

**Philadelphia HIV Integrated Planning Council  
Prevention Committee  
Meeting Minutes of  
Wednesday, June 21, 2017  
2:30-4:30p.m.**

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

**Present:** Gus Grannan, Leroy Way, Clint Steib, Tiffany Dominique, Mark Coleman, Jen Chapman

**Guests:** Anna Bauer, La'Seana Jones

**Staff:** Mari Ross-Russell, Nicole Johns, Antonio Boone, Jennifer Hayes

**Call to Order:** C. Steib called the meeting to order at 2:34p.m.

**Welcome/Moment of Silence/Introductions:** C. Steib welcomed Prevention Committee members and guests. A moment of silence followed. Those present then introduced themselves.

**Approval of Agenda:** C. Steib presented the agenda for approval. **Motion:** T. Dominique moved, G. Grannan seconded to approve the agenda. **Motion passed:** All in favor.

**Approval of Minutes:** C. Steib presented the minutes for approval. **Motion:** L. Way moved, T. Dominique seconded to approve the minutes. **Motion passed:** All in favor.

**Report of Co-Chair:** None.

**Report of Staff:** M. Ross-Russell noted that the Philadelphia EMA had received its Notice of Grant Award for Ryan White Part A funding. She said that the Notice of Grant Award would be addressed by the Finance Committee at their meeting on July 6<sup>th</sup> (2-4pm) along with the Planning Council at their meeting on July 13<sup>th</sup> from 2-4pm. She said these meetings would have many agenda items, as the groups needed to approve this year's allocations and move into the allocations process for next year. She encouraged new members to attend both meetings. She stated that allocations would be thoroughly explained at the meetings. She reported that the allocations meetings would be held in July as well.

C. Steib said that the Pennsylvania HIV Planning Group would meet the week of the July Planning Council meeting.

**Discussion Items:**

- **Integrated Plan Goals and Objectives**

A. Boone said that he had presented on Integrated Plan Goals and Objectives at the last Prevention Committee meeting. C. Steib stated that the group agreed to review the items under Objective 1.2, which included 7 different strategies for reducing new infections.

N. Johns said that the spreadsheet in the packets was taken from the Integrated Plan. She stated that the spreadsheet would act as a tool for the Prevention Committee to monitor the goals and objectives in the coming months. She added that the column headers were at the top of the first page. She said that the columns included the number of each strategy, activities, responsible parties, target population, data sources, outcomes, and notes. She noted that green highlights represented AACO and state responsibilities. She said blue highlights were PDPH-specific. She

added that the red highlights were Planning Council responsibilities, which may also involve providers.

G. Grannan asked if the items without highlights represented something in particular. N. Johns replied that they did not. She said that Strategy 1.2.6 was a combination of many stakeholders' responsibilities. She added that Strategy 1.2.5 should have been highlighted in blue.

G. Grannan asked if the highlights represented responsibilities or funding sources. N. Johns said they stood for people or organizations responsible for carrying out the activities. She added that the target population typically referred to populations in the community, though some might be providers.

N. Johns said that other information could be added to the spreadsheet if desired. She stated that she did not include dates for the activities. She noted that many were ongoing or were to be completed by 2021. She stated that there would be an update to the Plan next fall.

M. Ross-Russell said that the Philadelphia Department of Public Health (PDPH) had recently started new campaign, Love Your Brotha, which was based around condom distribution, online promotion, and HIV and STI testing. She said the program had just launched, and she'd requested that the City send a representative to present about it to the Planning Council.

T. Dominique asked if the notes section on the spreadsheet should include information about initiatives that were currently happening in Philadelphia related to the individual strategies. T. Dominique stated that the Planning Council had heard a presentation about HIV testers and their lack of knowledge around Pre-Exposure Prophylaxis (PrEP). She asked if the notes should include an action plan for training the workforce to more effectively provide referrals for PrEP. N. Johns stated that the notes section could include anything related to the activity, including intermediate steps taken or observed barriers or changes in priorities.

L. Jones stated that she was a prevention navigator as part of CLUB 1509. She said she was a supervisor for the program, with an assistant navigator working under her. She stated that the prevention navigation program referred MSM of color to PrEP providers and provided psychosocial resources. She explained that the program provided functions similar to case management on a short-term basis. She stated that she'd serve as a contact for any findings, strategies, or updated information around PrEP. She said she'd be attending Prevention Committee meetings in the future. She added that she could provide a list of PrEP providers in Philadelphia that were participating in PrEP provision.

