MEETING AGENDA

VIRTUAL:
Thursday, June 8th, 2023
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (May 11th, 2023)
- Report of Co-Chairs
- Report of Staff
- Presentation
  - Substance Use Presentation by Opioid Response Unit
  - End of Year Expenditure Report
- Committee Reports:
  - Executive Committee
  - Finance Committee – Alan Edelstein & Adam Williams
  - Nominations Committee – Michael Cappuccilli & Juan Baez
  - Positive Committee – Keith Carter
  - Comprehensive Planning Committee – Gus Grannan & Debra Dalessandro
  - Prevention Committee – Lorett Matus & Clint Steib
- Other Business
- Announcements
- Adjournment

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The next HIPC meeting is
VIRTUAL: July 13th, 2023 from 2:00 – 4:30 p.m.

HIV Integrated Planning Council

Philadelphia: HIV Integrated Planning Council
Meeting Minutes of
Thursday, May 11, 2023
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Juan Baez, Michael Cappuccilli, Keith Carter, Debra D'Alessandro, Lupe Diaz (Co-chair), Monique Gordon, Pamela Gorman, David Gana, Gus Grannan, Jeffrey Haskins, Sharee Heaven (Co-chair), DJ Jack, Gerry Keys, Greg Langan, Lorett Matus, Shane Nieves, Luis Otaño, Erica Rand, Clint Steib, Desiree Surplus, Evan Thornburg (Co-chair), Adam Williams

Guests: Briana Gibson (DHH), Ameenah Mcann-woods (DHH), Cindy Haney, Sterling Johnson, Coty Murphy, Maddison Toney

Excused: Jose Demarco, Alan Edelstein

Staff: Beth Celeste**,** Tiffany Dominique, Debbie Law, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

Call to Order: S. Heaven called the meeting to order at 2:05 p.m.

Introductions: S. Heaven asked everyone to introduce themselves.

Approval of Agenda: S. Heaven referred to the May 2023 HIV Integrated Planning Council agenda and asked for a motion to approve. **Motion:** K. Carter motioned; D. Gana seconded to approve the May HIV Integrated Planning Council agenda via a Zoom poll. **Motion passed:** 15 in favor, 1 abstained. The May 2023 HIV Integrated Planning Council agenda was approved.

Approval of Minutes (*April 13th, 2023 and April 20th, 2023*):

S. Heaven referred to the April 2023 HIV Integrated Planning Council minutes. S. Heaven said her name was misspelled on the April 20, 2023 minutes. C. Steib wanted to add his name as excused for April 13th, 2023 minutes. S. Heaven said she was missing from the present list in the April 13, 2023 minutes. K. Carter said the April 20th, 2023 minutes had an error that referred to him as "she." **Motion:** K. Carter motioned; C. Steib seconded to approve the amended April 2023 HIV Integrated Planning Council and Emergency HIPC meeting minutes via a Zoom poll. **Motion passed:** 11 in favor, 3 abstained**.** The amended April 2023 HIPC Minutes and Emergency Minutes were approved.

Report of Co-Chairs:

S. Heaven reported receiving additional funding from the Housing Opportunities for Persons With AIDS (HOPWA) program. She believed that HOPWA would see slight additional funding in their allocations. She said this information was not official yet. S. Heaven said she wanted to use the additional funding to hire staff for support services. With the existing housing units, she

anticipated that the agency would be able to accommodate fifteen participants. She mentioned the need to review spending in September and expressed hope for movement on the waitlist.

S. Heaven also reported that the city of Philadelphia was aiming to launch a housing fair. She believed the fair would be targeted at people who wanted to own a home. She said the event would be hosted at the Liacouras Center at Temple University and she assured HIPC that she would provide more information as the event approaches.

Regarding the eviction diversion, mortgage diversion, and tangled titles programs, S. Heaven confirmed that they were proceeding as expected. Additionally, she mentioned that the COVID HOPWA funding needed to be utilized by June 30th. S. Heaven assured that spending was on schedule, and she did not anticipate returning any funding to the Department of Housing and Urban Development (HUD) on June 30th.

Report of Staff:

T. Dominique stated the Prevention Committee had discussed substance abuse and decided to invite the Opioid Response Unit (ORU) for a presentation at the next HIPC meeting in June. The ORU would address trends in substance use and discuss the next steps in tackling the issue.

