEP advertising campaign. Before he delved into discussion, he explained at this time he could not share the changes in PrEP prescriptions since the ad has been running, or the increased PrEP uptake.

B. Rowley informed the council Gilead launched a nationwide campaign in May 2018 to advertise Truvada for PrEP use. The ads were multicultural and were aired on many major networks. At this time the ad campaign has concluded. B. Rowley explained since the ad campaign was launched traffic for the Truvada for PrEP website increased about 300%. Along with increased traffic, the average time on the website also increased. Before the PrEP ad was launched the average time spent on the website was 30 seconds, after the ad launched the average time spent on the website was close to 5 minutes. There have also been more click throughs from the website to providers who offer PrEP services.

M. Coleman asked what initiatives Gilead is doing to reach the young MSM population. B. Rowley explained he is the community liaison for Gilead and he does visit the ASOs and CBOs in Philadelphia to discuss best practices for the under 25 MSM population. He stated it is well known that that population is very hard to reach and it will take a collaborative effort from all providers as well as Gilead. He explained from his experiences with visiting providers overall young people are interested in PrEP but there are concerns with insurance and there is also a stigma that surrounds taking PrEP itself.

L. Matus asked if Gilead had any plans to relaunch the Truvada for PrEP campaign. B. Rowley stated that the ad campaign lasted around 3 months and has been off the air for about 1 month. At this time funding needs to be secured to run another major national campaign. J. Vanderlaag stated Gilead is in the works of securing funding and there may be localized campaigns in the upcoming weeks.

M. Cappuccilli asked about Gilead's interaction with providers. J. Vanderlaag stated Gilead often talks to providers to learn their practices and how PrEP is presented to clients. She stated from her experience smaller providers may have issues with STI screenings for their clients. There has been an increase in certain STIs including syphilis and chlamydia over the past few years and Gilead tries to meet with providers to ensure best practices are being used and providers are properly screening for HIV before prescribing PrEP.

T. Smith-Flores mentioned the class action lawsuit against Gilead for Truvada for PrEP use. She explained the lawsuit claims that Truvada for PrEP use may lead to decreased bone density. J. Vanderlaag stated legally she couldn't get into discussion about the lawsuit. What she could say is Truvada is excreted through the kidneys and doctors who prescribe Truvada for PrEP use should screen their patients for irregularities in health.

K. Carter asked if Gilead had a print ad campaign planned. B. Rowley stated Gilead does advertise PrEP in print ads. Gilead has purchased ad space in premium magazines that include: Vogue, GQ, and Ebony.

- **December Meeting**

S. Heaven stated the discussion item was stemmed from the idea that maybe the Planning Council should not have a December meeting. Due to the Bylaws changes that need to be voted on as well as the ongoing discussion about UCHAPS representation, the council will meet in December. The Council agreed.

Prevention Service Initiatives:

C. Terrell presented the increase in HIV infections mobilization plan with the council. He stated HIV infections among PWID have increased over the last year. In a one-year period, the PDPH has observed a 48% increase in new HIV diagnoses among PWID. The number of cases of HIV infection in those who inject drugs has risen from 31 to 46 cases in the past 12 months. Between 2015 and 2017, 28 and 32 PWID per year were newly diagnosed with HIV annually in Philadelphia, representing a stable 5% of all new reported HIV diagnoses.

C. Terrell showed the comparison of the number of HIV diagnosis per population in Philadelphia for 2017 and 2018. He explained the PWID population has seen an increase in the number of HIV diagnoses in 2018 compared to that of 2017. MSM, overall have seen a decrease in the number of HIV diagnoses from 2017 to 2018. MSM who are also PWID had a negligible change from 2017 to 2018.

C. Terrell presented the number of HIV diagnoses across PWID from September 2017 to August 2018 in Philadelphia. He explained that PWID aged 30-39 made up 50% of the new diagnoses, and males made up 74% of the total HIV diagnoses. 54% of those who were diagnosed with HIV were also co-diagnosed with Hepatitis C. Non-Hispanic Whites made up 46% of all PWID-associated HIV diagnoses.

C. Terrell explained there has been increasing knowledge of HIV status in the population. He displayed a pie chart that showed the percentage of the population that knew their status/have been tested for HIV. In 2017, 29% of MSM knew their status, compared to 62% of heterosexuals, and 9% of PWID (from NHBS data).

C. Terrell stated the response from the PDPH about the increase of new HIV diagnoses is the following:

- PDPH case investigation of all newly diagnosed persons
- Mobilize One Stop Shops
- Increase HIV testing in identified areas

- Community mobilization activities
- Continued data matches to further direct response

C. Terrell explained that the PDPH has met with providers recently and jointly. It was decided that one stop shops should be able to see newly diagnosed individuals immediately as well as provide the following services:

- HIV Treatment
- PrEP, PrEP starter pack
- Hep C Treatment
- MAT
- Distribution of and/ or Prescription for Naloxone
- Screening for, referrals to, and/or provisions of support services
- Insurance navigation
- Screening for and referrals to SSPs
- Medical Case Management

C. Terrell concluded his presentation by sharing the new testing locations in the Philadelphia area. The new site lists included mobile testing sites as well. He explained one of the sites listed was not in Philadelphia actually, it was Delaware County. There is an ongoing discussion with the state health departments about jurisdictional issues in regards to inter-county HIV testing operations.