T. Dominique noted that CLUB 1509 only operated through a few organizations. She stated that there were many more organizations doing HIV testing in the Philadelphia area. She noted that, according to a presentation at the HIPC meeting this month, many testers had false beliefs or lacked knowledge about HIV and PrEP. She stated that the testing system was lacking. C. Steib noted that AACO had developed a training program to address the survey results. He stated that he'd attended one of these trainings. He noted that it was informative. He explained that he'd known much of the information that was given out in the trainings, but some of the audience did not. He added that information around PrEP was distributed, and counseling was deemphasized. He asked if the PDPH could provide information about how many people were on PrEP. He said this data could be revisited and monitored for changes after the trainings were completed.

M. Coleman stated that there should be more training about PrEP for individual organizations. T. Dominique said that it was difficult to count how many people were on PrEP. She noted that J.

Chapman had presented about New York's data collection around PrEP uptake. She stated that it was difficult to gather information about people who were getting PrEP through patient assistance programs or other private sources. C. Steib stated that it was easier to track initial prescriptions than adherence or refills. He said his organization reported the number of people who initiated PrEP to the PDPH.

G. Grannan asked if CLUB 1509 interacted closely with PrEP providers. L. Jones replied that they did. She said that much of their work took place within organizations that had many services within one location. G. Grannan stated that it was important to track tester attitudes. He said he'd heard troubling anecdotal reports about attitudes of clinicians around PrEP. He noted that this could be a potential barrier to PrEP provision. He stated that some of these attitudes could be surprising. He suggested developing trainings for clinicians in addition to testers. He stated that training testers was only part of the solution.

C. Steib noted that AACO had hired a physician's assistant or nurse practitioner to give presentations to clinicians. N. Johns added that the AIDS Education Training Center (AETC) did trainings with providers. She noted that some of the trainings were customized for individual clinics. M. Ross-Russell said that the national AETCs had been working with medical schools. She stated that these trainings and their contents would be difficult to track. She noted that some long-term testers brought preconceived notions to the job. M. Ross-Russell stated that the Prevention Committee should continue tracking clinicians' attitudes toward PrEP and possible issues.

M. Ross-Russell said that AACO had a list of clinicians willing to provide PrEP. T. Dominique noted that patients who did not have insurance would not be seen by some providers. She stated that clinicians who were willing to see people without insurance to provide PrEP were often located at AIDS Service Organizations (ASOs), which took time away from HIV-positive clients. She said that some people believed that PrEP encouraged promiscuity. She stated that the frequent testing required for PrEP prescription caused a perceived increase in STIs. She noted that these kinds of beliefs could not be changed through training alone.

C. Steib stated that prevention navigators were located at 7 participating agencies. He said he was told at the recent AACO tester training that providers who were having difficulty getting patients on PrEP could contact prevention navigators to connect clients to PrEP services. T. Dominique asked if the prevention navigation program was for transgender women as well. C. Steib replied that the prevention navigation program focused on MSM of color, but anyone could use the services. L. Jones stated that 80% of the program funding was targeted toward MSM of color, and up to 20% of funding could serve other populations.

M. Coleman asked if 15-09 addressed types of stigma particular to African-American communities, specifically in faith-based settings. He noted that stigma could act as a barrier to treatment and prevention. He said that some LGBT people may not feel comfortable visiting a faith-based organization to get PrEP. G. Grannan noted that some hospitals were religiously-affiliated. L. Jones agreed that stigma around being openly gay in communities of color was an issue.

M. Ross-Russell asked if the group would like to go step-by-step through the activities listed on the spreadsheet. She said that they could then discuss the process and steps for each individual activity. N. Johns pointed out that some of the activities required no further action. N. Johns stated that the Prevention Committee did not have to identify any additional measures, but could add some if they'd like.

C. Steib said they could add the need for clinician training to the item about PrEP.

C. Steib asked the group to review the condom distribution activities under 1.2.1. He noted that PDPH required periodic reporting on the number of condoms that were given out.

J. Chapman asked about the two items on the list that were highlighted in green. She stated that it would be helpful to know the number of condom distribution sites in Philadelphia. For instance, condoms may only be handed out in 10 schools, and the numbers for condom distribution could be increased by having condoms in more schools. T. Dominique asked if students had to go to the nurse's office to get condoms. M. Ross-Russell noted that some schools had Health Resource Centers (HRCs) where condoms were distributed. J. Chapman asked if data was available for condom distribution at local universities. N. Johns noted that there were many sites around the city that provided free condoms, and anyone who wanted to distribute the condoms could. J. Chapman noted that someone on her neighborhood listserv had asked where condoms were available. She stated that some locations had barriers to getting condoms. For instance, she said that ID was required to get into University of Pennsylvania buildings.

G. Grannan stated that some organizations reported a decrease in available condoms from the City. He suggested asking local providers about their experience with obtaining condoms. He stated that it was important to also know if lube was available. T. Dominique said that her organization had been asked if they had another resource for obtaining condoms before the Freedom Condom program would provide them. M. Ross-Russell stated that this question was asked of every organization wishing to obtain condoms.