M. Ross-Russell mentioned they would usually dedicate the entire meeting duration to review the allocations material. However, due to the ORU presentation in June, M. Ross-Russell noted the allocations material review would need to be abbreviated. She mentioned they would be completing allocations in July. She reminded the committee that much of the material could be found on the Office of HIV Planning (OHP) website. She said there was difficulty booking the ORU due to scheduling conflicts, but she emphasized that hearing the information from the presentation was important.

S. Moletteri informed the Comprehensive Planning Committee (CPC) that they would be having a joint meeting with the Prevention Committee due to a scheduling conflict with the Pennsylvania HIV Planning Group (PA HPG). As a result, the CPC would be meeting on May 24th instead of May 18th.

Presentation:

-Epidemiological Update-

B. Gibson introduced herself as an epidemiologist in the surveillance unit Division of HIV Health (DHH) at the Philadelphia Department of Health. She stated she would present the epidemiology update using DHH's 2021 Surveillance Report information. She expressed gratitude to her colleague Antonios Mashas, who assembled the presentation for the HIPC meeting, despite being unable to attend it.

The first slide in the presentation displayed a chart illustrating the number of people living with HIV and AIDS as well as the number of deaths in Philadelphia over the years. During the presentation, B. Gibson highlighted that the green line on the graph represented the number of

AIDS diagnoses, which reached its peak in the 1990s. She explained that the orange line indicated the number of new HIV diagnoses, which only appeared in the graph starting from 2005. This distinction was made because that was the year when they started differentiating between HIV and AIDS. The black line represents the number of HIV and AIDS-related deaths. Like the green line, the black line peaked in the early 1990s.

Furthermore, the black line on the chart depicted the number of HIV and AIDS-related deaths, mirroring the pattern observed in the green line by peaking in the early 1990s. Additionally, the graph featured gray bars in the background, representing the total number of people living with HIV (PLWH) by year. B. Gibson explained that the left side of the chart reflected the prevalence of HIV/AIDS, while the right side represented new diagnoses and deaths.

The second slide provided an overview of the number of people living with diagnosed HIV (PLWDH) in Philadelphia. B. Gibson shared that as of 2021, there were 18,351 PLWDH in Philadelphia. She stated that the largest concentration of HIV prevalence continued to be in two populations: men who have sex with men (MSM) and people who inject drugs (PWID). She highlighted that HIV would also disproportionately affect Black and Brown communities.

B. Gibson proceeded to provide more details about the demographics. Among the 18,351 PLWDH, 72% were male and 40% identified as MSM. Regarding race and ethnicity, 64% of the 18,351 PLWDH were Black or Hispanic.

In the next slide, B. Gibson provided an overview of the PLWDH in each county. In 2021, there were 3,598 PLWDH in the New Jersey EMA counties and 5,472 PLWDH in the Pennsylvania counties. B. Gibson stated that HIV disproportionately affects Black and Brown communities across the Eligible Metropolitan Area (EMA), there were more Non-Hispanic white PWLDH in NJ and PA counties. Additionally, among the PLWDH in 2021 who were PWID, Philadelphia had the greatest transmission risk through injection use.

B. Gibson presented HIPC members with a map of Philadelphia representing the hotspots where PLWH resided. She concluded based on the map that HIV was widespread in Philadelphia.

Starting in 2021, DHH began including a health equity section in its health surveillance report. B. Gibson said the information was collected by DHH's Medical Monitoring Project (MMP) which collected HIV stigma and housing data. She presented HIPC with a graph illustrating trends from 2017 to 2020 in stigma scores among PLWH by race and ethnicity. B. Gibson noted Hispanics had the highest stigma scores in 2017. Then in 2020, Non-Hispanic White stigma scores had risen to match those of Hispanics. G. Grannan asked if this graph represented the stigma that people experienced or the stigma people had perceived. B. Gibson clarified that the graph illustrated as perceived by the individual. However, she added that they did have information on the stigma PLWDH had experienced.

The next section of the presentation covered equity in housing. B. Gibson presented HIPC with a graph depicting trends in the proportion of unhoused PLWDH by race and ethnicity from 2017 to 2020. B. Gibson noted that there were a higher number of non-Hispanic White and Hispanics PLWDH who were unhoused.

Regarding the previous slide, K. Carter asked how stigma was measured. B. Gibson answered that it was based on ten questions rated from a scale of one to ten created by the Medical Monitoring Project.

