Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
Meeting Minutes of
Thursday, September 16, 2021
2:00-4:00 p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA, 19107

Present: Keith Carter, Debra D'Alessandro, David Gana, Pamela Gorman, Gus Grannan, Sharee Heaven, Gerry Keys, Clint Steib, Nicole Swinson

Guests: Tonya Cooper, Julia Scarlett (AACO)

Staff: Debbie Law, Julia Henrikson, Mari Ross-Russell, Sofia Moletteri, Elijah Sumners
Call to Order: G. Grannan called the meeting to order at 2:06 PM

Approval of Agenda: G. Grannan presented the agenda for approval. **Motion**: K. Carter motioned, G. Keys seconded to approve the agenda. **Motion passed**: 6 in favor, 1 abstaining. The September 2021 Comprehensive Planning Committee agenda was approved.

Approval of Minutes *(August 19, 2021)*: G. Grannan presented the previous meeting's minutes for approval. **Motion**: K. Carter motioned to approve, G. Grannan seconded to approve the August 2021 meeting minutes. **Motion passed**: 6 in favor, 3 abstaining. The August 2021 Comprehensive Planning Committee Minutes were approved.

Report of Chair:

No report.

Report of Staff:

S. Moletteri reported that they sent out an email with a Doodle poll for the Ad-Hoc Recruitment Workgroup and asked that everyone respond with the day that works best for them.

Discussion Items:

S. Moletteri talked about an email regarding questions about the survey--they asked that members review it for clarity and question accuracy. K. Carter asked why question #51 on the Consumer Survey was not in the demographics section of the survey. S. Moletteri answered that this was more of a question of access. C. Steib responded that language could be beyond English/Spanish and could encompass sign language. G. Grannan added that there was a large Southeast Asian population that should be accounted for. K. Carter asked about question #11 regarding total monthly household income; he mentioned that according to Ryan White certification you have to answer, "what is the total income in your household?" M. Ross-Russell responded that the household income was changed to the individual because most people did not know how much the others in their household made, just their own. K. Carter asked how

important it was to include a question of household income. S. Moletteri answered that it was important when comparing data. They used the example of formerly incarcerated persons entering the workforce typically having lower income and how Ryan White served individuals with a lower income. It also offered a demographic comparison for other surveys. M. Ross-Russell added that one of the reasons OHP had always included this question was to give an understanding of who used the services, who may be insured, and whether or not there was a relationship between service-related circumstances or issues and a person's income.

G. Grannan asked if HIPC collected data on median annual income by zip code. M. Ross-Russell answered that they had not done that in the past, but it was possible to do so. M. Ross-Russell added that some people did not know their zip code or the county they lived in. By implementing survey tools such as color coding, OHP could do an overall comparison to see gaps of access or need on the county level, zip code, and regional level.

K. Carter asked, regarding question #1, "how did you get this survey?" if they distributed surveys at mobile units. M. Ross-Russell answered that they had not worked with mobile units in the past, specifically because it depended on how providers wanted HIPC to work with them to distribute the survey. A mobile unit might be more difficult given that if you are testing or taking specimens, there was a small window of time. In that timeframe, people are more likely to talk about risk assessments, etc. and less likely to stay longer than the time of their appointment. K. Carter added that the environment had changed from past years due to COVID-19 which was why he brought up the use of mobile units and people receiving services through them. S. Moletteri said that from the last time this survey was distributed, there was not as much success with the online survey, as there were only 28 online surveys returned that were valid whereas there were 364 valid surveys returned that were hardcopy. A majority of respondents reported receiving the survey through a provider/agency. 41% reported receiving the survey from an individual, and 20% received the survey in a waiting room in 2017.

G. Grannan asked if it is possible to get providers to administer surveys while consumers were waiting for appointments. M. Ross-Russell said that it was at the provider's discretion whether to administer the survey before appointments, and it was probably not within the realm of possibility due to the Consumer Survey taking a minimum 15 minutes. The group discussed and suggested that HIPC used SurveyMonkey to create a QR code which would allow OHP to post the survey online and in offices. Respondents could begin the survey in a waiting room and finish it "on the go" rather than using their time during an appointment. G. Grannan added that mobile testing units could have QR codes on them for people using their services to complete the survey.

G. Grannan asked, regarding question #5, if there was space in the survey for consumers to write-in if they chose an option that asked them to specify. M. Ross-Russell responded that when they typically entered data for this survey, write-in options were listed as "other" and during the analysis all of the options created under this category were listed and then quantified. Additionally, individuals should be given the option to self-identify on surveys because the language could be limiting.