C. Steib said he'd read an article that female condoms would be eliminated. A. Boone stated that the price of female condoms was being increased, and they were covered by insurance. C. Steib said that the company that manufactured the female condoms had cited low sales. G. Grannan said that the product was sometimes referred to as a "receptive condom."

C. Steib asked if the group would like to look into barriers to obtaining condoms from PDPH and encourage increased distribution of the condoms. G. Grannan said the group could look into constraints at PDPH that impeded distribution. M. Ross-Russell said that condom distribution could sometimes be impacted by public policy.

T. Dominique asked if the charter schools were included in the condom distribution program. M. Ross-Russell responded that she did not believe they were.

C. Steib noted that the Prevention Committee had discussed contacting Judith Peters of the Philadelphia School Board to potentially present about public school programs. T. Dominique asked if the recent Youth Risk Behavior Study (YRBS) had asked where students got their condoms. M. Ross-Russell replied that the survey asked if students used condoms, but did not cover where they obtained them.

J. Chapman stated that some health departments were increasing their condom distribution in response to sexual transmission of Zika, given that it was mosquito season.

C. Steib moved on to Strategy 1.2.2, "Ensure the provision of PrEP and nPEP to at-risk populations." He noted that earlier in the meeting, the committee had discussed monitoring the results of the ongoing AACO trainings for HIV testers. He added that they could also follow up after the full implementation of the prevention navigation program under 15-09. He noted that the

committee had discussed trainings for providers. He stated that CLUB 1509 was currently developing a social marketing campaign, which would be launched soon. L. Jones stated that she believed the Love Your Brotha program was separate from CLUB 1509. She said it was part of the Do You Philly brand. A. Boone noted that the Love Your Brotha page linked to CLUB 1509. N. Johns stated that, regardless of whether that program was related to CLUB 1509, the group could add notes encouraging the use of social media to promote condom use under Strategy 1.2.1.

G. Grannan asked if people who injected drugs (PWID) were included in the CLUB 1509 prevention navigation program. L. Jones stated that PWID who were also MSM of color would be targeted by the program, but anyone could access the services. C. Steib said he had a card about CLUB 1509, and it noted that CLUB 1509 services were available to everyone. G. Grannan stated that PWID were often not included in HIV prevention programs. L. Jones stated that CAREWare asked for risk factors when entering data as part of the prevention navigation intake assessment. G. Grannan asked if people who used hormones were considered PWID. L. Jones replied that she was not sure. M. Ross-Russell stated that this might depend on whether they shared needles. G. Grannan stated that HIV could also be transmitted from the sharing of hormones.

C. Steib moved forward to Strategy 1.2.3. “Ensure equitable access to syringe access services, substance use treatment, and related harm reduction services.” T. Dominique noted that syringe access could be expanded through pharmacies. G. Grannan stated that syringe access through pharmacies was widely-available. He noted that pharmacy voucher programs were successful. However, pharmacy syringe availability depended on which pharmacists were working. He said that some schools of pharmacy were training students about syringe access. T. Dominique noted that pharmacies were sometimes very busy at certain times of the month, when demand for syringes was high, which presented capacity issues. G. Grannan pointed out that pharmacists were not obligated to sell syringes to customers.

T. Dominique noted that “number of treatment referrals” was listed as a data source as opposed to “linkage to care.” G. Grannan said that the term “treatment” was problematic. He stated that AACO should have these kinds of statistics. M. Ross-Russell noted that any provider who received funding was supposed to provide certain information to AACO. She stated that, under Policy Clarification Notice (PCN) 16-02, syringe access was added as a fundable service under Ryan White. She said that Part A funds could pay for syringe access programs, but not the syringes themselves. G. Grannan noted that there were some federal and state bans against funding syringe access programs.

T. Dominique noted that the activity mentioned access to medication-assisted treatment (MAT) for opioid dependency. G. Grannan stated that one individual may be referred to many different MAT programs. Therefore, an increased number of referrals to MAT programs may not be positive, as it may indicate lack of adherence to MAT. He noted that some MAT programs were privately funded. He added that referrals to 12-step programs could not be tracked. He said it was important to use caution in tracking for these programs. He stated that the field didn’t track referrals for substance use treatment well.

G. Grannan stated that some substance use recovery programs did not support MAT. He said that these programs may view use of MAT as treatment failure. J. Chapman asked what the referral process was like for MAT. G. Grannan stated that referrals often directed clients to Girard Medical Center. He said he’d seen individuals who were unwilling to surrender their clean needles turned away from this program. He stated that some programs asked clients to have already completed 7-10 days of withdrawal. He said that clients didn’t always have access to their

preferred mode of treatment. He noted that some programs were not well-run and were restrictive or advertised falsely.

