

**Prevention Committee
Meeting Minutes of
Wednesday, June 26th, 2024
2:30 p.m. – 4:30 p.m.**

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

Present: Keith Carter, Clint Steib (Co-Chair), Jim Ealy, Gus Grannan, Jeffrey Haskins, DJ Jack, Loretta Matus, AJ Scruggs, Desiree Surplus (Co-Chair)

Guest: Sigfried Aragona, Brian Hernandez (DHH), Emily McNamara (DHH), Amhea Pacheco-Branch (DHH), Harlan Shaw (DHH), Dhruvi Raghuraman (DHH), Javontae Williams (DHH)

Excused: Mystkue Woods

Staff: Tiffany Dominique, Sofia Moletteri, Mari Ross-Russell, Kevin Trinh

Call to Order/Introductions: D. Surplus asked everyone to introduce themselves and called the meeting to order at 2:37 p.m.

Approval of Agenda:

D. Surplus referred to the June 2024 Prevention Committee agenda and asked for a motion to approve. **Motion:** K. Carter motioned; J. Ealy seconded to approve the June 2024 Prevention Committee agenda via Zoom poll. **Motion passed:** 5 in favor, 1 abstained. The June 2024 agenda was approved.

Approval of Minutes (April 24th, 2024):

D. Surplus referred to the April 2024 Prevention Committee Meeting minutes. **Motion:** K. Carter motioned; G. Grannan seconded to approve the April 2024 Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 4 in favor, 4 abstained. The April 2024 minutes were approved.

Report of Co-chairs

D. Surplus reminded the committee that they were still looking for a new co-chair to take C. Steib's position. She encouraged those interested to reach out to her, C. Steib, or T. Dominique. She then reminded the committee that they would not be meeting in July due to the allocations meetings.

Report of Staff:

M. Ross-Russell said they would be having the site visit during the PA Allocations Meetings. She said they were in the processing of shuffling the schedule so that they could accommodate the various meetings. The Executive Committee would be meeting on Wednesday, July 17th in a virtual meeting. Earlier in the week, K. Trinh had sent materials to the Executive Committee members so they could prepare for the upcoming site visit.

After reviewing the schedule for the upcoming weeks, M. Ross-Russell provided an update on the new member appointment letters. She said Dr. Brady had contacted the Mayor's Office and they were awaiting a response.

M. Ross-Russell stated that they should have received a conflict of interest form to keep their conflict of interest updated. M. Ross-Russell said each member should sign this form and the confidentiality form before the allocations meetings begin. Finally, M. Ross-Russell announced HRSA had changed their policy regarding security deposits. HRSA would allow the use of Ryan White (RW) funds to be used on security deposits.

Presentation:

-DHH Update on HIV Testing At Pharmacies-

E. McNamara introduced herself and stated she would be providing the update from the Division of HIV Health (DHH). She began her presentation with an overview of the Request for Proposal (RFP) process.

She said DHH received 7 applications for the RFP. The applications were reviewed and ultimately two agencies were awarded in January 2023. She said the strategy for the Pharmacy Testing RFP was to expand access to status-neutral HIV testing outside of traditional clinical and community based organizations (CBO) settings through retail pharmacy. She said the Philadelphia Department of Public Health had conducted a local analysis of recent data on HIV testing and found 13 priority ZIP Codes for this RFP. E. McNamara listed the requirements for applying for the RFP. Applicants had to be able to provide confidential HIV testing services within Philadelphia, especially the priority populations proposed.

E. McNamara listed the core components of the RFP. Some of the components included low barrier access to healthcare, priority for certain populations, and prevention services or linkage to PrEP services. G. Grannan asked why counseling services were not offered to people who injected drugs. E. McNamara agreed that this was a gap in care and they would look to include this population to improve the program. J. Williams said the main goal of the program was to expand HIV testing and not to implement harm reduction activities. He said they could not expect a pharmacy tech to provide counseling services.

