

MEETING AGENDA

VIRTUAL:

Tuesday, August 29, 2023

12:00 a.m. – 2:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (February 24th, 2023)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Discussion Item
 - Hybrid Meeting Transition
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Please contact the office at least 5 days in advance if you require special assistance.

The next Executive Committee meeting is

TBD

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

(215) 574-6760 • FAX (215) 574-6761 • www.hivphilly.org

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**Executive Committee
Meeting Minutes of
Thursday, February 24th, 2023
10:00 a.m. – 12:00 p.m.**

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Michael Cappuccilli, Keith Carter, Lupe Diaz, David Gana, Gus Grannan, Loretta Matus, Sharee Heaven, Clint Steib

Excused: Alan Edelstein

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

Call to Order: K. Carter called the meeting to order at 10:05 a.m.

Introductions: K. Carter skipped introductions.

Approval of Agenda:

K. Carter referred to the February 2023 Executive Committee agenda. **Motion:** M. Cappuccilli motioned; S. Heaven seconded to approve the February 2023 Executive Committee agenda. **Motion passed:** All in favor. The February 2023 agenda was approved.

Approval of Minutes (September 27th, 2022):

K. Carter referred to the September 2022 Committee minutes. **Motion:** L. Diaz motioned; L. Matus seconded to approve the September 2022 meeting minutes. **Motion passed:** All in favor. The September 2022 Minutes were approved.

Report of Co-chairs

L. Diaz reported that she and C. Steib would be attending the Pennsylvania HIV Planning Group (HPG) in March 2023. She mentioned that they should have a report ready by April 2023. Previously, C. Steib had stated that he could not vote during the HPG meetings. M. Cappuccilli asked him to clarify his statement. C. Steib explained that the state HPG had asked him to represent Philadelphia's HIV Integrated Planning Council (HIPC). However, this role would prevent him from voting in HPG meetings, so he decided not to act as a representative to preserve his voting rights.

L. Diaz mentioned that there was no government representative for Philadelphia. C. Steib pointed out that a person from the Department of HIV Health (DHH) attended the state HPG meetings but did not participate in the HIPC meetings. C. Steib believed that there was no PA State representative attending the HIPC meetings. However, he stated that even though he was not a representative for Philadelphia HIPC, he could still report the information to the Executive Committee. M. Ross-Russell added that when she attended these meetings, she, as a staff member of the HIPC, did not have voting rights during HPG meetings. She assumed that the same rule would apply to S. Moletteri. M. Ross-Russell clarified that the Office of HIV Planning

(OHP) usually did not have voting rights. She mentioned that L. Diaz, as a HIPC Co-chair and provider, would retain her voting rights in the HPG meetings unless she chooses to be the HIPC representative. M. Ross-Russell also emphasized the importance of ensuring that community stakeholders have voting rights.

K. Carter inquired if there were other representatives from Philadelphia in the HPG. C. Steib confirmed that there were. K. Carter expressed appreciation for C. Steib and L. Diaz's representation at the HPG, as he trusted them to advocate for the Planning Body's interests. C. Steib believed that he was selected to represent the youth at the HPG, while L. Diaz was chosen to represent the collar counties due to the lack of representation from Delaware County.

M. Ross-Russell mentioned that historically, a staff member from the OHP would report on the HIPC's activities but not provide information regarding grantee details.

M. Cappuccilli asked about the importance of HPG voting rights. M. Ross-Russell explained that many People Living With HIV (PLWH) resided in Philadelphia, so it was crucial for their stakeholders to have a voice in policies that affected them. C. Steib agreed with M. Ross-Russell and added that he, S. Moletteri, and L. Diaz had agreed to have a meeting after each HPG meeting to discuss what could be reported to the HIPC. He stated that even if S. Moletteri chose to be the Philadelphia representative, they would still hold these meetings to keep S. Moletteri updated on HPG events, in case they had to step away due to scheduling conflicts with the HIPC meetings.

G. Grannan asked if they needed to reschedule the Comprehensive Planning Committee meeting (CPC). M. Ross-Russell stated that it was not necessary. C. Steib suggested that S. Moletteri could attend the CPC meeting if the HPG meeting was on the same day and then inform them about what had occurred in the other meeting.

