Meeting Agenda

VIRTUAL:
Wednesday, February 23, 2022
2:30 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(January 26, 2022)*
- Report of Co-Chairs
- Report of Staff
- Discussion Item
  - Situational Analysis in the Integrated Plan
- Other Business
- Announcements
- Adjournment

Prevention Committee

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Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, January 26, 2022
2:30-4:30 p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Keith Carter, David Gana, Kailah King-Collins, Lorett Matus (Co-Chair), Nhakia Outland, Desiree Surplus

Guests: Javonte Williams (AACO), Kim Thomas

Excused: Gus Grannan, Clint Steib

Staff: Beth Celeste, Julia Henrikson, Debbie Law, Mari Ross-Russell, Sofia Moletteri, Elijah Sumners

Call to Order: A. Edelstein called the meeting to order at 2:35 PM.

Approval of Agenda: L. Matus presented the January 2022 Prevention Committee agenda for approval. **Motion**: K. Carter motioned to approve, D. Gana seconded to approve the January 2022 agenda. **Motion passed**: 5 in favor, 1 abstain.

Approval of Minutes *(October 27, 2021)*: L. Matus presented the October 2021 meeting's minutes for approval. **Motion**: K. Carter motioned to approve the minutes with corrections, D. Gana seconded to approve the October 2021 meeting minutes. **Motion passed**: 6 in favor.

Report of Co-Chairs

No Report.

Report of Staff

S. Moletteri reported that there would be Orientation a week from today's meeting on February 2nd at 2pm. There will be a zoom link sent out in the next few days. M. Ross-Russell reported that the Consumer Survey did make it through the IRB process and was exempt. OHP was now in the process of gathering all of the materials to send out to providers, OHP staff was just waiting for the list of providers from the Recipient so that providers could be contacted about helping with the distribution of the survey to individuals. Also, there was a letter from the Recipient to let people know that there were various ways that individuals could take the survey. Whether through mailer, physical copy, online, etc. Additionally, there was an online version of the survey and a Spanish version of this survey. There would also be packets which were going

out, which would have a poster that had a QR code on it so that if individuals wanted to use the QR code, it would take them directly to the online version of the survey. We were also asking that if providers have a mechanism whereby they send out either newsletters to their clients that we could actually utilize that and then they could have a link embedded in the email that would take them to the online versions of the survey.

K. Carter asked if there was a deadline day when you want that list for the providers for the recipient? M. Ross-Russell answered that she had asked for it, and would remind the Recipient that it was still outstanding. J. Williams said he would meet with K. Brady this week and would remind her that the request was outstanding, and then ask if she wanted him to prepare a list of prevention providers to give to OHP staff. M. Ross-Russell stated that OHP staff were delayed in the process of printing the surveys because the copier needed to be repaired and once that was completed staff would continue the process. L. Matus asked if there was a deadline for when surveys needed to be completed? M. Ross-Russell answered that she was looking to keep the survey process open until May. As surveys get submitted they would be entered into SPSS and by the end of May we would have enough information that could be utilized for priority setting as well as allocations before the final analysis would be completed.

L. Matus asked do we have a number for how many surveys we hope to receive back? M. Ross-Russell answered that the goal was to send out 2,500 surveys, so 30% would be wonderful, 20% was still good, but the more returned the better it would be and that was just the paper version. It was not necessarily taking into consideration the online version. The last time around, we did not get as many responses online as we had hoped, so we were hoping this time with additional push and information because more people were using the internet and smartphones. M. Ross-Russell added that we received a partial award and were in a continuing resolution, so expect that at the Planning Council meeting and at the Finance Committee, we would be reviewing the level of funding budgets. Beginning in March, the Recipient would begin to distribute partial award letters to folks.

Discussion Item

–AACO Prevention Update–

J. Williams stated that he was the Senior Coordinator for HIV Prevention Services in the Philadelphia Department of Health. His team aids in Prevention activities was across the whole AACO because it does not have a Prevention Unit, per se. There were individuals who work on prevention activities. He is supported directly and supervises Drexel Shaw, who is the CDC EHE coordinator, and it's important to specify that because there was also a HRSA EHE Coordinator, Olivia. Additionally, Brian Hernandez, who is the Prevention Associate. He manages the self

testing program and also the “Philly Keep on Loving” website. We have a vacant position and opening for clinical associate and that person will replace Asha Alex, who was a CDC assignee, and she was working on our testing and biomedical technical assistance. So when agencies have questions about PrEP, or clinical testing guidelines, that's what that person is responsible for. We're also supported by staff in other units, Bill Pearson, who works with the Information Services Unit and is the provincial evaluator. He's responsible for taking all the testing forms that agencies submit to us and putting them into the CDC system if they're not already uploaded into the CDC system, and making meaning like our testing numbers.

