

MEETING AGENDA

VIRTUAL:

Thursday, November 18, 2021

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order

- ◆ Welcome/Introductions

- ◆ Approval of Agenda

- ◆ Approval of Minutes (*October 22, 2021*)

- ◆ Report of Co-Chairs

- ◆ Report of Staff

- ◆ Discussion Items
 - Consumer Survey Materials and IRB submission
 - CPC December Meeting

- ◆ Other Business

- ◆ Announcements

- ◆ Adjournment

COMPREHENSIVE PLANNING COMMITTEE

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

The next Comprehensive Planning Committee meeting is
VIRTUAL: December 16, 2021 from 2:00 – 4:00 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

**Philadelphia HIV Integrated Planning Council
Comprehensive Planning Committee
Meeting Minutes of
Wednesday, October 22, 2021
2:00-4:00 p.m.**

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

Present: Keith Carter, David Gana, Gus Grannan (Co-Chair), Marilyn Martinez

Guest: Julia Scarlett (AACO)

Staff: Beth Celeste, Julia Henrikson, Mari Ross-Russell, Sofia Moletteri, Elijah Summers

Call to Order: G. Grannan called the meeting to order at 2:06 p.m.

Approval of Agenda: G. Grannan presented the October 2021 Comprehensive Planning Committee agenda for approval. **Motion:** D. Gana motioned, K. Carter seconded to approve the October 2021 agenda. **Motion passed:** all in favor.

Approval of Minutes (*September 30, 2021*): G. Grannan presented the previous meeting's minutes for approval. **Motion:** D. Gana motioned, K. Carter seconded to approve the September 2021 meeting minutes. **Motion passed:** all in favor.

Report of Chair:

G. Grannan reported that the scheduled meeting day changed from Thursday to Friday (10/22).

Report of Staff:

M. Ross-Russell reported that she went through the Survey tool and included questions from MMP, Newark, Sacramento and the COVID surveys, and she and S. Moletteri reviewed it. There were two new policy clarification announced: 21:02 & 21:01. The former changed the 6-month certification process requirement on HRSA's end. It also changed immigration status so it was no longer a barrier to receive Ryan White Part A funding. Once she received more information she would relay that to the Comprehensive Planning Committee.

Discussion Items:

--Consumer Survey Review--

S. Moletteri stated that they highlighted all the changes in the Consumer Survey for member review. G. Grannan asked if the group could go back through the survey to ensure questions regarding immigration status were taken out given M. Ross-Russell's news about the new policies. S. Moletteri stated that there were no questions regarding immigration

status and then began reviewing the changes. In the introduction, a section was added that stated, "Questions specific to your experience during the COVID-19 pandemic will be included to help us understand what if any differences or barriers there were in the services you have received." In the last meeting there was discussion about adding this section to the survey, specifying which questions were COVID-19 related. Additionally, a blurb was added about the CVS gift card raffle for those who completed the survey. M. Ross-Russell added that the confidential website url mentioned needed to be redone for the new survey once it was live.

M. Ross-Russell stated that she changed the language in Question 4, and the source for the language was the American University Center for Diversity and Inclusion. She wanted to remind everyone that this was an evaluation survey, and it was important that they bear in mind who would be receiving this survey. They hoped to receive a representative sample consistent with the current epidemic. Having said that, the current epidemic greatly consisted of people over 50 years of age.

S. Moletteri stated that Question 5 expanded based on the conversation last meeting. "Transgender" was initially only one option, and the options were now "Transgender female," "Transgender male," and "Non-binary." Non-binary included the specifications agender, gender fluid, and gender queer. In Question 11, S. Moletteri stated that the language was changed from "drug treatment program" to "substance treatment program." Question 12 was added and read: "Has your housing situation changed since February 2020 because of the COVID-19 pandemic?" Another COVID-19 specific question asked if consumers "[l]ost wages from [their] work for one week or more because of COVID-19."