K. Carter inquired about the frequency of the HPG meetings and how many meetings S. Moletteri would have to miss. L. Diaz stated that the HPG meetings occurred every other month. S. Moletteri mentioned that the upcoming HPG meeting was scheduled for March 22, 2023, and March 23, 2023, which would conflict with the Prevention Committee meeting. C. Steib suggested that S. Moletteri attend the HPG meetings in person to gain valuable experience. S. Moletteri believed that it wasn't necessary for them to attend the Prevention Committee meeting. K. Carter reminded the committee that S. Moletteri could stay updated by reading the meeting minutes and reviewing the recordings. S. Moletteri mentioned having previously attended a virtual HPG meeting and explained that the HPG's meeting format was hybrid, where participants passed the microphone around during discussions, making it feel less conversational. C. Steib noted that the HPG was actively working on improving its meeting format.

Report of Staff:

None.

Action Item:

-PA State Prevalence Data and Regional Allocation-

M. Ross-Russell met with PA State regarding the prevalence data and referred to the Data Issue Overview memo. She stated that the issue had arisen in March 2022 and explained that they typically requested information from the Division of HIV Health (DHH) in advance for allocations and presentations.

In 2018, the HIPC received data indicating a prevalence of 4,245 HIV cases in PA. In 2019, the prevalence numbers rose to 4,761. Due to the significant fluctuation between the 2018 and 2019 data, M. Ross-Russell contacted PA State to inquire about the cause of this drastic change. They were informed that the fluctuation was a result of data cleaning. M. Ross-Russell acknowledged that data cleaning could impact the numbers, but the overall numbers should remain consistent from year to year. She noted that the prevalence data in 2020, with 4,248 cases, was similar to that of 2018.

HIPC reached out to PA State to request an explanation for the data fluctuation, but PA State disagreed with the assertion that there was a problem with the data. M. Ross-Russell then contacted Dr. K. Brady, who consulted with other professionals and concluded that there were indeed issues with the data.

M. Ross-Russell stated that the allocation process for HIPC had been completed in August 2022, based on the latest available data from 2018. According to the HIPC allocation policy, allocations were to be based on the most recent prevalence data. M. Ross-Russell explained that the allocation was determined by the Table 1 data submitted with the annual application, which is why they relied on DHH for their information.

With consultation from Dr. Brady and discussion with the Finance Committee, M. Ross-Russell sent a letter to Dr. G. Obiri from PA State regarding the data. In September 2022, they requested that Dr. Obiri review the data again. Dr. Obiri responded in October 2022, stating that PA State had processed the data but received different answers each time they reviewed it.

M. Ross-Russell had a meeting with Dr. Brady, Dr. Obiri, and Dr. Obiri's supervisor, which yielded some progress but left her with lingering concerns. Dr. Obiri explained that the data kept yielding different results because they were using an open dataset instead of a closed dataset. M. Ross-Russell clarified that an open dataset is dynamic, with continuous information collection, while a closed dataset has a defined start and end date for information collection. One concern raised was that HIPC was receiving data different from the annual epidemiological report published on PA State's website. Dr. Brady requested that the state epidemiologist provide HIPC with a new dataset following CDC standards. The PA State epidemiologist would supply new data based on CDC guidelines. M. Ross-Russell expressed concerns about the CDC Electronic Health Records (EHRs) not being updated recently and wondered how far back the state epidemiologist could go in terms of data. She mentioned that the Philadelphia surveillance unit reported issues with the CDC EHRs, as they were not updated to account for individuals who moved out of the PA counties, resulting in them being reported as lost to care on the EHRs. M. Ross-Russell explained that individuals who were initially diagnosed in Philadelphia were not accounted for once they started receiving care elsewhere.

M. Cappuccilli asked if the problem was difficulty reading the 2019 data or if they were having difficulty adapting to the new system of collecting data. M. Ross-Russell confirmed that it was both. She stated that they were expecting to receive an updated dataset from PA State on March 3rd, 2023. However, M. Ross-Russell expressed concerns that they would not receive the data in time before the final award arrives within 2 weeks, making it unlikely to change the allocations in time.

M. Ross-Russell proceeded to discuss allocations for Summer 2023, referring to the HIV Prevalence Numbers Averages (PDF). She noted that there were fluctuations in the data, but the overall data remained consistent.

K. Carter asked why there was a fluctuation in Philadelphia's prevalence numbers in 2012-2013. M. Ross-Russell explained that this fluctuation was not significant considering that Philadelphia represented about 70% of the HIV epidemic. She mentioned that data cleaning or efforts to encourage people to get tested could be reasons for such fluctuations. She pointed out that although there was an increase of 681 cases of HIV in Philadelphia in 2012, the percentage change for the year remained relatively consistent with the other years in the dataset.