M. Ross-Russell said that they still need to get the comparison questions from AACO, the Medical Monitoring Project, and the National HIV Behavioral Survey, specifically because there

might be questions within those tools that HIPC should also capture. The more information HIPC had to cross-reference, the stronger the results became for their ability to find and evaluate services and gaps in access.

G. Keys asked what the timeline was for the survey to be completed and distributed. M. Ross-Russell responded sooner rather than later, but it depended on the IRB schedule, so it might be December at the earliest or February 2022 at the latest. In addition, OHP would still need to get information from the recipient in order to do priority-setting, and other such activities are happening simultaneously.

J. Henrikson suggested adding "intersex" to question #3 and changing question #4 to "how do you identify?" to make it more inclusive. S. Moletteri suggested that there be an "other, please specify" write-in option like previous questions. J. Henrikson added that people were correcting their birth certificates retroactively to properly reflect their gender identity and suggested removing the language "what sex were you assigned at birth". M. Ross further explained that they were open to changing the language, but first had to verify that they could maintain a point of comparison to other surveys we are using that other cities also use.

S. Moletteri stated that in the past, HIPC had discussed telehealth services such as digital literacy, access, and comfort level as s well as aging with HIV, sexual health, mental health, and substance use treatment. K. Carter added that they could capture age from question #2 in the demographic section of the survey. S. Moletteri continued by saying that the population over 50 years of age was overrepresented in the last survey while people under 39 were underrepresented. Over 50% of people living with HIV in the EMA were over 50 years old. K. Carter asked if questions #16 and #18 were repetitive because the survey asked a similar question to #12. S. Moletteri answered that question #18 combined sexual activity and substance use behavior (i.e. sharing injection equipment).

K. Carter asked if substance use behavior was addressed in any other section of the survey, and M. Ross-Russell answered yes, but not to this degree. S. Moletteri stated that, regarding syringe access, 8 people answered that their provider did provide information (2%) and 384 responded that their providers did not give them information.

K. Carter suggested that in question #49, they inquire about substance use during sex because the survey did not directly address recreational substance use, just treatment. D. D'Alessandro stated that question #18 was awkwardly worded and that the language should be more explicit/direct. S. Moletteri responded that the use of the word "performing" regarding oral was to indicate giving rather than receiving which might put one more at risk.

C. Steib suggested that they change the wording of the header for section two from "drug use" to "substance use" because it was more appropriate/mirrored current language. Additionally, he agreed that "perform" was not accurate because one could contract STIs through giving or receiving oral.

G. Grannan stated that if they were distinguishing between penetrated and penetrative partners in any of the other questions, the distinction would be used during the analysis. M. Ross-Russell answered that it had not been used in the analysis in the past because they may have had a small

cell size. S. Moletteri added that there was not a "performed/received" question to compare the two.

Regarding question #18, G. Grannan asked that they propose a question explicitly asking about the respondents' use of a street drug other than marijuana in the last 12 months. S. Moletteri agreed and stated that questions could be moved around or deleted entirely. M. Ross-Russell added that they would probably have to get rid of and improve some questions. In conversation with Dr. K. Brady, M. Ross-Russell also stated that there were concerns about the execution of a survey mid-COVID pandemic and figuring out how to properly articulate pre- and post-COVID without centering the whole survey around the pandemic. They needed to examine how they could properly include the language to encompass the things HIPC needed to evaluate. The service needs during the COVID-19 response might be entirely different than service needs post-COVID.

C. Steib asked, regarding question #17, what was the utility of asking the gender of sexual partners if someone answered "no" to question #16 (if the respondent had sex in the last 12 months). M. Ross-Russell suggested that we add the language "If you answered no, please skip the following question." D. D'Alessandro followed up by stating that this was a good reason to separate out the substance use questions as well. S. Moletteri asked the group how they would suggest separating question #18 to properly ask about substance use in the last 12 months. M. Ross-Russell answered that they could ask about injection equipment and do what G. Grannan suggested, adding any additional answers specifically related to substance use as a risk behavior. Lastly, they could consider adding an "other" category for people to write-in an answer that could offer a wider scope of risk behaviors as it related to substance use.

D. D'Alessandro questioned the purpose of asking the specific method in which consumers used street drugs other than marijuana in the past and if it was important. K. Carter and C. Steib answered that a host of other STIs were still factors as well as understanding the full scope of substance use as it related to risky sexual behavior. M. Ross-Russell asked that when separating the question out, if OHP should include an "other" option for people to write in their answer to "have you used a street drug other than marijuana" rather than creating an exhaustive list. G. Grannan agreed and included that asking "How did you use it" in an short-answer question. G. Keys and C. Steib agreed with G. Grannan's assessment that it would allow people the space to answer honestly and to their own comfort level.

