Meeting Agenda

VIRTUAL:
Thursday, January 14, 2021
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
  - Greetings to New Members & First-Time Attendees
- Approval of Agenda
- Approval of Minutes *(December 10, 2020)*
- Report of Co-Chairs
- Report of Staff
  - Reflection and Evaluation (Slido)
  - Recruitment
- Action Items
  - Notice of Partial Award under a Continuing Resolution
- Presentation
  - 3Q Spending Report —*Ameenah McCann-Woods*—
  - Epidemiological Update —*Kathleen Brady*—
- Old Business
- New Business

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

The next HIPC meeting is
VIRTUAL: February 11, 2021 from **2:00 – 3:30 p.m.**
Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

HIV Integrated Planning Council

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, December 10, 2020
2:00 p.m. – 4:00 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present*: Susan Arrighy, Michael Cappuccilli, Mark Coleman, Keith Carter, Lupe Diaz (Co-Chair), Dave Gana, Pam Gorman, Gus Grannan, Sharee Heaven (Co-Chair), Clint Steib

Guests*: Tyler Berl, Debra D'Dalessandro, Akash Desai, Kate King, Tanner Nassau, Desiree Surplus

****Due to technical errors, attendance is incorrect****

Staff: Beth Celeste, Debbie Law, Nicole Johns, Mari Ross-Russell, Sofia Moletteri, Julia Henrikson

Call to Order: L. Diaz called the meeting to order at 2:06 p.m.

Introduction: L. Diaz asked everyone to introduce themselves in the chat box with their name, area of representation, and their answer to the icebreaker, "what is your favorite holiday?"

Approval of Agenda:
L. Diaz referred to the December 2020 HIPC agenda S. Moletteri distributed via email and asked for a motion to approve. **Motion:** D. Gana motioned, C. Steib seconded to approve the December 2020 Planning Council agenda. **Motion passed:** The agenda was approved by general consensus.

Approval of Minutes (*November 12, 2020*)
L. Diaz referred to the November 2020 HIPC minutes S. Moletteri distributed via email. L. Diaz asked for a motion to approve the November 2020 minutes. **Motion:** K. Carter motioned, M. Cappuccilli seconded to approve the November meeting minutes via a Zoom poll. **Motion passed:** The November 2020 minutes were approved by general consensus.

Report of Co-Chairs:
No report.

Report of Staff:
M. Ross-Russell reported that based on the current, virtual setting, OHP has been trying to make as much information available to the public as possible. OHP has been looking to add more information to hivphilly.org so interested individuals can access membership information and trainings.

N. Johns reported that the COVID-19 survey for PLWH within the EMA is still live on the OHP website. She explained that the survey needs more responses since they have not heard much

from individuals being heavily and negatively impacted by the pandemic. They have had under 40 responses. She asked that everyone do their best to share the survey, even if they are sharing with 1-2 people. By request, the office can print and mail the surveys to individuals and organizations. She asked anyone to send such requests to her at nicole@hivphilly.org. Initially, the plan was to close the survey on December 15th, but it would stay open until January 15th to collect more data. There are flyers, social media assets, and printable surveys available on hivphilly.org/covid-19. If there are any questions, she asked anyone to reach out to her, S. Moletteri, or M. Ross-Russell. She thanked P. Gorman for helping to distribute surveys in South Jersey.

N. Johns explained that there were also two other reports regarding their federal partners. She reported that the Draft HIV Strategic Plan was published on December 2, 2020. It is open for commentary, and she would provide the links in the Zoom chat. The draft could also be accessed by going to hiv.gov to find more out about the plan and how to make comments.

N. Johns reported that there would be a webinar on Tuesday, December 15th from 1:00 – 2:30 p.m. about Integrated Prevention and Care Planning and what you need to know around the topic. This would be great for new members and those interested in the Planning Council's work. It will focus on many different EMAs, nationally, so it could bring light to the differences and similarities between the Philadelphia EMA and others. This webinar was on the TargetHIV.org website which also had many other resources available.

Public Comment:
None.