M. Cappuccilli asked if they would use the averages of the three results obtained from the 2019 prevalence data by PA State. M. Ross-Russell confirmed that they would not use an average of the 2019 data because the data was dynamic.

M. Ross-Russell stated that moving forward, they would work with the state and city surveillance teams to ensure acceptable data. However, she expressed doubts that the data would arrive in time before the allocations. Dr. G. Obiri informed her that PA State was currently understaffed and lacked someone with the level of understanding of the data that M. Alan had, who previously oversaw the data. M. Ross-Russell mentioned that she had asked M. Alan about the shifting age variable in the dataset, and M. Alan had explained that it represented the age the person was diagnosed with HIV. She pointed out that this did not reflect the current population living with HIV, using an example of someone who was diagnosed 30 years ago at age 20 and would still be recorded as 20 years old in the dataset.

M. Cappuccilli and K. Carter expressed their trust in M. Ross-Russell's knowledge and leadership in addressing the issue. M. Cappuccilli asked about the next steps, and M. Ross-Russell replied that if they were to use the prevalence averages for future allocations, they would need to have a discussion and vote within the Planning Body. M. Ross-Russell provided the average prevalence data percentages for each region: 15.67% for the PA counties, 12.66% for the NJ region, and 71.67% for the Philadelphia area. She emphasized the importance of consistent allocations, as funding determined the services that could be provided.

K. Carter asked why they had previously used a 70-15-15 allocation formula and why they had decided to stop using it. M. Ross-Russell explained that the formula had been carried over from previous years but had changed because Philadelphia had the highest number of HIV cases in 2007. She added that they had also moved away from the formula due to federal and additional funding requirements that stated funding must align with the epidemic.

K. Carter asked if they should bring this request to use the prevalence averages for allocation to the Finance Committee and then bring the request back to HIPC. He felt they needed to refine and simplify the chain of events so the HIPC members could understand. M. Ross-Russell disagreed and said they should allow HIPC to understand the weight of the decision. She felt that this would allow the HIPC members to discuss the situation openly.

M. Cappuccilli asked if the new procedure would appear within HIPC bylaws if it were approved. M. Ross-Russell said that the request would not be written into the Bylaws. Rather, the request was a change in the allocation policy, so the allocation policy would need to be updated, at least temporarily. M. Cappuccilli asked when they revisit the allocation policy to decide if they would revert to the previous policy. M. Ross-Russell said they would revisit the process change during the summer when they were completing the allocations process. By then, there would be a possibility that HIPC receives data that was approved by Dr. K. Brady.

K. Carter had drafted the language for the process change and asked if they could refine it. He proposed the following:

The process moving forward, we will use the alternative method of historical averages until the current data collection from the state reporting has been corrected to our satisfaction.

M. Cappuccilli asked if they needed to specify the time frame for the historical averages. M. Ross-Russell suggested that a 10-year time frame would be appropriate for reference. K. Carter inquired if they should reference the impact of COVID-19 on the previous two years. L. Diaz questioned whether they even had the data for those years. M. Ross-Russell acknowledged that they had some data but mentioned that they would never have a complete picture of the HIV epidemic during the last two years due to underreporting. However, she noted that this would self-correct as people begin to get tested for HIV and visit their doctors.

M. Cappuccilli asked if this request would be ready to present at the Finance Committee meeting and subsequently at the HIPC meeting in March. M. Ross-Russell believed it could happen, but she emphasized the need to review the data to be submitted on March 3, 2023. K. Carter suggested inviting Dr. K. Brady to the next Finance Committee meeting. M. Ross-Russell mentioned that she would discuss the invitation with Dr. K. Brady but couldn't guarantee her acceptance and advised the committee to be mindful of Dr. K. Brady's schedule.

M. Cappuccilli asked if Dr. K. Brady had any concerns regarding the historical averages method. M. Ross-Russell stated that Dr. K. Brady did not have concerns about that. However, Dr. K. Brady was more concerned about the impact of the fluctuation. M. Ross-Russell explained that when general spending changes become unstable due to the fluctuation, it affects providers, trickling down to the amount of funding they receive through their contracts.

K. Carter asked about the perspective of the CDC on the situation and whether they were aware of it. M. Ross-Russell admitted she did not know the CDC's thoughts on the matter. She mentioned that the CDC may be aware but had chosen to let the state self-correct the situation.