In addition to health equity reports, DHH introduced data to care in 2021. B. Gibson mentioned she had personally been involved with data to care. She described data to care as a partnership between DHH and medical health facilities. DHH identifies patients who were out of care and takes steps to reengage them. Field specialists support the patients and conduct assessments on various factors. One of these assessments was barriers to care and information. B. Gibson explained there were around sixty barriers to care and she had condensed them into four categories for clarity on the slide.

The slide presented information from 2019 to 2021. It displayed that in the surveillance report, provider or structural barriers were reported at a rate of 54.5%. Examples of provider or structural barriers included issues with the availability of appointments and issues with the provider specifically. Patient rights and education as a barrier were reported at a rate of 44.9%. These barriers encompassed the patient's awareness and knowledge of the available services such as their health insurance and their Ryan White status.

The next barrier reported was related to supportive services and socio-economic status (SES). B. Gibson clarified that these barriers encompassed issues such as lack of transportation, housing status issues, and unemployment. Supportive services and SES barriers were reported at a rate of 32.4%. The last barrier reported was behavioral health. This barrier was reported at a rate of 9.7% and encompassed issues such as mental health disorders and substance abuse.

S. Johnson asked if the previous slide had used the federal definition of homelessness. B. Gibson confirmed that it had.

K. Carter expressed surprise that the number of reported behavioral health barriers was not higher. B. Gibson replied that she had expected higher numbers, considering that there may be unreported cases. She clarified the numbers on the report only represented the individuals DHH was able to locate and work with.

P. Gorman asked how many individuals were surveyed. In response, B. Gibson replied that she believed they had surveyed around 200 people.

The next section of the presentation encompassed a modified HIV Care Continuum in 2021. B. Gibson reported that out of the total 14,576 PLWDH, 11,779 individuals or 80.8% reported receiving HIV care. Additionally, 8,018 out of the total 14,576 PLWDH, accounting for 55%, were reported to have been retained in HIV care. Lastly, 10,219 out of the total 14,576 PLWDH, or 70.1%, achieved viral suppression.

B. Gibson reviewed the continuum of care trends. She reported that the receipt of care, retention in care, and viral suppression for people living with diagnosed HIV AIDS (PLWDHA) in 2021 had increased compared to the 2020 estimates. DHH had expected this result due to underreporting during the pandemic. She further reported linkage to care within one month of diagnosis slightly decreased, which she believed was influenced by the lingering effects of the pandemic.

B. Gibson also stated there was a small increase in HIV screening test volume compared to 2020. However, when compared to the testing levels before the pandemic in 2019, the number of tests was still considered low. Lastly, she reported that the monthly volume of viral load testing appeared to have rebounded since 2019.

The next slide in the presentation had a graph illustrating the continuum of care by multiple demographics such as race/ethnicity, gender, age, and risk favors. B. Gibson noted there was low viral suppression among, transgender individuals, persons ages 25 to 44, and MSM.

DHH, in addition to monitoring HIV and AIDS, also monitored Hepatitis among PLWDH. B. Gibson reported that approximately one in ten PLWDH in Philadelphia were coinfected with Hepatitis B (HBV). She further stated that about one in six PLWDH in Philadelphia were coinfected with Hepatitis C (HCV). Among PLWDH who inject drugs, approximately half of them were also coinfected with HCV. B. Gibson also noted that over 20 percent of PLWDH aged 50 years and over were coinfected with HCV.

K. Carter inquired about the number of people who had switched to injectable medication to achieve viral suppression and whether they had remained undetectable. B. Gibson acknowledged that they may have data on the topic. However, she could not offer a confident answer at the moment and would need to further investigate the subject.

B. Gibson reported information on HIV-related death. She stated that 441 total deaths were reported among PLWDH in 2020. Of those deaths, 47 deaths noted HIV as the underlying cause. B. Gibson concluded that there was a decline in deaths with HIV as the underlying cause. She prefaced they were still working on analyzing the death data from 2021.

The next slide featured a graph of new HIV diagnoses from 2017 to 2021. The graph depicted 508 new diagnoses of HIV in 2017 and 365 new diagnoses in 2021. B. Gibson said there was a slight increase in the number of diagnoses from 2020 to 2021. She attributed this to increased testing after the pandemic subsided.