Presentations:

—DExIS (Akash Desai)—

A. Desai introduced himself as the DExIS Project Coordinator with AACO. He said he would introduce the project and go over some of the findings they have learned so far. He explained that DExIS was an acronym for Demonstrated Expanded Interventional Surveillance. This is a demonstration project launched by the Philadelphia Public Health Department (PDPH) in early 2019. Philadelphia is 1 of 20 jurisdictions nationwide funded by the CDC to design and carry out the demonstration project.

He gave an overview of what he would be speaking about: (1) why DExIS is important, (2) what the project is trying to achieve, (3) who is contributing to the work, (4) how they are doing the work, (5) what the project has uncovered, (6) proposals made due to project findings, (7) how the program aligns with local and EHE efforts, (8) and how it responds to COVID-19.

A. Desai noted that, to end the HIV epidemic, the project needs to identify and close gaps within the HIV prevention system. They are centering the experiences of PLWH as a primary tool in addressing national and local EHE goals. Structured data collection that captures gaps within the local network of services can provide a compelling base for providers to reimagine service

delivery. Moreover, the voices of individuals with lived experience need to be represented at the decision-making table to convey the nuances not visible in medical chart data alone.

A. Desai reiterated that DExIS is a CDC-funded, systems-level demonstration project within HIV prevention. It focuses on new HIV diagnoses among three populations: (1) Black and Hispanic/Latino gay, bisexual, and other men who have sex with men, (2) youth ages 18 to 24, and (3) transgender persons who have sex with men.

To explain DExIS's main goals, A. Desai listed the following main objectives. First, the project sought to engage individuals newly diagnosed with HIV to share their experience navigating systems that may not be responsive to their needs. Secondly, the project worked to mobilize medical providers citywide to participate in a robust de-identified review of new HIV diagnoses. Finally, the project identified patterns of missed opportunities and community needs through a monthly review. This information would is as a guide to inform actionable policy recommendations to enhance client-centered care.

Regarding who was contributing to DExIS work, A. Desai acknowledged that there was a large group of people throughout the city to participate in the project. The project engaged experts from six key sectors. The six sectors are (1) Prevention (frontline and management-level staff at HIV and STI testing sites), (2) Treatment (treatment providers and RW funded providers), (3) Legal, Regulatory, & Policy (including Health Department, AIDS Law Project, and PA State Health Department), (4) Social, Cultural (social and cultural serving institutions), (5) Support (mental health & behavioral health providers), and (6) Research (research institutions throughout the city). In all, there were upwards of 60 individuals participating in the project.

To explain how the project flows from team to team, A. Desai identified a flow chart which moved from DExIS staff → Case Review Team → Community Action Team → Policy Implementation Team. DExIS staff is responsible for identifying acute cases of HIV among the three priority populations, reviewing available medical charts reflecting two years care prior to HIV diagnoses, conducting in-depth semi-structured interviews, and writing de-identified case summary reports. He explained that the interviews were voluntary, but the project was fortunate enough to have enthused and engaged participants. The project ensured that they framed the interviews as different than primary services interviews. The interviews were unique in that the data collected would be used to enhance the system. Therefore, data collected did not focus on any identifying information such as dates, people, and places.

Using the de-identified case summary reports, the Case Review Team (CRT) reviews the reports. The CRT is internal to the PDPH to maintain confidentiality to the utmost level. This team consisted of those from AACO, the Division of Disease Control from the newly developed Substance Use Prevention Harm Reduction Division, the Viral Hepatitis Program, Youth Care Teams at the Maternal Child and Family Health Division, as well as the Chronic Disease Prevention Division. These individuals worked to identify patterns and emerging themes within the case summary reports. The team met monthly to review 4-6 cases to identify a couple themes at a time.

Next, themes and patterns from CRT are consolidated and presented to the Community Action Team (CAT). This group meets on a quarterly basis and is comprised of a variety of individuals. These team members may or may not be affiliated with organizations. This includes individuals who are intimately involved with the work, frontline staff, HIV and STI testing providers, disease intervention specialists, supervisors, researchers, clinicians closely involved with HIV prevention and treatment, and individuals from PA Health Department. CAT reviews the themes to identify missed opportunities and then reviews CRT's recommendations and proposes new ones.