G. Grannan asked if they had reached out to Prevention Point and other harm reduction organizations to see if they knew which pharmacies in the city were already offering services. J. Williams said they had created the plans before the Mayoral transitional and had matched their strategy to the national HIV/AIDS strategy. When they were deciding who was to be funded, they based their decision on what populations displayed the highest need. He said it had just so happened that the population that needed the most attention was in Kensington. He stressed that the program was a pilot to find if pharmacy testing for HIV was effective and sustainable. G. Grannan encouraged DHH to contact harm reduction organizations for feedback as well as people who use drugs. J. Williams said G. Grannan's point was heard. A. Scruggs added that trans men were not in the priority populations listed on the presentation and suggested more focus on this often overlooked population.

K. Carter expressed his concerns regarding AIDS organizations and how they would be funded. J. Williams said they were looking to expand funding to many different organizations and were awarding organizations that were able to accomplish their goals without expending more resources than necessary. He said an AIDS organization with a pharmacy would not be a good fit for this particular opportunity, but that did not mean they could not collaborate with that organization. He then asked the members to hold their comments until the end of the presentation or leave it in the chatroom.

E. McNamara returned to the presentation. She said organizations they worked with were chosen based on the zip with the most need for services. She said they had three testing locations. Two pharmacies were Sunray Drugs and the other was a La Vida Discount Pharmacy. E. McNamara highlighted the strengths of the program. She said the program provided a convenient, comfortable location for testing and added additional health services on-site.

She then described the challenges the program had faced since it was created. She said HIV testing needed a CLIA permit. She mentioned that the Sunray location on 52nd Street had a delay in receiving their permit. Though the pharmacy did eventually receive their permit, services had to be delayed until then. E. McNamara said the Sunray Pharmacy on 52nd street faced an additional challenge when their store was looted. Other challenges faced by the pharmacies included lack of promotion due to high workload schedule, client stigma towards HIV testing, and insufficient incentives for clients to engage in HIV testing.

In the next slide, E. McNamara presented the committee with some program data. She said according to their data, most HIV testing had happened in zip code 19134. She presented a bar graph with data on priority populations tested for HIV in the last 5 years. She said the vast majority of people who were engaging in testing services were heterosexual women and men. Regarding age, she said most people who tested were in either the 30-39 or 50+ age range. E. McNamara described a bar graph depicting the data by race and ethnicity. She said African American/ Black, Hispanic, and White people were the majority of the populations who had tested for HIV. E. McNamara provided information on client eligibility. Of the 72 total clients, 11 were screened for PrEP eligibility. Less than 10 clients were eligible for PrEP and less than 10 were referred to PrEP. She said DHH would need to examine the interaction between the client and the provider to understand why the number of clients screened was so low.

More pharmacy data revealed by E. McNamara revealed that they were testing more people who had never had an HIV test before. E. McNamara previewed some informational advertisements such as posters and palm cards for the testing services. She said clients were also notified of services through client interactions with providers, in-person outreach with local businesses and information in the testing directory on PhillyKeepOnLoving.com.

E. McNamara described the next steps in the program. She said they were developing specific scripts to aid pharmacy staff when offering HIV testing to clients. They hoped to normalize HIV testing as part of more comprehensive health screening services. She said they had wanted to examine why testing uptake was low among people who inject drugs despite strategic geographic placement of pharmacies.

C. Steib thanked E. McNamara and DHH for their presentation. He said he was excited to see they were testing older adults. He believed the data indicated that people over age 50+ used the pharmacy extensively. E. McNamara said it could be because older adults need the pharmacy to get their prescriptions. Therefore, pharmacy testing could be a great way to reach older adults. K. Carter suggested asking people if they had wanted an HIV test when they refilled their prescription online. E. McNamara said she believed that many pharmacies don't have that feature on their websites. She said many pharmacies were small and would not likely be able to set up an appointment. However, she added that most pharmacies do promote testing on their websites.

T. Dominique asked if there was an ideal number of people the program planned to target and test. J. Williams replied they aimed to test 150 people per location. C. Steib asked if sexual history was recorded at time of testing. J. Williams answered that they did not record this information and only recorded it during HIV counseling sessions. C. Steib asked if there was an option to schedule an HIV test or have a walk-in appointment. J. Williams answered that both options were available.