S. Moletteri stated that Questions 19 & 20 were separated out to get a better understanding of pre-COVID-19 behavior and current behavior. Questions 22 & 23 were also separated to track pre-COVID-19 sexual behavior vs. current sexual behavior. They also stated that Question 24 was added, and at the request of G. Grannan last meeting, the language was changed from "HRT" to "hormones." S. Moletteri asked the committee if they liked the inclusion of the "had more than 8 or 15 alcoholic beverages in the last week" option in Question 24 as per the last meeting's discussion. S. Moletteri further explained that these numbers were from the CDC to indicate heavy drinking. K. Carter agreed with its inclusion.

S. Moletteri stated that the method of intake for a substance was heavily discussed last meeting, so they included it as Question 25. K. Carter asked what takeaways the Consumer Survey was trying to get in Question 26. M. Ross-Russell stated that it was originally included to help determine if someone was newly diagnosed with HIV. It was found that there was a difference in how often they were tested depending on how long ago an individual was diagnosed vs. when they were undetectable, etc. This question was also a response to advancements in various antiretroviral treatments, etc. which also impacted timeframe and undetectability. D. Gana asked, regarding Question 27, if the Consumer Survey collected data around people's medical contacts. M. Ross-Russell answered yes. D. Gana continued to ask, between Questions 27 and 28, how many people were being tested and opt-out situations and might not actually realize that they have been tested. M. Ross-Russell answered that if someone was tested in an "opt-out situation," the survey would not be able to capture that data. The survey also captured data from those who were

not PLWH. There was a section where it explicitly asked things like “what is your viral load?” and “how often do you see your physician?” Those who were not PLWH could skip this section. S. Moletteri stated that Question 32 was reworded for people to better understand that the question was about one-stop shops for their medical care. K. Carter suggested that because the committee had other sections to go through and a lot of people were not present for this discussion, the committee skip to Section 5 because it had yet to be reviewed. M. Ross-Russell added that the next page was all changed, so it would be in the best interest of the group to review them--Section 5 was soon after.

M. Ross-Russell stated that Question 37 through 40 were taken from the COVID-19 Survey. There were also new telehealth questions included within the survey. These questions were added to ensure people were able to receive services they needed during the pandemic. The inclusion of these questions would also allow for comparison between the COVID Survey and MMP results. The telehealth questions came directly from Newark’s survey. They were placed in this section since the previous page asked about medical visits.

S. Moletteri stated that Questions 47 through 49 were added to assess people’s knowledge around U=U, PrEP, and PEP. M. Ross-Russell stated that the inclusion of these questions was taken from the Newark survey and explained that 5 years ago when the 2017 Consumer Survey was distributed, PrEP and PEP were relatively new to the general public. K. Carter asked if Question 49 was geared towards medical providers since the only instances he heard of PEP was in the case of sexual assault victims and occupational accidents around syringe pricks. M. Ross-Russell answered that yes, it was typical in the case of victims of sexual assault to receive PEP. K. Carter asked M. Martinez the same question and she answered that it was also for people who had a high risk for exposure to HIV. If the patient took PEP within 48-72 hours, they had a low likelihood of HIV infection.

S. Moletteri stated that for Question 50 they pluralized “partners” to denote people with more than one sexual partner. Question 54’s language was changed to include people “held in detention for another reason” as per last meeting’s discussion. Question 55 had been reworded to read, “During the most recent time you were in custody, were you offered any assistance with planning for HIV healthcare and other health needs after your release?” Originally, the question did not specify “HIV healthcare.” S. Moletteri said that the language from Question 56 was taken from the Newark survey as per the discussion at the last meeting. M. Ross-Russell added that in order to tease out the questions to get relevant data, Newark was the best example since it provided additional detail to each of the service categories.

M. Ross-Russell explained the names of the service categories were changed in order to reflect what people understood them to be. For example, “oral health care” was changed to “dental care” and “local area pharmaceutical assistance” was changed to “emergency medications.” K. Carter agreed that simplifying it for some people could only stand to help. S. Moletteri suggested underlining the phrases “were able” and “did not” at the top of the columns in Question 56 just to visually ensure people could differentiate between the columns. K. Carter and G. Grannan agreed.