Recommendations from CAT are then sent to the Policy Implementation Team (PIT). This team includes policy and healthcare leadership, executive-level leadership at agencies represented in CAT, clinicians, and other executive staff at other Philadelphia agencies. He clarified that, generally, this team is meant to be for individuals who hold executive or higher power and have more leverage regarding making actionable change. PIT develops concrete action plans to implement recommendations determined by CAT. PIT finds ways in which to propel the recommendations by looking at a number of factors. This team categorizes between long-term and short-term timelines, level of impact, involved effort, etc. PIT meets on a quarterly basis.

Overall, A. Desai explained that CRT has met nine times, CAT has met four times, and PIT has met three times. 42 cases have been reviewed with 15 of those having a completed interview. So far, DExIS has identified four consistent key themes. (1) People with newly diagnosed HIV are engaged in healthcare, meaning the majority of individuals have had some form of healthcare interaction in the past 12 months prior to HIV diagnosis. It was found that HIV testing is not always being offered at those key junctures. (2) Relationships with healthcare providers matter; people within the interviews often experienced being dismissed or judged in healthcare interactions. Individuals who find providers they feel comfortable with have higher engagement with healthcare. (3) PrEP does not always feel relevant to people who may be able to benefit from its protection. People may determine risk in a different way that healthcare providers convey. There is a discrepancy between the way healthcare providers describe risk and patients perceive risk. (4) HIV stigma needs to be addressed throughout EHE efforts, including DExIS interview and chart extraction process.

Keeping the key themes in mind, A. Desai identified three proposals from DExIS thus far. First, DExIS has proposed "PrEP Follow-Up," meaning that providers must be issued guidance for routine follow-up with clients after PrEP initiation. Providers are to listen to clients and offer strategies to manage side effects. Throughout the interviews, they noted that individuals are eager to initiate PrEP but discontinue use due to side effects.

The second proposal involves "Advocacy to Extend Coverage." This involves drafting a sign-on letter to request the federal Ready, Set, PrEP program to extend coverage to young people on a parent's insurance, with the inclusion of medical visits and lab costs. He explained that for the HHS Ready, Set, PrEP program, the participant needs to have a negative HIV test, a prescription for PrEP, and cannot have comprehensive prescription drug coverage. This often leaves out youth who are not the primary policyholder on their insurance. Privacy concerns related to dissemination of EOB (Explanation of Benefits) and whether parents/guardians are able to see

EOB often deter youth from initiating PrEP. This is why the letter of support from providers and community members would be helpful for extending federal coverage.

Lastly, DExIS has proposed to "Integrate HIV and STI Testing." This is to issue PDPH guidance to facilities on concurrent HIV-STI testing and same-day PrEP initiation.

A. Desai explained that DExIS aligns with local and national EHE efforts in two ways. DExIS fits into EHE Pillar 4: Respond. It aligns with the EHE goals of reducing new HIV infections, increasing access to care, and reducing HIV-related disparities and health inequities throughout the continuum. Secondly, all new cases of HIV should be viewed as public health emergencies. DExIS approaches new diagnoses through the framework of expanded interventional surveillance. The case reviews, emerging themes, and recommendations produced by DExIS are actionable and directly influencing AACO interventions.

COVID-19, as the council knows, has impacted healthcare greatly in regards to response. A. Desai explained that DExIS used COVID-19 as an opportunity to optimize DExIS to more immediately respond and capture the needs of individuals. DExIS did this is a number of ways. The project added interview questions on stigma, the pandemic's impact on accessing care, and individual resiliency. There was also an extended, optional interview segment added that will be entirely qualitative. All DExIS team meetings will be convened virtually via GoToMeeting. DExIS updated security and confidentiality agreements to continue protecting de-identified data. CRT and CAT will complete interactive activity in meetings to categorize recommendations according to anticipated effort and impact.

