Meeting Agenda

VIRTUAL:
Wednesday, April 26th, 2023
2:30 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (March 22nd, 2023)
- Report of Co-Chairs
- Report of Staff
- Discussion Items
  - Integrated Plan
  - Texas judge mandate regarding PrEP access
  - Prevention Committee Survey
- Other Business
- Announcements
- Adjournment

Please contact the office at least 5 days in advance if you require special assistance.
The next Prevention Committee meeting is
VIRTUAL: Wednesday, May 24th, 2023 from 2:30 p.m. – 4:30 p.m.

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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Prevention Committee

Prevention Committee
Meeting Minutes of
Wednesday, March 22, 2023
2:30 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Keith Carter, David Gana, Gus Grannan, Erica Rand, Desiree Surplus, Erica Rand

Guests: Emily McNamara (DHH)

Excused: Debra Dalessandro, William Pearson, Javontae Williams, Clint Steib (Co-Chair), Lorett Matus (Co-Chair)

Staff: Tiffany Dominique, Kevin Trinh, Mari Ross-Russell, Beth Celeste

Call to Order/Introductions: E. Rand offered to chair the meeting. She called the meeting to order at 2:33 p.m. and asked everyone to introduce themselves.

Approval of Agenda:

E. Rand referred to the March 2023 Prevention Committee agenda and asked for a motion to approve. **Motion:** D. Gana motioned; G. Grannan seconded to approve the March Prevention Committee agenda via Zoom poll. **Motion passed:** 5 in favor. The March 2023 agenda was approved.

Approval of Minutes (*February 22nd, 2023*):

E. Rand referred to the February 2023 Prevention Committee minutes. **Motion:** G. Grannan motioned; D. Gana seconded to approve the February 2023 Prevention Committee meeting minutes and agenda via a Zoom poll. **Motion passed:** 5 in favor. The February 2023 Minutes were approved.

Report of Co-chairs

No report.

Report of Staff

T. Dominique said she had a meeting with the Opioid Response Unit (ORU) and Substance Use Prevention and Harm Reduction (SUPHR) to request a more in-depth presentation on the opioid crisis. She said they had a meeting last Wednesday, March 15, 2023. She hoped to have a collaborative presentation between ORU, SUPHR and the Department of HIV Health (DHH) in May.

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Discussion Item:

-Maps-

M. Ross-Russell said she had not updated the map information on the Office of HIV Planning (OHP) website for some time. She said she had started this discussion because she had wanted to learn from the committee members what information would be useful to them regarding the maps.

There were 90 maps of Philadelphia on the OHP website. M. Ross-Russell said she wanted to which information the committee found interesting and useful. She said she was most likely going to answer that it was going to depend on if the information existed. She said most of the information was based on census-level data. M. Ross-Russell explained that she could create maps on larger geographic areas but felt that a map focusing on a smaller area would yield more useful information for Planning Body members and providers.

In order create the maps, one must create a database. The database she created might contain excess information since she might be interested in data that others may not find interesting or useful. If the data existed, she would be able to create such maps. Most of the information present is based on census data. She said something as large as a zip code may not be as helpful.

M. Ross-Russell reviewed the poverty data by census tract table of contents. She included data that contained percentage of people who were between 125% and 250% of the Federal poverty level. She said that the information had gone up to 500% of the federal poverty level because that was the cut-off for eligibility for Ryan White services. M. Ross-Russell classified the data according to age from birth to the age of 17 and the age of 18 to 64 and beyond. She asked the committee if they had read the data, adding that it contained information around medium income for households. G. Grannan said he had viewed the data before the meeting.

G. Grannan asked to have a red outline outside the maps with the prisons and detention centers. M. Ross-Russell turned to the map showing the prison population in Philadelphia. M. Ross-Russell said it was possible, but the prison population was large, and they would be looking at a larger area. She said that creating the red outline around the prison population would not be a problem. She said that zip code 19136 would be where the prison population would be located near the Delaware River. G. Grannan said he roughly knew where the prison population was. He said there was some information on the map that had stuck out to him. M. Ross-Russell explained that she had designed the map to be as legible and helpful as possible. For example, she indicated that a northeast part of Philadelphia had a low prison population. She explained that it was a low population because it was the location of the airport. She said that she had highlighted areas in the past with low populations.