K. Carter asked about the monetary value of the incentives offered to clients to have them tested for HIV. E. McNamara said the incentives differed between the two organizations. She said she believed that La Vida Discount Pharmacy was offering incentives in the form of gift cards. She estimated that they were valued at around \$10-\$15. She said she believed that Sunray Pharmacies was offering food for tests. She did not know the value of the items given. T. Dominique asked if there were any new positive tests. E. McNamara answered that they did not identify any new positive tests. T. Dominique then asked if they recorded data to know if the people who tested had used any pharmacy services beforehand. E. McNamara said they did not have that data but it would be something they could explore in the future. J. Williams said if a program was successful, they would explore their options to replicate or expand their results. E. McNamara said Sunray Pharmacies did have additional locations before, but currently had two locations. She reiterated what J. Williams had said regarding the success of programs and plans to expand.

C. Steib asked if pharmacists had any special training like community testers had to complete. E. McNamara answered that every pharmacist and pharmacy technician had to undergo the same training that CBO employees were required to complete. She said the training was provided by the CDC and DHH.

J. Haskins expressed concern about how low the number was for those who were screened for PrEP. E. McNamara clarified that it was the number of those screened for PrEP eligibility. She said they would look into the interactions between provider and client to gain a better understanding of the data. She said that pharmacies did have partnerships with other service providers that they could refer to if the person was interested in PrEP or HIV services.

Any Other Business:

T. Dominique said they had two items to discuss. The first was that they did not have a meeting in July due to the allocations meetings. She asked if the committee had wanted to meet in August. Typically the Prevention Committee had not met in August. K. Carter said he would like

to meet in August. There were no objections. The committee had decided they would meet in August.

T. Dominique then asked if the committee had any topics they would like to discuss in future Prevention Committee meetings. She said they had a presentation in August and September planned. D. Surplus said they had planned to have a presentation from Dr. Cedric Bien-Gund from University of Pennsylvania. D. Surplus said Dr. Bien-Gund was in the process of a two year study and would like to present his findings to barriers to pharmacy PrEP prescriptions. C. Steib said they invited a group from the University of Pittsburgh to speak on stigma in September.

K. Carter said he wanted to know why transgender people were not included in research. He asked A. Scruggs to speak on the topic. A. Scruggs said the number of transgender men with HIV diagnoses was increasing and it was important that they be included in this research. He said in 2022, there was an increase in HIV diagnosis for the following populations in comparison to 2018: transgender women (25%), transgender men (23%), and additional gender identities (AGI) persons (154%). T. Dominique asked how they should frame the conversation as well as who to invite. A. Scruggs said he could lead the discussion or invite trans men who could speak on the topic. He said a town hall meeting on the topic would be useful to help the public understand the issues. It was important that data for transgender individuals was not suppressed. T. Dominique asked if they should have a meeting on this topic in this committee. A. Scruggs said it was a topic on prevention and should start in this committee. J. Williams noted how this was a larger issue to be discussed. He said they suppressed the numbers because they wanted to protect the identities of small sample sizes, and M. Ross-Russell added that this was a surveillance requirement. J. Williams said they did have the information but they could not release the information to the public. He said each presentation was vetted and information was masked to protect the identities of the people. He said learning about how scientists work with data could be an important topic of discussion. T. Dominique asked who he would invite to speak on this topic. J. Williams replied that he met monthly with scientists who work with prevention interventions. He said he would speak with them and give an update to T. Dominique. M. Ross-Russell said that from her experience, these topics would take more than a single meeting and they should have enough topics to last until the next year.

Announcements:

D. Surplus announced that the Prevention Summit will be on June 27th at the Convention Center. She said National HIV Testing Day would be taking place on the same day.

J. Haskins asked if there was someone who could speak about a drug called Sunlenca (Lenacapavir). J. Williams suggested B. Rowley. J. Haskins said B. Rowley had recently spoken at his organization. He said B. Rowley was an excellent speaker but they were looking for someone who could talk more about the prescription of the drug.

A. Scruggs announced he was asked to take part in a panel discussion the next day about how HIV had impacted their lives and how they had turned HIV into a story of resilience.

Adjournment:

D. Surplus called for a motion to adjourn. **Motion:** K. Carter motioned, G. Grannan seconded to adjourn the June Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:58 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- June 2024 Prevention Committee Meeting Agenda
- April 2024 Prevention Committee Meeting Minutes

DRAFT