D. D'Alessandro explained that the Health Federation of Philadelphia in collaboration with AACO has a similar model to DExIS regarding mother to child HIV transmission, Fetal Infant Mortality Review (FIMR). She noted that their challenge, even before COVID-19, involved engaging clients in the interview. She wanted to know how DExIS kept participants engaged in interview and how interview participation was impacted by COVID-19. A. Desai said that interviews started up again in early fall, because staff discontinued interviews during the summer of 2019. Even before the pandemic, they offered interview by phone. After COVID-19, interviews were still offered by phone, and they did not see much of a change in responses. DExIS was not hosting in-person interviews anymore, but phone interviews were especially beneficial for those who did not prefer face-to-face interaction. DExIS also had two versions of the survey: a 45-minute interview with quantitative data collection and a $50 incentive, and the 75-minute interview with a $100 incentive. He added that DExIS typically recruits participants with a phone call followed by a text, though they were not doing recruitment via mail due to remote work.

D. D'Alessandro asked how DExIS was getting participants incentives. A. Desai responded that DExIS staff would go to the office routinely to mail out gift cards with USPS. Moving forward, they were trying to secure digital, Amazon gift cards as well.

M. Cappuccilli noted that the project started in early 2019. He asked when A. Desai expected the project to finish. A. Desai said the project was intended to be throughout a 4-year grant period. The project was supposed to start in early 2018 and end before 2022. However, jurisdictions

received funding in late 2018 and started onboarding staff early to mid 2019. The grant would still wrap up in 2021 and focus on evaluation within this final year. M. Cappuccilli asked if they were still continuing to do interviews and whether they would revisit with interviews to see how recommendations pan out. A. Desai said the goal was to integrate the DExIS model into the existing Core Surveillance program, including the addition of more outreach staff to the program. This way, in a sense, the work of DExIS would continue. DExIS was also looking to incorporate PWID and other populations into the interview process to collect more data.

G. Grannan asked if there were plans to report DExIS findings to those they interviewed. A. Desai said, as of now, there was no secured method for engaging past interviewees, and not many people wanted to have follow-up interactions with the CRT. However, they did offer linkage to Client Services Unit for MCM and other services. The teams are recently looking into how they can continue relationships with those interviewed and safely and confidentially disseminate information and findings.

S. Arrighy asked how they were tracking receipt of incentives. A. Desai said that typically, in person, participants sign a receipt. Over phone, they mail them and let participants know when the incentives are expected to arrive. The latter process, there was no way for participants to sign, and sometimes participants did not let them know if incentives were received. This is why, A. Desai noted, digital gift cards would be beneficial since participants could immediately let them know if the card's code was working. By mail, K. King noted that gift cards must be activated—therefore, they could find a way to ensure participants received incentive by tracking the activation status. A. Desai agreed that this was a good idea, and this would especially be easy to see with Amazon gift cards bought in bulk.

—NHBS Transwomen (Tanner Nassau)—

T. Nassau introduced himself as an epidemiologist at AACO. He said he would offer the committee an overview of collected data from the National HIV Behavior Surveillance (NHBS) Trans Survey.

He explained that NHBS is a CDC funded cyclical survey collected in four populations at risk for HIV, including transgender women. In 3 out of 4 populations, data is collected from respondent driven sampling. Respondent driven sampling, T. Nassau explained, identifies "seeds" within a target population through community key informants. These "seeds" then recruit more respondents for an intentional oversampling of subpopulations.

T. Nassau explained that NHBS-TRANS was conducted in 7 different cities, including Philadelphia, and occurred this past year from 2019 to February, 2020. This is the first time NHBS has collected data from transgender women, specifically sexual behavior information. In the past, individuals were not excluded, but they were not asked specific sexual behavior questions.

NHBS field supervisor, A. Harrington of AACO, ensured everything moved smoothly. Women within the survey were offered $25 for participation, $50 if they agreed to an HIV test, and $10

per extra recruited participant with a cap of 5 recruitments. The final sample size of participants was 220 eligible individuals with completed surveys.

As for different types of data collected, they interviewed individuals between 18-69 with an average age of 35. The sample was predomantly non-Hispanic Black and African American transwomen. They collected from individuals who lived throughout the city of Philadelphia, mostly North and West Philadelphia.