K. Carter asked about the PWID HIV diagnoses. He asked does PWID include those who inject all drugs or just opioids. C. Terrell stated the PWID diagnoses include all reported injection drug use.

M. Cappuccilli asked due to the ongoing opioid epidemic has AACO had any conversations about the safer injection sites. C. Terrell stated Philadelphia has supported safer injection sites, there has been no discussion about its mobilization, however.

G. Grannan referenced the charts in C. Terrell's presentation. He asked if the increase in PWID diagnoses could be linked to the shutdown of the encampments on the conrail site. C. Terrell replied he could not comment on that, but its shut down was not good from a public health stand point.

G. Grannan praised the health department for their ongoing efforts to vaccinate against Hepatitis A. G. Grannan asked it is plausible to couple the vaccination with Hepatitis B. C. Terrell described that would be great but the health department only has funding for Hepatitis A vaccinations.

K. Carter asked about the supportive services that are available to those who are recently diagnosed with HIV and are injection drug users. C. Terrell replied the number of providers who offer supportive services has been trending upward and he expects the trend to continue.

G. Grannan mentioned the changes in the needle exchange policy at Prevention Point. There has been political push for the agency to decrease the number of syringes it distributes. C. Terrell replied yes, there has been discussion among health officials about the number of syringes on the street and the spread of HCV.

The council discussed needle exchange services in the EMA. C. Terrell stated there are some jurisdictional issues with operations. Notably, Philadelphia ends at 63rd street, after that is Delaware County. N. Johns asked about the inter-county operations as they relate to syringe access. C. Terrell replied the process is ongoing and he hopes in future there will be a fully operational coordinated effort.

Report of the Committees:

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

A. Thompson stated when the committee last met in September it set its work plan for the year as well as discussed medical case management. The committee will discuss the opioid epidemic in its November meeting. The Committee will meet next on Thursday, October 18, 2018 from 2-4 pm.

Executive Committee— S. Heaven stated the discussion from the Executive Committee has been discussed during this meeting. No further report.

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

D. Gana explained when the Finance Committee met in October they reviewed the 2nd quarter spending report.

A. McCann-Woods summarized the spending within the EMA, she stated as of August 31st there is approximately a 19% underspending of the total award of \$2,185,152. Underspending across all service categories in the EMA accounts for about 48% (\$1,056,424). These figures are based on expenditures for all awards after processing through the sixth month for the time period of March — August 2018. With 6 months of invoices still pending, the majority of underspending depicted on the attached spreadsheets is premature.

M. Cappuccilli requested that underspending would be placed on the agenda for the next month so the council can review the spending in greater detail. The Planning Council agreed by consensus.

A. McCann-Woods reviewed the underspending in the EMA regions and identified service categories with a high degree of under or overspending. She began with Philadelphia County.

A. McCann-Woods reviewed the underspending for the Philadelphia region. She explained mental health therapy/counseling and emergency financial assistance/AIDS pharmacy assistance are underspent by 37%, and 26%, respectively. Emergency financial assistance, medical transportation and the food bank/home-delivered meals were overspent by 179%, 40%, and 38%, respectively.

A. McCann-Woods briefly reviewed the underspending in the PA counties and South Jersey region. She stated in the PA counties emergency financial assistance and the food bank/home-delivered meals were underspent by 74% and 66%, respectively. No service categories were overspent thus far in region. In regards to New Jersey, medical transportation was overspent by 36%, while mental health therapy/counseling was underspent by 45%.

Nominations Committee— Michael Cappuccilli, *Chair*

M. Cappuccilli stated the Nominations Committee did not meet in October due to new member orientation. The committee will reconvene Thursday, November 8, 2018 from 12-2pm.

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

K. Carter stated the committee will meet on Monday, October 15, 2018 from 12-2 pm. He reminded those who are interested in attending they must RSVP with OHP staff so lunch can be provided.

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

C. Steib stated the committee met earlier this month, in which they discussed the baseline data for integrated plan. The committee has changed its meeting dates for the upcoming months and will meet next, on October 31, 2018. In November the committee will meet the week after Thanksgiving, Wednesday November 28, and in December the committee will meet on the 15th.

Old Business: None

New Business: None

Announcements:

Adjournment: Meeting adjourned by consensus at 4: 06pm.

Respectfully submitted by,

Stephen Budhu, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes
- OHP Calendar
- Prevention Services
- Bylaws changes
- 2nd Quarter Underspending report