J. Williams continued that AACO also has the Training and Special Initiatives Unit, which is led by our AACO educators, Maria, Lisa and Evelyn. Those who work in agencies know them because they're the ones who coordinate the testing and linkage certification. We also have Melissa Miller, who's the lead epidemiologist from surveillance, she's the one responsible for putting together the annual surveillance report that comes out usually in October. AACO has two new folks on the team who work in surveillance Mars and Tanner, and they are EHE specific epidemiologists.

J. Williams stated that they're also working on a dashboard where individual provider level data would be displayed to the public. AACO was still working through the kinks of how this was going to work. As an example, if you've gone to provider X and provider Y, you know what the difference in disparities of care look like. If Provider Y has a higher level of people who are virally suppressed, or more people on PrEP, then you would be able to see that at a glance. Hopefully, it is an incentive for providers to work a little bit harder to keep their people in care, and to get good prevention outcomes.

J. Williams continued that AACO received funding as a directly funded jurisdiction. He emphasized “directly funded” because some jurisdictions are states, but because Philadelphia was one of the early phase one hard hit cities in the epidemic, it was directly funded by the CDC. So AACO doesn't have to go through Harrisburg for funding, they give it straight to the city, which was very fortunate, and AACO has a lot of flexibility because of that. AACO got the flagship prevention grant, which was PS 18 1802. This was one of AACO’s two cooperative agreements that funded most of the activities it engaged in. This money was distributed out over 41 contracts to more than 20 provincially related partners. We also fund these agencies to do a variety of programming. Most notably, the largest of this chunk of change was the low thresholds sexual health sites. That's about $2.8 million and this was six sites who were delivering comprehensive sexual wellness services, including HIV testing, and linkage to care, so not exclusively HIV testing, because what we found was that people don't only want to talk about HIV, they want to talk about HIV in the context of their sexual wellness, like chlamydia, gonorrhea, hepatitis and other activities, and treatment services that they may need. We also have the non-clinical testing, or what we call status neutral, that's the brick and mortar, like you go to Colours to get an HIV test, you go to Mazzoni to get an HIV test. That's the non clinical testing.

J. Williams also purported to have a new distinct service category called “Community Mobilization,” where AACO was giving money to fund things like conferences, outreach workers with folks who have a trans identity, doing direct outreach to Latinx communities, Black MSM, to mobilize them around the idea of health equity, HIV services, and prevention. We also have PrEP navigation, clinical testing, and emergency departments are in service programs and harm reduction programs. We have a newly funded nPEP Center of Excellence, we have Philly Keep on Loving, which was the city’s sexual wellness brand. And we also provide technical assistance to organizations. There was also the PA HIV Connect Line where people can call and get information about prevention, HIV testing, treatment, all kinds of things related to HIV and AIDS services.

J. Williams reported that in 2021, AACO completed three RFP cycles for low threshold sexual health services. AACO funded four sites, six in total were in operation. We funded an impact site, AACO funded six status neutral testing sites through this RFP, nine were in operation totally. To understand the scale, AACO completed an RFP once every 18 months before 2021, so they were moving swiftly to accomplish the goals that were set out in the EHE Community Plan. AACO partnered with the Training and Special Initiatives Unit to revamp the prevention education offerings. For example, those of present who were funded by AACO entities for prevention may have noticed there were a lot more trainings available like cultural humility training, testing and cultural relevance, black men and prep, etc. which came from last summer AACO saying what do we need to teach the workforce or help them with the skill to be better at their work?

As previously mentioned AACO formalized Community Mobilization as a distinct service category. So there were three organizations that were funded specifically for community mobilization, including Mazzoni, Colours, and Galaei. They don't do any HIV testing specifically on these awards. Their focus was really on bringing the community together, around health equity, and around HIV prevention topics. We also funded a major conference, and you guys will be getting more information about the community control of health, which as a spinoff of ACT UP. AACO worked with them in 2020 on the first HIV Symposium. AACO has recommitted to partnering with them this year for the Community Symposium on HIV, which would be in the next few weeks. Additionally, AACO has established the PrEP update and AACO Prevention update, which was distributed to more than 500 folks directly, including community individuals.

J. Williams continued that AACO also merged Do You Philly, which was a media campaign focused on MSM, with Philly Keep on Loving through a collaboration with their STD partners. Now when you log on in the future to Philly Keep on Loving, you have the opportunity to have a shopping-type experience where you can order condoms, lubes, a self-test at home, you can be tested for chlamydia and gonorrhea at home, and you can order a home visit for syphilis, which we had the services but they were separate before. That took a lot of heavy lifting for AACO to

bring these services together because although we were all the health department, money was not dispersed equitably, and so AACO was really happy with the Do You Philly integration with Philly Keep on Loving. That was 2021 in review.