NHBS-TRANS collected social-characteristic information which included unemployment, poverty, and health insurance. Amongst the transwomen surveyed, about 19% responded that they were unemployed which is about 3x higher than Philadelphia's unemployment rate of 5.9% in 2019. Regarding poverty level, about 62% of respondents fell below the poverty threshold which is about 2x higher than Philadelphia's poverty rate of 24.9% in 2019. However, for medical insurance, about 90% of respondents reported having medical insurance at the time of survey which is close to Philadelphia's insured rate of 89.7% in 2019.

They also collected information on sexual health characteristics and other access to health care. A majority of respondents, 9 in 10, saw a health care provider in the past year. Among HIV-negative transwomen, 3 in 4 saw a healthcare provider and were offered an HIV test. Slightly more than 1 in 3 reported exchanging money or drugs for sex in the past year. At their last sexual encounter, 1 in 6 respondents reported having condom-less sex with a partner of unknown HIV status. T. Nassau directed attention a chart labeled "Number of sex partners in the last year" from NHBS-TRANS data, highlighting that most individuals reported having between 2-5 partners within the last year, about a quarter reported having 6+ partners, and about a quarter reported one partner. Regarding other STIs, 4 in 5 respondents were tested for STIs other than HIV or Hepatitis C in the past year.

NHBS-TRANS also collected information around abuse, discrimination, and mental health. 2 in 5 women reported experiencing verbal abuse and 1 in 5 women reported experiencing physical abuse in the past year. Slightly more than 1 in 3 women experienced at least one instance of discrimination in the past year. 1 in 3 women reported feeling depressed in the last 30 days, and about 1 in 8 women seriously considered suicide in the past year. Among those who considered suicide, nearly 1 in 3 respondents attempted.

NHBS-TRANS collected comfort and safety levels within communities. They collected how comfortable the women felt expressing their gender identities along with how comfortable they felt with how others perceived their gender identities. For both of these, a majority of respondents felt comfortable with both of these. A vast majority also expressed feeling comfortable discussing their gender identities with their health care providers. For safety in communities and spaces, 71% felt comfortable in cisgender gay spaces, 60% felt comfortable in straight/heterosexual spaces, and 30% felt comfortable around police.

Around the information collected, T. Nassau reiterated that 8 in 10 HIV-negative women had an HIV test within the last year before interview. He noted that there were differences between populations regarding HIV-test uptake. Latinx transwomen reported the highest proportion for those receiving HIV tests, followed by those who are multi-racial, then those who are Black, and

then those who are white. The age group reporting the highest rate of HIV testing are those 25-29 years of age with a decrease in HIV-testing uptake as individuals get older. Those under 25 also reported lower uptake in HIV testing.

T. Nassau reported that 3 in 10 HIV-negative transwomen used PrEP within the last year. 3.5% of women were unaware of PrEP, 38.9% were aware but did not discuss/use PrEP, 25.6% discussed but did not use PrEP, and 32% used PrEP. Amongst those on PrEP, 5 in 6 took their PrEP medication consistently.

T. Nassau pulled up a graphic from the Annual HIV Surveillance Report which looks at the different risk groups reported out on. All of the data (from MSM, PWID, Heterosexuals, and Transwomen) came from a cycle of NHBS. Comparing the data, transwomen, out of all the risk groups, reported highest rate of PrEP awareness/discussion and PrEP usage. However, though still at a fairly high rate, transwomen reported a slightly lower adherence to PrEP in comparison to cisgender MSM.

T. Nassau said explained that based on the NHBS-TRANS findings, there was a high prevalence of HIV within the Transwomen community. 1 in 2 of women interviewed were HIV positive. There were disparities by race and age. Regarding race/ethnicity, those who were Black, Latinx, and multi-racial experienced similar prevalence of HIV with white individuals having lower rates. Regarding HIV prevalence by age, those who were 50+ (3 in 4 transwomen over the age of 50) experienced the highest prevalence of HIV. These women, for the most part, were not newly diagnosed. As age decreased, prevalence of HIV also decreased.

