Philadelphia HIV Integrated Planning Council
Prevention Committee
Meeting Minutes of
Wednesday, March 23, 2022
2:30-4:30 p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Keith Carter, Gus Grannan, Lorett Matus (co-chair), Clint Steib (co-chair), Desiree Surplus

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

Call to Order: C. Steib called the meeting to order at 2:36 PM.

Approval of Agenda: C. Steib presented the March 2022 Prevention Committee agenda for approval. **Motion**: K. Carter motioned to approve, G. Grannan seconded to approve the March 2022 agenda. **Motion passed**: 3 in favor, 1 abstained.

Approval of Minutes *(February 23, 2021)*: C. Stieb presented the February 2022 meeting's minutes for approval. **Motion**: K. Carter motioned to approve the minutes, G. Grannan seconded to approve the February 2022 meeting minutes. **Motion passed**: 3 in favor, 1 abstained

Report of Co-Chairs

No Report.

Report of Staff

M. Ross-Russell reported an update to the consumer survey, she stated she emailed approximately 102 contacts that were both prevention and care. As of this meeting OHP has received 15 responses, two of which came from the same organization and one that was incomplete and did not have any requests. The goal at this juncture was to have a 20% sample, which according to a rough estimate would be between 2,500 and 2,700 surveys. Close to 1,600 surveys had been sent out at the time of this committee meeting. OHP staff was still in the process of ensuring that surveys make it out so there can be a decent sample from the community and packages included flyers with QR codes. M. Ross-Russell stated that New Jersey requested 145 surveys, the PA counties requested 280 surveys, and Philadelphia thus far has requested 1,160 surveys and OHP has delivered about 10%.

M. Ross-Russell reported that next month she would meet with the Recipient to review the integrated plan and determine the expectation for the planning body, the various committees, and OHP staff. The information that was present from the old plan needed to be updated to fit in with the new plan before it could move forward. There was some concern that if OHP had finalized it last year, that there would have been a year without a plan, so that was the reason why it was not finalized last year. M. Ross-Russell continued that the epidemiologic profile guidance came out yesterday so she was in the process of reviewing the completed sections for accuracy, she was in the process of working on it and planned on finishing in the next six weeks.

Discussion Item

–Integrated HIV Prevention and Care Plan Guidance–

M. Ross-Russell reported that she reviewed the parts associated with the Integrated Plan and it was clear that there were a lot of moving parts that were in conversation with each other. For example, the prevention portion of the guidance said to go to the "Ending the Epidemic" plan and "The National HIV Strategic Plan" and look at the EHE Planning Guidance. From there one should be able to figure out the prevention related components within the guidance. The primary thing in the HIV National Strategic plan as well as ending the epidemic guidance and plan were either the four pillars/goals (The HIV National Strategic Plan called them "goals" and the ending the epidemic guidance called them "pillars").

M. Ross-Russell stated that Goal One of the HIV National Strategic Plan was to diagnose and prevent new infections. The goals that were there tend to speak specifically to preventing or diagnosing new infections, which included but was not limited to, prevention, testing, care and treatment, development and implementation of interventions, resources to provide education, comprehensive education about sexual health, HIV risks, options for prevention, testing, care and treatment, stigma, and increasing individual knowledge. There were various goals listed underneath "prevent new infections"; the third being "prevent and/or reduce HIV related disparities and health inequities." M. Ross-Russell reported that the goals were reduce HIV stigma, reduce disparities in new infection and knowledge of status and along the HIV Care Continuum engage, employ and provide public leadership opportunities at all levels for people with or with experience of HIV, address social and structural determinants of health, train and expand diverse workforce, and advance HIV-related communications to improve messaging and uptake.

M. Ross-Russell reported that the reason for the review was that when looking at the ending the epidemic plan it was very similar to guidance language. Within the body of the integrated planning guidance everything that was in the previous plan and the EHE plan were also in the Integrated plan, the order was just shifted. Therefore, with the exception of the executive summary, all of the old components were still present. Additionally, the Ending the Epidemic Plan was specific to Philadelphia. M. Ross-Russell continued that in preliminary discussions with Dr. Brady about how to move forward once they created a draft of a plan.

M. Ross-Russell reported that the Pennsylvania and New Jersey counties would be looked at as a region to try to expand on the situational analysis rather than looking at the county level. For Philadelphia there were additional pillars, Pillar Zero, and pillar five. Pillar zero was specifically around reducing stigma. There was a lot of overlap between the HIV National Strategic Plan and the EHE plan due to those similar components. The issue was that there were no specific guidelines currently related to prevention.