B. Gibson reviewed the newly diagnosed data from 2021 in Philadelphia. She reported the largest burden of new diagnoses had impacted MSM and PWID. Additionally, she reported that new HIV diagnoses had disproportionately affected the Black and Brown communities.

B. Gibson reported there were 161 new diagnoses in New Jersey EMA counties. She noted there was a larger percentage of new diagnoses in older age groups vs Philadelphia and Pennsylvania counties. For the PA EMA counties, B. Gibson reported there were 127 new diagnoses. She

noted that there were fewer diagnoses of MSM in PA and NJ EMA counties compared to Philadelphia County.

B. Gibson presented HIPC with a graph depicting the rates of newly diagnosed HIV per 100,000 people by the year of diagnosis and risk group from 2017 to 2021. She highlighted that on average, MSM had the highest rates. She once again noted the effect of the pandemic on the rates from 2020 to 2021 where the rates had decreased before increasing.

The next slide of the presentation featured a graph displaying a pie chart showing the sex at birth distribution of PWLDH. The chart highlighted that the largest percentage of new cases consisted of individuals who were assigned male at birth.

The subsequent pie chart depicted the age demographics of new HIV cases. B. Gibson mentioned that the highest percentage of new cases fell within the age range of 30 to 39 years old.

B. Gibson reviewed a pie chart illustrating the risk factors of newly diagnosed cases. She pointed out that over half of the cases were attributed to men who have sex with men (MSM). The next pie chart depicted the newly diagnosed cases by race and ethnicity. The chart displayed new diagnoses among Non-Hispanic Black and Non-Hispanic White. In the next slide, B. Gibson displayed a heat map of the new diagnoses. She noted most of the new diagnoses were concentrated in North Philadelphia and one neighborhood in Southwest Philadelphia.

B. Gibson reviewed the surveillance report information on concurrent diagnoses. She revealed that one in five new diagnoses in 2021 were concurrent HIV/AIDS. She reported that concurrent diagnoses had been steadily increasing during the pandemic. She said that concurrent diagnoses of HIV/AIDS transmission represented missed opportunities for early HIV diagnosis. She believed this may have been related to reduced access to early routine HIV testing. T. Dominique noticed the newly diagnosed information was from Philadelphia and inquired if DHH had information on newly diagnosed cases in NJ and the PA counties. B. Gibson said they may have the data, but she would need to investigate further.

The next section of the presentation covered the HIV outbreak among PWID. DHH reported there was an increased number of PWID newly diagnosed in 2021 compared to 2020. There were 62 cases in 2021 compared to the 36 cases in 2020. In total, there were 268 cases of new HIV diagnoses among PWID. Most PWID newly diagnosed with HIV in 2021 were assigned male at birth and were between 30-49 years old and Non-Hispanic White.

K. Carter asked B. Gibson to explain what PWID stood for. B. Gibson explained that it referred to a person who injected drugs. G. Grannan expressed his preference for using terms like "drug user" or "injector" to humanize the individuals, rather than reducing them to acronyms. B. Gibson agreed to use those terms instead.

However, A. Williams disagreed with G. Grannan's suggestion. He said that using the phrase "people who inject drugs" was actually more humanizing, as it employed person-first language. He found the terms "drug user" and "injector" to be problematic.

G. Grannan pointed out that the community preferred the terms "drug user" and "injector" and did not recognize or identify with the term "PWID." He mentioned that the term "PWID" had originated in the prison context and had been used in presentations where it blurred the distinction between prisoners and individuals who use drugs.

E. Thornburg, a member of DHH, provided some context for why DHH preferred to use "PWID" instead of "drug user." She explained that DHH acknowledged that they were not part of the community and felt uncomfortable using what they perceived as colloquial language. She mentioned that DHH considered "PWID" to be person-first language, while "drug user" carried a stigma. G. Grannan expressed his disagreement with the use of "PWID" as someone involved with the community. He said that E. Thornburg's reasoning assumed that there was nobody in the health department who injected drugs. He also stated that the term "drug user" carried a stigma because society attributed it, and highlighting the stigma associated with it only reinforced it further.

T. Dominique said some HIPC members had some comments and questions about the discussion. S. Johnson said they should stop rendering people's lives into acronyms. They said it had created distance from the people.