For NHBS-TRANS care data, 88% of respondents were on ART and 12% were not. Of those on ART, 24% were detectable while 76% were undetectable.

T. Nassau reported that NHBS was hoping to release a fact sheet in the next month or so to consolidate and distribute NHBS-TRANS findings. T. Nassau read the following takeaways:

> Compared to Philadelphia overall, transwomen interviewed by NHBS experience higher rates of unemployment and poverty. Therefore, HIV prevention and care programs must offer low-barrier access to services that address the needs of transwomen. Secondly, many transwomen experience abuse, discrimination, and mental health issues. This meant that providing or facilitating access to services to protect the physical and mental wellbeing of transwomen is critical to improving the health of the population. Lastly, most transwomen are receiving some form of health care, but gaps in care persist and exacerbate existing disparities. He explained that there is room to improve the delivery of HIV care and prevention services to transwomen, including increasing access to PrEP and ART.

Committee Reports:

—Executive Committee—
No report.

—Finance Committee—
No report.

—Comprehensive Planning Committee—
No report.

—Nominations Committee—
M. Cappuccilli reported that the committee met in November to review applications. This was the first time the Nominations Committee has reviewed applications in a virtual setting. Information was confidentially and securely released to the Nominations Review Panel. They reviewed and scored the applications individually and then met via Zoom to discuss final results and combined scores from the panel. They reviewed 24 applications. Current membership is about 38 members with an ideal number of 55 members. These applications included new and returning applicants.

The Nominations Committee understood that while reviewing applications, it was unlikely they would get the ideal breakdown of membership. HRSA also understood this due to COVID-19. HIPC will end up with about 50 members if the tax clearances and mayor's approval goes smoothly and as planned. The Nominations Committee was planning to meet again on Monday, December 14th to review membership representation.

D. Law added that for new members who joined the meeting today, if you receive an email from her about tax clearances to please respond. She noted that she was still waiting on tax clearance information and completion from some applicants. Furthermore, all applicants had to be sent in together to the mayor's office, so tax clearances must be complete for all applications to be submitted with recommendation for approval by the Planning Council.

D. Surplus asked if recommended applicants have been notified of their recommendation. D. Law said that she was only emailing people if she needed more information from them, such as tax clearance information. However, if you received an email to attend today's HIPC meeting from S. Moletteri, this means that you have been recommended for the council.

M. Cappuccilli added that the appointment letters from the mayor's office go directly to individuals. He asked if new members also get a letter from OHP. D. Law said that OHP typically send letters as well, but because of remote work, she has not gone to the office to do so. Additionally, she mails the recommendation letters together, so all applicant information—like tax clearances—must be completed before letters are mailed to recommended members.

M. Ross-Russell noted that the tax clearance process is required by the mayor's office, not OHP. Therefore, it must be done before the applications reach the mayor. Every councilmember must complete a tax clearance since the Planning Council is considered a city committee. M. Ross-Russell will send recommended members to PDPH. PDPH send them to the mayor's office who in turn sends out acceptance letters to individuals as well as copies of acceptance letters to OHP.

D. Law added that people who do not live in Philadelphia still need to fill out a tax clearance with their suburban address. Whether the tax certification is approved or denied, you can talk to D. Law to continue working through the process.

—Prevention Committee—
No report.

—Positive Committee—
N. Johns reported that the committee has not met officially, but they were hosting a social holiday check-in next Tuesday, the 15th at 7 p.m. Send S. Moletteri or N. Johns an email for more information.

Any Other Business:
None.

Announcements:
M. Coleman said happy holidays to everyone.

Adjournment:
L. Diaz called for a motion to adjourn. **Motion:** C. Steib motioned, M. Cappuccilli seconded to adjourn the December 2020 HIPC meeting. **Motion passed:** Meeting adjourned at 3:17 PM.

Respectfully submitted,

Sofia Moletteri, staff

Handouts distributed at the meeting:

- December 2020 HIPC Meeting Agenda
- November 2020 HIPC Meeting Minutes