S. Moletteri drafted language for the process change and shared it with the committee members. The amendment aimed to include this decision in the allocation policy, providing a framework in case a similar situation arose again. S. Moletteri proposed the following statement:

In the case of questionable prevalence data, we will use the alternative method of historical averages until we receive a prevalence data report from the State of PA deemed satisfactory by the Division of HIV Health's (DHH) Epidemiologist.

G. Grannan asked if they wanted to reference Dr. K. Brady's name in the statement. L. Diaz suggested referring to Dr. K. Brady as the director of DHH. L. Diaz explained that they wanted to keep it vague in case Dr. K. Brady left the position. However, G. Grannan expressed concern that using the term "director of DHH" might allow someone without epidemiological experience to make the decision. M. Ross-Russell suggested using the words "Division of HIV Health's (DHH) Epidemiologist" in the process amendment statement. The Executive Committee agreed that this language was acceptable.

M. Ross-Russell emphasized that the data was only as good as the person analyzing it, which was why they asked the data creator to explain the data whenever HIPC receives new data. M. Cappuccilli asked if M. Ross-Russell was comfortable allowing Dr. K. Brady to approve the data and M. Ross-Russell said she did approve.

-Subcommittee Attendance-

S. Moletteri informed the committee that the issue of subcommittee attendance had been raised during the previous Prevention Committee meeting on February 22nd, 2023, by K. Carter. K. Carter had expressed that he was not counted as excused for the subcommittee meetings he did not attend. S. Moletteri suggested reviewing attendance to ensure that each person had attended at least one subcommittee meeting per month, rather than focusing on excused absences from specific committees. Since committee membership was flexible and people attended different committees based on their schedules and interest in agenda items, it made more sense to prioritize attendance at one meeting per month.

K. Carter requested clarification on how co-chairs were elected to each committee. M. Ross-Russell acknowledged that all committee members were volunteers with potentially conflicting schedules. According to the Bylaws, members were required to participate in the HIPC and at least one other committee, attending a minimum of two meetings per month.

M. Ross-Russell explained that each committee was allowed to determine its own structure and rules. The emphasis was on ensuring that members attended two meetings per month, rather than tracking excused absences from specific meetings. She mentioned that in the past, attendance was primarily tracked for HIPC meetings, with committee meetings being secondary. Understanding that some individuals may not attend committee meetings, they were trying to be accommodating in that regard.

C. Steib inquired about term limits for co-chairs. M. Ross-Russell mentioned that the Bylaws did mention term limits, but they may have been suspended over the last three years due to virtual meetings and the integration of the Planning Body. During the Planning Body integration, all

members had to reapply, resulting in the potential suspension of term limits. M. Ross-Russell believed that the policy on three consecutive terms would come into effect in 2024.

Any Other Business:

M. Cappuccilli inquired if any decisions had been made regarding in-person and virtual meetings. M. Ross-Russell informed the committee that they were planning an internal test to ensure that the equipment would be suitable for hybrid meetings. She asked S. Moletteri about the equipment used at the HPG meetings and confirmed that they had similar equipment. The test was scheduled for February 28th, 2023, to assess the feasibility of conducting meetings both virtually and in-person. M. Ross-Russell expressed the need to understand the city's policy on remote work, including guidelines on masks and social distancing. She believed that social distancing would still be in effect, with a maximum of 30 people allowed in one room. M. Ross-Russell mentioned that they would provide an update on this matter in the next HIPC meeting.

D. Gana raised concerns that some members might hesitate to attend meetings due to limited minutes on their phone data plans. He shared a resource that could assist with this issue. M. Ross-Russell requested that D. Gana forward the documentation to S. Moletteri. She also referred to the resources available on the OHP website and mentioned that once the documents had been reviewed, they would be posted on the website for others to access.

K. Carter suggested moving the meeting schedule of the Positive Committee back to 2 p.m. to potentially improve attendance. M. Ross-Russell acknowledged his request and stated that they would take it into consideration.

Announcements:

None.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion:** L. Matus motioned, and S. Heaven seconded to adjourn the Executive Committee meeting. **Motion passed:** All in favor. The meeting adjourned at 11:55 a.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2023 Meeting Agenda
- September 2022 Minutes
- OHP Data Issue Memo/ Data Issue Memo (PDF)
- Prevalence Numbers Averages (PDF)