S. Moletteri stated that Question 57 was a section that previously existed and was a way for respondents to expand upon their answers from the table in Question 56. K. Carter stated that asking “Did you experience problems getting the services in Question 56?” was a very loaded question and might garner lengthy answers. S. Moletteri agreed, but added that if someone had a standout issue with a specific service category, it would give them the opportunity to elaborate further. G. Grannan said that this would give people the opportunity to write about their individual experiences within the EMA, so he did not anticipate any issues. M. Ross-Russell stated that the survey responses wound up going to an open-ended file format, and, historically, most of the responses were “no I got what I needed.” However, there were often specific problems like housing, prevention, etc. that people had wanted to expand upon.

J. Henrikson began Section 5 and explained that it covered health insurance and health conditions. Question 58 asked “What type of health insurance do you have?” G. Grannan responded that “Obamacare” was now “Bidencare” and asked if people identify the Affordable Care Act as “Bidencare” now. J. Henrikson responded that colloquially, people still said “Obamacare” or “Affordable Care Act.” Question 59 asked “Has your insurance status changed in the last 2 years?” K. Carter suggested changing the question to ask about insurance both pre-COVID-19 and during COVID-19 pandemic question since a lot of people lost their jobs and access to health insurance. M. Ross-Russell agreed that capturing this data would be important. She thought it would be more of an income question vs. a health insurance question, but the question could be teased out more.

S. Moletteri read Question 63, “Has a doctor ever told you that you have any of the following [mental health diagnoses]?” K. Carter asked if there was a similar question to capture the mental health impact after an AIDS diagnosis. M. Ross-Russell stated that there was a question in the survey that asked, “When you were tested did your doctor tell you you had AIDS at the same time you tested for HIV?” G. Grannan responded that it could fall under anxiety or even PTSD for the moment.

S. Moletteri read Question 64, “Has a doctor ever told you that you have Hepatitis C?” K. Carter asked if they should include other types of Hepatitis in the question. G. Grannan answered that one was not likely to have an HIV diagnosis from Hepatitis A or B. K. Carter further explained the different ways one could contract Hepatitis A, B, and C. M. Ross-Russell clarified that this question had more to do with the dual diagnosis of being HIV positive and having Hepatitis C. She noted how there were questions from HRSA regarding dual diagnosis, which explained the focus on Hepatitis C as opposed to Hepatitis A & B. G. Grannan added that Hepatitis B could be an indication of risk for HIV for PWID (people who inject drugs). M. Ross-Russell suggested altering the question to “Has a doctor ever told you that you have Hepatitis?” They could remove “Hepatitis C” and expand the check off answers to include Hepatitis A, B, and C as answers.

S. Moletteri stated that the next section was about medical care and other services as well as any barriers to care. Question 65 asked, “Is there a place you usually go for dental care?” M. Martinez stated that most patients did not know about the full extent of Ryan White Part A services available to them. She asked if it was possible to add a section about knowledge around RW services within the survey tool. She continued that healthcare providers were

mandated under Ryan White Part D grants to support HIV positive consumers with basic dental services. Highlighting this somewhere within the survey might be helpful. M. Ross-Russell said that the committee would probably need to do something external; knowledge around RW services had been discussed in the past and was a clear barrier. She was unsure if the survey itself was the place to do so.

S. Moletteri added that the Positive Committee was working on a resource sheet for Medical Case Managers. They could consider including this information on the sheet. M. Ross-Russell responded that internally and through the Ad-Hoc Workgroup, they had the idea of creating infographics so that people were aware of the existence of services or information specific to populations. If there were services that people were unaware of, they could work on distributing this information to the public. It could be disseminated through social media and/or a listserv to the community. M. Martinez added that a lot of her Ryan White patients did not prefer paper, so she recommended using electronic means to reach a wider audience.