M. Ross-Russell said that the data that she uses was census data and some information that the city collects. She said that Philadelphia was open data and it contained information that they may not find useful. She said if the information was not available on census data, she would need to use longitude and latitude to find the exact location. G. Grannan expressed surprise that Philadelphia did not generate these maps itself. He said if someone were to do research, they

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would have to go to the OHP website for these maps. M. Ross-Russell said that the city had some maps, but they were at the zip code or neighborhood level and not at the census level.

M. Ross-Russell said the other issue was the availability of data. She said police data was available but it was not approximate. She said that the data only gave a rough estimate of where the location was she would need to locate on the map exactly where it was. She believed that data was around 170 reports the last time that she had seen the police data. She said the police data was broken up into the types of crime reported such as aggravated assault. She said the data does exist, but it could be in a form that was not useful or was too specific.

She said she used images to help others understand the situation in Philadelphia. She said that if people saw a map of Philadelphia, they would understand how racially segregated the city was. G. Grannan recalled living in Chicago for 10 years and remarked that Philadelphia was not as segregated as other cities. He believed that racial segregation was more apparent in Chicago. M. Ross-Russell disagreed and quoted a study that Philadelphia was among the top 10 most segregated cities. M. Ross-Russell showed the committee maps that highlighted the population density of White and Black populations in each area.

T. Dominique asked M. Ross-Russell why she had overlayed zip codes on the map instead of census tracts. M. Ross-Russell explained that she felt zip codes would be easier to understand since most people do not know their census tract. She said that she remembered there were 366 census tracts in Philadelphia. M. Ross-Russell asked why T. Dominique had preferred the census tract number instead of zip codes. T. Dominique said that census tracts were more specific. If a person wanted more information on a certain location. T. Dominique asked if a person would need to call the OHP for more information or if would they need to investigate on their own. M. Ross-Russell said they could call her and she could give a general location instead of the census tract number.

G. Grannan recalled how M. Ross-Russell mentioned substance abuse data. He said that Prevention Point was adequate because they had used zip codes instead of census tracts. He added that if a person were distributing syringes, Prevention Point would record where the transaction had happened rather than where they live. T. Dominique said she knew the person who had created Prevention Point's maps. She said the person was given the exact location of only where the transaction had occurred.

G, Grannan asked how M. Ross-Russell resolved the issue of creating maps using different information sources. M. Ross-Russell said she used different sets of census data. Sometimes would need to use long and latitude to find the exact location on the map. She said she had started with using pin dot maps and referenced the first map shown in the presentation. T. Dominique returned to the first map in the document. M. Ross-Russell said that each dot on the map represented 5 persons. The map displayed ethnicity and racial density in Philadelphia. M. Ross-Russell used this map to demonstrate how racially segregated Philadelphia was.

G. Grannan said it was difficult to look at the epidemiological data and a list of demographics and understand why one group was more affected by a social determinant than another. M.

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Ross-Russell replied that it was difficult to pry out the specific factors that had impacted one group or population.

G. Grannan also wanted to see the differences between people who were living 200% over the poverty line versus persons who were living below the poverty line. K. Carter asked if he was trying to understand the effect of socioeconomic status and health outcomes. G. Grannan agreed and said he was trying to see what trends were happening in the population. G. Grannan asked if they needed all 80 maps. T. Dominique said that it was 80 maps per county. G. Grannan said that he was just looking at the Philadelphia maps. He said he would like the committee's thoughts on the issue. Then he said that a person using drugs did not have a representative health outcome if they had made over 400% above the poverty line. M. Ross-Russell replied that she had included persons who had made over an income of $250,000 and those who made $10. She says the individuals in these income brackets move into other income brackets. M. Ross-Russell said that indicators were not always 100% right. She recalled a time when she was working with a statistician trying to find out if certain neighborhoods were more prone to certain diseases using census data. Her research found that certain areas did have certain indicators such as a poor diet that may have contributed to the disease. However, the results were not significant. She said that it did give a picture of the population and allowed her to craft services for them. G. Grannan gave his own example. He said that he had lived with someone who smoked for 25 years of his life. G. Grannan said that if he had developed cancer at his current location, the results would not be an indicator of his area. M. Ross-Russell said that people had made assumptions about a racial group and diseases such as heart disease. She said they should not generalize unless they have all factors that had impacted the population.