B. Gibson continued the presentation. The next slide featured a bar graph illustrating PWID diagnoses since 2018. She highlighted that the number of newly diagnosed cases had peaked in early 2019 after they had identified the HIV outbreak in 2018. Additionally, she noted there was an increase in the number of cases in the latter half of 2021 and attributed it to increased testing.

B. Gibson then reviewed two pie charts covering pre-exposure prophylaxis (PrEP) indications. The first pie chart depicted the estimates of adults with indications for HIV (PrEP). The chart displayed that more than half of adults with indications for PrEP were MSM. The second pie chart illustrated PrEP indication among MSM by race and ethnicity. The chart showed more than half of the PrEP indication among MSM were Non-Hispanic Black individuals. In addition, B. Gibson said there were 8,190 HIV-negative individuals in Philadelphia in 2021 with a PrEP indication.

He reported that the PDPH distributed nearly 2,500 self-test kits to community-based organizations (CBOs). From January 2021 to June 2022, 1,064 kits were mailed directly to consumers and 864 kits were picked up by consumers from a CBO.

B. Gibson proceeded to discuss perinatal exposures. She mentioned that in 2021, there were 74 cases of perinatal exposures, but only one case of confirmed perinatal HIV infection. Out of the 74 perinatal exposures, 23 individuals were confirmed to be HIV-negative. Additionally, 34 individuals were presumed to be HIV-negative based on their medical record review. Lastly, there were 16 perinatal exposures with indeterminate status.
Looking at the demographic factors, B. Gibson confirmed 73% of the 74 perinatal exposures were Non-Hispanic Black individuals. Additionally, 60% of the mothers were between the ages of 25 and 34. She said 77% of the parents were virally suppressed at the time of birth and 96% of the parents had received prenatal care. 91% of the birth parents received antiretroviral therapy (ART) during the pregnancy and 97% of the parents received neonatal ART.

B. Gibson informed HIPC that they would be adding Monkeypox Virus (MPV) to the list of AIDS-defining opportunistic conditions due to its severity among those with low CD4 counts. She said there was a study at the University of London that examined 382 cases of MPV and PLWH who had low CD4 counts. A total of 27 individuals died in the study and the researchers then urged public health authorities to add MPV to the list of AIDS-defining opportunistic conditions. B. Gibson said there was a decrease in MPV. They attributed this to the reduction in the number of sexual partners and the effectiveness of the 2-dose smallpox vaccine.

B. Gibson concluded her presentation and asked if HIPC members had any questions. K. Carter asked if it was called vertical transmission instead of perinatal transmission. B. Gibson confirmed they had the same meaning. K. Carter suggested the term "vertical transmission" had put the fault of HIV transmission less on the mother.

S. Johnson inquired what was the source of the homeless information mentioned in the presentation. B. Gibson said the source was MMP.

S. Moletteri asked if the HIPC members would like to resume their previous discussion about PWID descriptors. D. Jack asked if there was a discussion within the PWID community about what descriptors they would prefer to be known as. S. Nieves said that listening to other individuals' perspectives was important. They said they had never heard of the term "injector" but they have heard more harsher names such as "junkie." S. Heaven thanked B. Gibson for her presentation.

E. Thornburg clarified that DHH did not view the term "drug user" in a negative perspective and DHH chooses to use less interpersonal terminology because they do not have a familiar relationship with the community. Additionally, E. Thornburg said they use acronyms such as "PWID" to communicate with other agencies such as the state and the CDC. She said more relatable jargon, especially language that the community prefers, was supported by DHH when talking with its members.

Action Item:

-Open Nominations Policy Update-

S. Moletteri said the Nominations Committee was looking to make a change to their Open Nominations policy. She clarified that this was not part of the HIPC Bylaws. S. Moletteri explained the Open Nominations process encompassed reviewing new applications and sending them to the Mayor. S. Moletteri showed the HIPC language the policy the proposal had sought to change. The policy had read:

> The panel shall be comprised of no fewer than six members and shall reflect the demographics of the epidemic locally. At least 50% of the panel must be HIV-positive.

S. Moletteri explained that the Nominations Committee had wanted to change the language because they could not guarantee at least 50% of the panel would be HIV-positive without

forcing everyone to disclose their HIV status. She referenced a similar proposed change in the HIPC Bylaws. She said the Nominations Committee had wanted to change their policy to be goal-oriented like the HIPC Bylaws to avoid violating their own policy. Additionally, they had wanted to remove the requirement to have six members on the panel because they could not guarantee six members at every review.