M. Ross-Russell stated there was a crosswalk document that existed between the EHE and HIV National Strategic Plan. After discussing this further with the Recipient to get a better understanding of exactly what the role of the Planning Council as well as the prevention committee were going to be in crafting this Guidance. There was a community engagement and planning description and process description and what their respective roles were within the integrated plan. K. Carter asked how stigma would be measured? M. Ross-Russell answered that Pillar Zero was less about pointing fingers and placing blame within the system and looking at the Service Delivery System and how it could be made more accessible for people who needed

those services. C. Steib added that in October, AACO tried to make their employee knowledge base more equitable and their employees underwent training with different tracks depending on their role that were required to maintain their positions. They included radical customer care, which highlighted reducing stigma and other things present in Pillar Zero.

M. Ross-Russell reported that the primary difference between the previous version of the plan and the current one was that ending the epidemic was something that was talked about, but not included in a comprehensive planning process. Additionally, conversations around PrEP were not as prevalent and it was not as big of an issue and mechanism that providers wanted to put in place because it had not been expanded to the degree that it was at now. She added that the system has changed regarding prevention, PrEP, and what services would be available.

M. Ross-Russell reported that the Ending The Epidemic Plan was through 2025 and the integrated plan initially should have been through 2025 so that everything had the same ending date as the HIV National Strategic Plan. The plan was now off by a year because it was pushed back due to COVID-19, so the integrated plan was now 2022 to 2026. She stated that unfortunately at this stage there was not a better answer until she spoke with the Recipient and understood the expectations set forth by HRSA and the CDC.

In addition to the aforementioned, New Jersey counties instead of doing individual integrated plans will work together to do one statewide coordinated statement of need, which would be the equivalent of an integrated prevention and care plan. M. Ross-Russell asked C. Steib if the state of Pennsylvania has a statewide coordinated statement of need plan? C. Steib answered that he believed there was a statement of need plan, but it did not have an EHE plan.

C. Steib stated that he received the revised state's plan and offered to share it amongst the group, including HIV related summaries for all counties through 2019, which was the revised integrated HIV prevention and care plan for the commonwealth. M. Ross-Russell thanked him and C. Steib stated that it was revised in 2020 and printed in August 2021. C. Stieb also reported that one of the things that he and a few other people on the state's Planning Council have been questioning was that Pennsylvania was not transparent on their allocation of funding. For example, if Erie has a need, unless they specifically reached out to the division, it would never know that the need is there. He was hoping that the state Planning Council would be able to address that this year on the state level to be more transparent with their allocations.

K. Carter asked if this information was public record? M. Ross-Russell answered that legislatively, there was a difference between the various sections. The allocation of funds in a planning body was different for Part A and Part B. Having a community planning group that was involved in the discussions, etc. was a part of the function of Ryan White Part B funded entities. Additionally, the requirements around allocations were entirely different under Part B, so it has always fallen to the states to make those allocations decisions to determine the transparency of those decisions. Lastly, M. Ross-Russell stated there was no legislative language that specifically stated the level of transparency expected of the states.

M. Ross-Russell stated that to K. Carter's point regarding the public record that HRSA and the CDC report on how much funding for all of the Ryan White Parts go to the various areas. There was information that sometime was available on HRSA's data warehouse website, which was state specific, but the level of detail that Planning Councils received in EMAs and TGAs were more detailed than the information generally provided on the state-level. G. Grannan asked what a "TGA" referred to. M. Ross-Russell stated that they were "Transitional Grant Areas" there

used to be about 54 eligible metropolitan areas, but then it was altered because the epidemic size and scope of some eligible metropolitan areas went down. They were much smaller, and they became transitional grant areas and some of the requirements associated with planning, etc. was not as stringent for them as it was for an EMA.

G. Grannan asked when M. Ross-Russell planned to meet with the Recipient next? M. Ross-Russell answered that they have a meeting scheduled ahead of the next Prevention Committee meeting on April 19, 2022 and it should help determine next steps in this process. The current integrated plan needed to be finalized, M. Ross-Russell needed to find out if they wanted to use this as a basis for the new plan in addition to EHE or start over from the beginning.

Other Business

None.

Announcements

None.

Adjournment

C. Steib called the meeting to adjourn. K. Carter motioned to adjourn, G. Grannan seconded the motion. The meeting was adjourned at 3:47 p.m.