S. Moletteri read Question 66, “In the last 12 months did you need mental healthcare or counseling services?” There was discussion within committee meetings about an uptick in use of these services during COVID-19. M. Martinez said that they should keep the question and stated that there had been a rise in the amount of people using mental health services. Unfortunately, there was not the proper staff support for the amount of need within the community. K. Carter asked, on average, how long wait times were to receive an appointment. S. Moletteri answered that it could really differ from place to place very significantly. K. Carter stated that mental health services were expensive to pay out of pocket for the average consumer and that people leaned on the Ryan White system to help them get mental health services. M. Martinez said that for a high-risk patient, the wait time would be a few days, but on average and due to the lack of psychologists in the Ryan White system, it was difficult to schedule appointments less than a week out.

M. Martinez continued to explain that therapists and social workers were more readily available for those who spoke English. For English-speaking clients, the wait time could be between one to two weeks, depending on the location. The issue started when the client did not speak English. This could dramatically increase the wait-time.. Lastly, she stated that there was a lack of diversity within the field. S. Moletteri asked if the group would like to add two answers that addressed lack of diversity and wait times for appointments. For example, two additional answers could read: “I did not receive mental health services because the wait was too long” and “ did not receive mental health services because there was a lack of representation.” By including these additional responses, the survey could collect the data from people who dropped off their service as well due to lack of representation.

S. Moletteri read Question 67: “In the last 12 months did you need drug or alcohol treatment services?” M. Ross-Russell suggested changing the language from “drug” to “substance” in order to maintain consistency throughout the survey. S. Moletteri asked if the committee would like to include the language from the previous question in this one because it was in the same format. S. Moletteri next read Question 68: “In the last 12 months has your medical provider offered any of the following services to you?” K. Carter suggested that they add “medical case manager” alongside “medical providers” since

MCMs asked the same questions of their clients. G. Grannan added that, given the conversation earlier regarding PEP, it should be provided as an answer within Question 68.

Everyone agreed to keep Question 69 but add an additional open-ended answer, asking what language they spoke. Everyone agreed to keep Question 70 as is. S. Moletteri continued to Question 71 that asked, "In the last 12 months, have you missed a medical appointment because you had problems with transportation and you could not get there on time?" M. Ross-Russell suggested that the question be reworded to take out "In the last 12 months" and then alter the responses people are able to give, changing the question from a "check one" to "check all that apply" format.

Questions 72, 73, and 74 were agreed to be kept as they were. M. Martinez stated that cancer screenings were important for PLWH and asked if there any questions about annual or biannual cancer screenings, M. Ross-Russell stated there was not a question about it, but it could be added to the survey. M. Martinez continued to explain that mammograms as well as colorectal cancer screening were also important to track. M. Ross-Russell suggested that the former (mammograms) question be added to the section with the general GYN questions and the latter be added to Question 68. M. Martinez suggested that mammograms be included in Question 68, noting that men also needed mammograms.

S. Moletteri stated Question 75 was open-ended and read, "Please share any problems you have experienced in the last 12 months that have prevented you from getting the medical and support services you need. These problems might include things like not having transportation, not having money for co-pays, not having a place to live, not knowing where to go, no health insurance, or family responsibilities." G. Grannan suggested the language "including but not limited to" after "12 months" because the reasons listed were not an exhaustive list. S. Moletteri agreed.

Any Other Business:

None.

Announcements:

D. Gana announced that the National Center for AIDS Research meeting was November 2nd and 4th. Philadelphia was hosting it this year. The 2nd was a community day and the 4th was the scientific symposium where the plenary speaker would be Dr. Fauci. The meetings were from 10:30 a.m. - 5 p.m.

G. Grannan announced that there would be a rally for a proposed law in Harrisburg on Wednesday October 27th to make syringe exchange legal throughout the entire state of Pennsylvania. He believed there was a bus ride being coordinated from Philadelphia to Harrisburg. He would send the information to interested parties.

Adjournment: G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned. D. Gana seconded to adjourn the October 22, 2021 Comprehensive Planning Committee meeting. Motion passed: All in favor. Meeting adjourned at 4:04 p.m.

Respectfully submitted:

Elijah Sumners, staff

Materials Included:

- October 2021 CPC Meeting Agenda
- September 2021 CPC Meeting Minutes
- Consumer Survey

DRAFT