S. Moletteri then read the new language that the proposal hoped to change. Additionally, the proposal sought to change the pronoun usage of "he/she" to the less binary pronoun of "they /their."

S. Moletteri read the proposed policy language:

> The panel aims to have no fewer than six members and to reflect the demographics of the epidemic locally. PLWH are always encouraged to participate in the application review process.

S. Heaven asked the HIPC members if they had any questions or comments before the vote. There were no questions or comments.

K. Carter: In Favor
G. Langan: In Favor
D. Surplus: In Favor
M. Gordon: In Favor
D. Jackson: In Favor
L. Otaño: In Favor
D. Gana: In Favor
M. Cappuccilli: In Favor
G. Keys: In Favor
C. Steib: In Favor
E. Rand: In Favor
E. Thornburg: Abstained
G. Grannan: In Favor
J. Haskin: In Favor
P. Gorman: In Favor
S. Heaven: Abstained
S. Nieves: In Favor
S. Johnson: In Favor
J. Baez: In Favor
L. Matus: In Favor
D. D'Alessandro: In Favor

Motion: 19 in favor, 2 abstaining. The proposal to make the above changes to the Open Nominations Policy was passed.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-

None.

-Nominations Committee-

M. Cappuccilli informed the HIPC members that the Nominations Committee had held a meeting prior to the current session, as scheduled. He shared that they discussed two items during the meeting. The first topic was the proposed change to the Open Nominations policy, which had been discussed in the current meeting. The second topic focused on creating an informal format where individuals could meet, ask questions, and address any concerns they may have.

One idea being developed by the Nominations Committee was to introduce an online version of office hours. These meetings would be brief and held monthly after a HIPC meeting. They would not be recorded or documented in writing. M. Cappuccilli mentioned that they would further refine this idea in the next committee meeting before presenting a proposal to the next HIPC session.

G. Grannan remarked that the virtual meetings had addressed some of the historical issues and had opened up new channels of communication due to the necessary technical changes.

K. Carter expressed concern that some individuals might be hesitant to voice their questions during formal meetings, potentially leading to a lack of their input. G. Grannan mentioned that in the past, he would receive questions from people in person that he now sees in the Zoom chat.

M. Cappuccilli acknowledged that G. Grannan offered a unique perspective, which differed from the conclusion reached by the Nominations Committee. He requested the HIPC members to consider both perspectives when voting. M. Ross-Russell stated that both viewpoints were valid and encouraged new members to email the staff with their thoughts on what would be helpful.

-Positive Committee-

None.

-Comprehensive Planning Committee-

G. Grannan said the Comprehensive Planning Committee did not meet last month due to the emergency HIPC meeting.

In addition, he announced that the CPC would be having a joint meeting this month.

-Prevention Committee-

C. Steib said the Prevention Committee would be meeting on May 26th, 2023.

Other Business:

None.

Announcements:

K. Carter informed the HIPC members about the upcoming Aging with HIV Summit, which would be held at the DoubleTree Hotel on May 23rd. The summit would be a hybrid event, offering both in-person and virtual attendance options. K. Carter requested D. D'Alessandro to send the HIPC members the advertisements for the event. J. Haskins announced that he would be the keynote speaker at the summit and encouraged all members to attend.

L. Otaño, the Population Health Coach at Cooper University Hospital in the Intervention Program, introduced himself and shared information about the Camden Pride County Walk. The walk would take place on June 30th in collaboration with the Camden County Water Commissioners and Camden County Police Department, from 3 pm to 7 pm. L. Otaño urged the members to reach out to him or the event organizers if any local organizations were interested in participating. He provided his email address to the HIPC members.

C. Steib announced the Pennsylvania HPG Townhall meeting, scheduled for May 17th at King of Prussia, starting at 3 pm.

T. Dominique reminded the HIPC members about the upcoming election day and encouraged everyone to exercise their right to vote.

Adjournment:

S. Heaven called for a motion to adjourn. **Motion:** K. Carter motioned, and J. Haskins seconded to adjourn the May 2023 HIV Integrated Planning Council meeting. **Motion passed:** All in favor. The meeting adjourned at 3:35 pm.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- May 2023 Meeting Agenda
- April 13th Minutes
- April 20th Minutes