G. Grannan suggested adding an item related to overdose under Strategy 1.2.3. He stated that there should be more naloxone available to citizens for overdose prevention. He noted that the number of overdose deaths was currently very high. T. Dominique said that overdose deaths surpassed homicide deaths in Philadelphia. G. Grannan stated that safer consumption spaces could help to reduce the number of overdose deaths as well. J. Chapman noted that the discussion of overdose also fit under other Objectives in the Plan.

G. Grannan said that there was a syringe access program in Camden that was not currently active. He noted that the program was not well-funded, so it couldn't operate. He suggested collaborating with the program to provide funding for it. He said that this might involve collaboration with the Department of Health and the Drug Policy Alliance. M. Ross-Russell stated that Ryan White funding could be used for programmatic costs but not syringes or other equipment.

C. Steib moved forward to Strategy 1.2.4, "Reduce the amount of HIV virus within communities." He asked what MMP and HAB stood for. N. Johns stated that they referred to the Medical Monitoring Project and the HIV/AIDS Bureau's monitoring standards. She said that the PHL standards were local measures used for the Ryan White care system.

G. Grannan said that this activity didn't take into account the ways that prevention and treatment reduced risk in a community. M. Ross-Russell said tracking PrEP over time may fall under Strategy 1.2.4. M. Ross-Russell noted that many discussions of PrEP had been Philadelphia-specific in the past. She said that not much was known about what was being done around PrEP in other counties.

T. Dominique asked if PrEP data would be broken out regionally. M. Ross-Russell stated that it would be. She explained that it was sometimes difficult to get data for certain areas.

C. Steib suggested collecting data for people who were lost to care. T. Dominique said that Project CoRECT in Philadelphia could help collect this data. M. Ross-Russell stated that non-medical case managers in New Jersey often collected this kind of data as well.

G. Grannan asked if this data was available by census tract. M. Ross-Russell said that census tract level data was not available without individual addresses.

J. Chapman asked how clients accessed the AIDS Drug Assistance Program (ADAP) and how long the enrollment process took. M. Ross-Russell stated that the Special Pharmaceutical Benefits Program (SPBP), which was Pennsylvania's ADAP program, was now going to cover Medicare Part C and D costs, effective July 1<sup>st</sup>. ADAP also covered medications co-payments and cost-sharing for the insured. M. Ross-Russell stated that clients could apply for ADAP services and have access to them in as little as a few days. She said that this may be different in the state of NJ.

G. Grannan asked if SPBP could pay for post-exposure prophylaxis (nPEP). M. Ross-Russell stated that ADAP covered HIV-positive individuals. She noted that there were some medications on the formulary that were not HIV-specific but only covered for people with HIV. She stated that SPBP formulary was extensive. J. Chapman asked if SPBP covered Hepatitis C treatment. M. Ross-Russell replied that it did. G. Grannan said that there were now no preconditions for receiving Hepatitis C treatment coverage for Medicaid-eligible individuals.

M. Coleman asked if people who received Supplementary Security Income (SSI) benefits could access Marketplace plans. N. Johns responded that eligibility for Marketplace plans was open however subsidies for premiums and cost-sharing is dependent on income. SPBP/ADAP covers cost-sharing and co-payments for Marketplace plans.

**Old Business:** None.

**New Business:** G. Grannan noted that several individuals on the President's Advisory Council on HIV/AIDS (PACHA) had recently resigned. He suggested adding information about this to concurrence.

J. Chapman said that AIDS United had a public policy committee, which Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) was part of. She stated that they were meeting next week. She noted that they'd recently formed a community subcommittee under the Prevention Committee. She said that this committee would look into current political changes.

C. Steib asked if the Prevention Committee could meet in the small conference room in the future. OHP staff agreed that the committee would meet in the small conference room.

**Research Updates:** None.

**Announcements:** T. Dominique stated that the CFAR CAB was taking nominations for the Center for AIDS Research (CFAR) Red Ribbon Awards. She said that nominations were due July 15<sup>th</sup>. She stated that next Tuesday, the Penn CFAR Community Advisory Board (CAB) was holding a men's wellness fair at 39<sup>th</sup> and Lancaster Ave from 11-3pm. G. Grannan asked if posthumous nominations would be accepted for the Red Ribbon Awards. T. Dominique replied that they would. She directed the group to send all nominations to [tybrown@upenn.edu](mailto:tybrown@upenn.edu).

**Adjournment: Motion:** L. Way moved, G. Grannan seconded to adjourn at 4:25pm. **Motion passed:** All in favor.

Respectfully submitted by,

Jennifer Hayes, OHP

Handouts distributed at the meeting:

- Meeting Agenda
- May 24, 2017 Meeting Minutes
- Integrated Plan Objective 1.2 Spreadsheet
- OHP Calendar