J. Williams stated that the priorities for 2022 were as follows: Ending the HIV Epidemic activities: continuing to accomplish tasks outlined in the EHE Community Plan, and working with the EHE Advisor to Update the Community Plan. There were a lot of things that we talked about doing that we may not want to do after COVID, so how do we set about the business of ending the epidemic, if we're still working in a COVID environment. There may be some activities that we need to think differently about, so we would be working with the EHE Advisor Anna Thomas-Ferraioli about the EHE activities, which would be presented to HIPC when they were finalized. For HIV testing, AACO wanted to structure its HIV self-test program. Last year, they distributed, roughly, through their partners and on our own, 2,100 test kits. This program has ballooned, it was already something in the works before COVID. It was such an accessibility point for people to request HIV tests to log on to the website and be able to request one. Moreover, that site was launched in 2018. It served its purpose, but there needed to be an expanded focus on sexual wellness to include hepatitis messages, messages with STD program, as well as status neutral messages, so that PLWH also find the site beneficial.

J. Williams continued that Philly Keep on Loving would expand to talks on sexual wellness as well as a tele-PrEP program that AACO hoped to launch by the spring so that people would be able to log on to the site and have a virtual visit and an experience where they could complete on-boarding without having to leave their homes. A clinician would meet virtually and they would send an order for labs that you get delivered to your house. So, in terms of new program, we're creating the first ever AACO Prevention Strategic plan. There's the plan that HIPC spearheads, in the five-year integrated care and prevention strategic plan. There's the EHE plan, there's the PrEP plan, etc. What AACO wanted to do was strip all these plans down to the essence of the prevention activities and put together a document that's easy to read, so that people who are focused mostly on provision have a roadmap to follow. The goal of the Prevention Strategic Plan would be to have all community groups doing the work to come together in ending the epidemic by ensuring no new cases arise.

A focus of AACO for this spring was to really hone in on a prevention strategic plan, because there was also the reapplication of the CDC flagship prevention. So whatever was going to replace PS 18 1802, which was a five year grant, we expect to receive that notice in the next three to four months. What were the things that we wanted to focus on in the next five years for prevention activities that we need to be putting in our application, and it's going to be helpful to have a plan to start from? Talking about AIDS services, organization, nonprofit, and workforce development incubator programs, this conversation came out of our EHE listening.

J. Williams stated that there were not any new organizations that wanted to do this work, so AACO was creating a program to seed an opportunity for people to come together to start their own nonprofit. There would be an RFP available to the public in the spring for funding. M. Ross-Russell replied that by December 31 2022, there needed to be a new integrated prevention and care plan and within the guidance language, there was reference to a situational analysis. It was expected that the situational analysis would be expanded to nine counties, as opposed to one. How does that impact the process for you if the situational analysis goes to nine counties, at least for prevention, it was going to be at minimum the five counties moving forward. J. Williams clarified that the question was how does AACO leverage the situational analysis in the EHE Plan; what degree of change will this mean for Prevention activities in the counties. M. Ross-Russell affirmed. J. Williams answered the first part of the question, absolutely, and he was present for some presentations by the Feds when they said if you want to copy, because I think a lot of states have EHE plans, and no same states have The Integrated plans so they could just copy and paste. For AACO, it was a bit different because the EHE jurisdiction was Philadelphia city proper. The other counties were not included in the EHE. For example, he would use the situational analysis in the EHE plan and then just break it out by counties, and just state, underneath that "we've told you about the region, here are the rest of the counties."

In terms of the Prevention Strategic plan, the document isn't so much going to be limited to geography as much as it would be about tools in the toolbox. There were a lot of things that AACO was not implementing that were mentioned in the HIV national strategy. What we want to do was make sure that we were speaking to the things that were mentioned, for example, this iteration of the national plan, they're talking a lot more about geriatric work, and aging populations. We don't talk about that in our EHE plan or about PrEp for older populations. It's probably because it wasn't as immediate a priority in older populations like it was with young MSM. K. Carter asked if there should be a full staff for prevention tasks? J. Williams answered they are working on prevention activities within the units. AACO was broken out into about 6 groups, so there were types of jobs that were grouped together, and they worked on different things. It's not that there was not a prevention focus, but those individuals don't all report to me we work together. K. Carter asked when the community presentation facilitated by AACO was taking place? J. Williams answered that he would share the link for registration for those who were interested, it was January 27 at 10 a.m. and there would be a conversation about injectable PrEP.

L. Matus asked if the integrated plan review was complete. M. Ross-Russell answered that all of the pieces within the plan i.e. the goals, objectives, activities, etc. were completed. L. Matus asked for a status update on the plan. M. Ross-Russell stated that it was in the process of being synthesized into one document, but the new integrated plan guidance came out. The new integrated plan at the moment was going to potentially take precedent to an old plan. Additionally, the other piece that became problematic was that things kept getting pushed back, both on the federal level and on a local level where timelines got messed up.

Other Business

None.

Announcements

Keith announced that the Union Project would have its annual commemoration of long term survivors and would send out save the date for April 20th and 21st and asked if the people involved in this call would send it out to their organizations and those who would be interested in participating.

Adjournment

Lorett called the meeting to adjourn. K. Carter motioned to adjourn, D. Gana seconded the motion. The meeting was adjourned at 3:48 p.m.