S. Moletteri asked G. Grannan if "street drug" was still a commonly used phrase when talking about substances, etc. G. Grannan answered that being more general might be better because some people used substances that started off as prescriptions and may not answer the question if they felt it did not reflect their behavior-- therefore, they should use "drugs" versus "street drugs." D. D'Alessandro suggested adding alcohol to be included in the substance use questions due to its high misuse rate.

S. Moletteri noted that many people would respond affirmatively to the question "have you had alcohol in the last 12 months" because it was common for people to drink alcohol. G. Grannan expounded that using any substance changed your judgement, including alcohol, and asked if there is research on the relationship between alcohol use and HIV transmission. D. D'Alessandro stated that alcohol use spoke to substance use disorder--they already knew that substance use

disorder in general and people with mental health disorders were at greater risk of infection. They did not want to leave out the seriousness of alcoholism as being a substance use disorder. She further stated that they might want to broadly call it a substance and then put an example to show the scope of what substances could be (alcohol, heroin, opioid, etc.). S. Moletteri suggested adding a separate answer involving alcohol and reiterated that question #49 asked, “in the last 12 months did you need drug or alcohol treatment services,” which was probably why the word “street drug" was in question #18. G. Grannan asked to change “street drug” to “illegal drug.”

M. Ross-Russell regrouped the conversation, stating that the question was also about behaviors related to reducing inhibitions, which was the reason why alcohol was considered part of a substance use disorder-- street drug vs. illegal drug vs. prescription drugs all related to the same issue, questioning whether someone had ingested some kind of substance. They could discuss the best way to get an answer around behavior that reduced someone's inhibitions so that they engage in risky behavior.

K. Carter suggested splitting it between legal substances (alcohol, prescription drugs, etc.) and illegal substances (meth, cocaine, etc.) or simply asking, “have you abused any substance in the last 12 months?” M. Ross-Russell agreed and added that use of a prescription drug in the last 12 months did not mean it was abused. J. Scarlett added that they should avoid the word “abuse” in these questions.

M. Ross-Russell reiterated that the use of “... the last 12 months” put the survey in a Pre-COVID, post-COVID discussion. They needed to discuss how to ascertain what the needs and gaps in services were, and then discuss the COVID environment. The inclusion of COVID-related questions meant that when they actually utilized this information later on, it might alter the validity of the responses to some degree. The purpose of including the last 12 months was to make people think of a specific period (i.e March 2020-present). D. D’Alessandro asked, if they were looking for information on risk, time period did not necessarily matter. G. Keys further asked if they could expand the time frame to be the last 5 years because it included pre-COVID and present.

J. Scarlett asked about the question, “if you were exposed to HIV what would you believe your exposure risk was?” She asked if the assumption was that all persons taking the survey were PLWH. M. Ross-Russell answered that the way these were originally crafted had more to do with what the Planning Council considered and wanted as documented need. HIPC included the “12 month” marker for purposes of documented need. J. Scarlett suggested they start measuring from January 2020. It would encompass the entire spectrum of 3 months pre-COVID as well as afterwards.

M. Ross-Russell relayed that she had reached out to other jurisdictions that utilized Consumer Surveys to send theirs to help CPC and HIPC prepare. None of the EMAs responded as of this meeting, but OHP would share when available.

J. Henrikson opened the floor to questions about section 3, and the group unanimously agreed that the questions were fine as is. D. D’Alessandro said that they should be consistent in language and instead of saying one “did not see any doctor,” put that they did not see any

provider, since some people saw PAs or nurse practitioners. G. Grannan suggested that they add telemed as a separate question because some individuals did not go to a physical location for their HIV care. K. Carter asked about the language of question #27, specifically "HIV provider" because some people visited their Primary Care Physician for HIV treatment. He also suggested that question #26 add "COVID" as an answer to "if you don't regularly go to the same provider, what is the reason?"

Motion: C. Steib proposed continuing this discussion on September 30th, K. Carter seconded the proposal. **Motion passed:** all in favor. The next meeting was decided to be September 30th from 2-4 p.m. to continue with their work on the Consumer Survey.

Any Other Business:

None.

Announcements: D. Gana encouraged everyone to sign up and participate in the AIDS Walk in October 2021.

Adjournment: C. Steib called for a motion to adjourn. **Motion**: K. Carter motioned, D. D'Alessandro seconded to adjourn the September 16, 2021 Nominations Committee meeting. **Motion passed**: All in favor. Meeting adjourned at 4:21 p.m.

Respectfully submitted:

Elijah Sumners, staff

Handouts distributed at meeting:

- September 16, 2021 CPC Meeting Agenda
- August 2021 CPC Meeting Minutes
- Consumer Survey Questions
- Rating the Consumer Survey