K. Carter asked how useful the maps were in making decisions. M. Ross-Russell said that the maps on the website were not just for their use. She said they were there to help other providers and other organizations by giving information about the populations that they had served. M. Ross-Russell said that the maps do not provide information for all counties since they were based on census data. She said places like Salem have only 15 maps as opposed to the 80 maps of other counties because they had places where the population was under 65,000. She said they did not do a census at places with less than 65,000 people. M. Ross-Russell said Salem County was one of the few counties where the data was peculiar compared to the other counties. K. Carter asked why Salem County had a low population. M. Ross-Russell said it was because it was a rural county focusing primarily on farming.

M. Ross-Russell said that this discussion was to hear what they thought was useful about the maps. If the committee does not find anything useful, they could focus on something else. G. Grannan said that he was not the best person to ask this question since he was only looking at the maps and not doing the groundwork for collecting the data. He said he was hesitant about turning to law enforcement's data since the data had only counted police interaction with the population. M. Ross-Russell said she would look through the police collected data and learn if there was enough data to form a conclusion. K. Carter asked if providers would find this information useful. D. Surplus said that as a provider, she appreciated having more information. K. Carter asked D. Surplus if she and her organization worked in Philadelphia or in the suburbs. D. Surplus said that she and her organization were more situated in the South Philadelphia suburbs and South Jersey.

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M. Ross-Russell made one final request to send what they thought would be helpful and she would attempt to map out the information.

-Brief Update on Prevention Committee Survey-

T. Dominique had previously shared a survey with the Planning Council between February 22, 2023 to March 17, 2023. She received 18 responses. The survey asked the Planning Body about topics they were concerned about in terms of prevention healthcare. One of the questions asked them if they had concerns about prevention in the city and the suburbs. About 11 of the 18 responses said they had the same concerns for the city and suburbs. 3 respondents felt that the concerns were different by location and 4 were unsure if the concerns were the same. The most common topics that the respondents were concerned about were pre-exposure prophylaxis (PrEP), mental health, substance use, healthcare access, and awareness about prevention and healthcare.

T. Dominique reviewed the responses. She said they had gone over the first 6 or 7 responses in the last Prevention Committee meeting. Some of the survey respondents said they were concerned that PrEP was viewed as an intervention only for men who have sex with men (MSM), how people communicate with their primary care provider, lack of overdose prevention centers for the homeless, youth access to prevention resources, lack of sexual education, bias toward transexual masculinity, the stigma around law enforcement, health insurance to cover service, failure of landlords to bring buildings to code, people living with HIV (PWLH) selling their medication, and PWLH living without judgment.

T. Dominique reviewed the responses from the Positive Committee. She said their concerns revolved around racism, healthcare for persons of color, lack of advocacy programs, and lack of affordable housing and Spanish-speaking workers who could help them. T. Dominique that C. Steib and L. Matus could not be at the meeting. T. Dominique said that L. Matus and C. Steib wanted to help the Prevention Committee identify what they could focus on and what the prevention services needed.

K. Carter said that DHH was turning from a needs-based model of HIV testing to a sexual wellness-based model. He said that many people were going to the hospital for non-HIV related injuries and illnesses. He asked how they could get these people tested and access PrEP if needed. T. Dominque prefaced that her reply would be her own opinion and did not represent OHP or DHH. She said she had recognized that providing those services would help but she had recognized that they had placed a burden on the city. For example, she referenced a Washington DC and New York program that attempted to test their emergency rooms for HIV. She said it was a burden on the system. She recalled that a hospital that no longer exists was providing tests to all emergency patients. They would be providing tests even to a person who would be waiting to get treated for a gunshot wound. T. Dominique said there would be mechanisms that need to be put in place to support this program. She said that many institutions and organizations would be unwilling to attempt this. M. Ross-Russell said they need to keep in the mind the corporate nature of hospitals and medical places. She added that COVID-19 had an impact on programs

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such as testing. She said people felt uncomfortable being together and that there was possible misinformation being distributed within the community.

M. Ross-Russell said K. Carter's question about testing emergency room patients for HIV had reminded her that as people, they witness many issues that could be solved. She said that one of the reasons they had the discussion about the maps was to answer the question about what they could do to solve the issues around them. M. Ross-Russell said that if they couldn't solve the issues, they could at least identify them.

G. Grannan said that he was concerned that testing emergency room patients missed populations who were not able to go to the emergency room or were rejected from it. G. Grannan said it was a good way to get testing numbers up and a good way to identify which populations they were and were not focusing on. He said they would be missing the population who were underserved by the healthcare system and social services. T. Dominique said that some places did not allow testing on patients without a legal signature. She added that patients who do not have the finances to go to the emergency room would opt out of using it. T. Dominique said the committee should consider testing in an urgent center rather than the emergency room since it was more convenient. Testing at an emergency room would require a person to be there to perform the test. She said a healthcare person drawing blood at an urgent center would be more easily able to test for HIV. T. Dominique said there were other changes they could do to prevent missed opportunities from happening.

K. Carter said they could send units such as trucks to places that were historically underserved to have them HIV tested. T. Dominique said she had worked on a mobile unit for many years. She said she could not drive and that other testers may not be able to do so too. She asked K. Carter how they would address this possible issue. T. Dominique also raised the issue of stigmatization. She said that even though the mobile unit that she had worked on did not have clear markings on the vehicle, the community knew she was helping those with AIDs and were afraid to get near her. M. Ross-Russell added that there were both positives and negatives with using mobile vans for testing. On one hand, mobile vans bring testing to the people who need it. On the other hand, they would most likely need support from another organization to provide testing.

K. Carter asked if the Prevention Point vans had markings to allow people to know they were providing syringe exchange and testing. G. Grannan said that the vans were generally not marked or that they used ambulance vans. He recalled his experience working for Prevention Point. He said that most community members were fearful of approaching them even to get syringes. He said that while working at Prevention Point, they had sent their clients a list of sites where they could do tests. He said even then people were afraid to approach a site unless they knew the people at the site.

E. McNamara from DHH said she had seen similar experiences at her locations. She said one of the ideas that persuaded people to get HIV tested was also offering substance use treatment. She then told the committee that DHH was expanding testing to retail pharmacies. She said they had 3 sites where they would be funding activities for.

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G. Grannan said that the HIV felony law was still in effect. He said there were people who were deciding to not get tested because of it. T. Dominique agreed with G. Grannan and said that this was a challenge. She said the only thing they can do is bring this issue to the people in power and pressure them to change it.

K. Carter asked if there was a way to incentivize people to get tested. He said they could offer someone money or food to get tested one day and then get tested again another day for more payment. T. Dominique referenced the program mentioned earlier that had attempted to expand testing to emergency rooms in Washington D.C. and New York. She said the same program had attempted to incentivize to get tested and stay on medication if they were HIV positive. She sent the link to the study to the committee. The title of the study was “HPTN 065 TLC-Plus: A Study to Evaluate the Feasibility of an Enhanced Test, Link to Care, Plus Treat Approach for HIV Prevention in the United States.“

Any Other Business:

None.

Announcements:

K. Carter said he was working with the health department on March 27, 2023. They needed 20 people for a focus group. He promised that there would be food and that travel expenses would be compensated. He said he would email the committee the flyer.

Adjournment:

T. Dominique called for a motion to adjourn. **Motion:** K. Carter motioned, and G. Grannan seconded to adjourn the Prevention Committee meeting. **Motion passed:** Meeting adjourned at 4:15 pm.

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Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- March 2023 Meeting Agenda
- February 2023 Minutes