

MEETING AGENDA

VIRTUAL:

Thursday, April 10th, 2025

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (March 13th, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - DHH NHBS and MMP Data Report
- ◆ Committee Reports:
 - Executive Committee
 - Finance Committee – Alan Edelstein & Keith Carter
 - Nominations Committee – Michael Cappuccilli & Juan Baez
 - Positive Committee – Keith Carter
 - Comprehensive Planning Committee – Gus Grannan & Debra Dalessandro
 - Prevention Committee – Desiree Surplus & Clint Steib
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
(215) 574-6760 • FAX (215) 574

VIRTUAL: May 8th, 2025 2:00pm to 4:30pm

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

Staff Directory

Mari Ross-Russell - Director, Finance Committee, Executive Committee
Email: mari@hivphilly.org

Tiffany Dominique — Prevention Committee
Email - tiffany@hivphilly.org

Debbie Law — Nominations Committee
Email - debbie@hivphilly.org

Sofia Moletteri— Comprehensive Planning Committee, Poz Committee, Website
Email: sofia@hivphilly.org

Kevin Trinh — Minutes & Attendance
Email: kevin@hivphilly.org

Philadelphia HIV Integrated Planning Council

Meeting Minutes of

Thursday, March 13th, 2024

2:00 p.m. – 4:30 p.m.

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

Present: Juan Baez, Veronica Brisco, Michael Cappuccilli, Debra D’Alessandro, Nicola D’Souza, James Ealy, Alan Edelstein, Ariaan Garcia, Pamela Gorman, Jeffery Haskins, Sharee Heaven (Co-Chair), Nafisah Houston, Solimar Lopez, Alecia Manley, Loretta Matus, Patrick Mukinay, Juju Myawegi, Carolyn Rainey, Erica Rand, AJ Scruggs, Clint Steib, Stacy Smith, Desiree Surplus, Evan Thornburg (Co-chair), Shakeera Wynne, Xandro Xu

Excused: Tariem Burroughs, Lupe Diaz (Co-Chair), Gus Grannan, Dorshe Pinsky, Jerome Pipes

Guests: Avis Scott (DHH), Ameenah McCann-Woods (DHH), Angela Petrone (NJ DOH), Anna Thomas-Ferraioli (DHH)

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

Call to Order: S. Heaven called the meeting to order at 2:08 p.m.

Introductions: S. Heaven asked everyone to introduce themselves.

Approval of Agenda:

S. Heaven referred to the March 2025 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** M. Cappuccilli motioned; A. Manley seconded to approve the March 2025 HIPC agenda via a Zoom poll. **Motion passed:** 18 in favor, 3 abstained. The March 2025 HIPC agenda was approved.

Approval of Minutes (February 13th, 2025):

S. Heaven referred to the February 2025 HIPC meeting minutes and asked for a motion to approve. **Motion:** C. Steib motioned; J. Ealy seconded to approve the February HIPC minutes via a Zoom poll. **Motion passed:** 17 in favor, 4 abstained. The February 2024 HIPC meeting minutes were approved.

Report of Co-Chairs:

None.

Report of Staff:

M. Ross-Russell said the Office of HIV Planning staff had been recruiting potential new members at various events in February. She asked Dr. Brady if she was willing to help distribute information about HIPC. OHP staff were increasing their efforts to find potential candidates for HIPC since some of the veteran members would be reaching their term limits soon. M. Ross-Russell asked the HIPC to offer any recommendations for new members. OHP staff distributed a flyer in the chat that the HIPC members could distribute to any potential new

members. T. Dominique said she had placed these flyers in places such as grocery stores and libraries where they had community boards. C. Steib said he had also been placing flyers at all of his organization's outreach events. He encouraged others to do the same.

T. Dominique reported they were targeting people in the PA and NJ Counties in their recruitment efforts. They had reached out to agencies in those areas with a request for candidate recommendations.

S. Moletteri reported that yesterday was the PA HIV Planning Group (HPG) meeting. There were 3 presentations. The first presentation was on HIV testing in PA. It explained the importance of early testing and how testing frequency varied by age. The second presentation was from the AIDS Care Group (ACG). Their presentation was focused on those lost to care and treatment by racial/ethnic groups. The third presentation focused on sexual health and the relationship between social media and how the youth learned about sexual wellness. They said the HPG also had a discussion related to aging with HIV and concurrence. These topics would also be explored in today's HIPC meeting.

D. Law said they had received the appointment letters from the Mayor's Office. She had sent the letters out through email. She said if the members had not received the letters or needed another copy, they could contact the OHP staff.

T. Dominique said they had been contacted by the NJ HPG and they were looking for ways to ensure more active participation in the New Jersey planning process.

Presentation Items:

-Aging and HIV-

A. Thomas-Ferraioli would be presenting the results of Division of HIV Health's Focus Group project. The project focused on the service needs of older adults. The focus groups were intended to learn and gain feedback regarding the unique concerns of older adults. They would then use this feedback to inform the development of services to address the needs of aging people with HIV (PWH).

The focus group used standardized screening to find participants aged 50+ who self-identified as living with HIV. Participants were assigned based on self-identified categories such as their financial circumstances and sexual identity. The focus groups comprised four groups with a total of 49 participants. Each group was conducted by the same individual who shared the same lived experiences, including being 50+ and living with HIV. Participants gave consent and were given a copy of the consent form along with a token of appreciation. Focus group sessions were held at William Way LGBT Center and COLOURS organization in February 2024.

The qualitative study allowed DHH to learn about the community opinion on a topic and to incorporate the voices of the impacted community. A. Thomas-Ferraioli disclosed the limitations of the project. Group dynamics were a factor that could impact people's comfort when discussing sensitive topics. This could be mitigated by a skilled facilitator but not entirely. Another factor was that findings from focus groups could not be generalized to the larger population. Qualitative

analysis identified and analyzed themes mentioned rather than how often something was common or frequent across a population.

The participants were aged 50 to 80 years old with the average age being 61 years old. As for race/ethnicity, 82% of participants were Black, 16% were White, 6% were multiracial, and 4% were Latinx. All participants had health insurance. About 2 in 3 participants had public insurance (Medicaid, Medicare and/or Veterans Assistance). Most participants reported being on the Supplemental Nutrition Assistance Program (SNAP). More than 80% of the participants reported using public transportation as a primary way of getting around.

DHH measured the health literacy of the participants using three questions. The first question asked how often they had problems learning about their medical condition because of difficulty understanding written information. The second question asked if they had problems understanding what they were told about their medical condition. The third question asked participants about their confidence filling out medical forms by themselves. About 71% of participants reported never having problems learning about their medical condition. In the men who had sex with men focus group, about 56% of participants reported never having a problem learning about their medical condition.

Education among the participants had varied. 13% of participants did not complete high school. 40% of participants had completed high school or had a GED. 19% of participants had some college education. 17% of participants had a college degree or higher. 6% of participants did not respond to the question. About 56% of participants were not employed. Of this number, 26% were unemployed due to disability and 7% were retired.

The project highlighted several key themes, including the importance of community to the participants, factors that facilitated a healthy lifestyle and barriers to health and care management. Participants valued a shared network of support among peers, which enabled them to learn from each other and establish emotional support and connection.

Participants reported a variety of barriers to health and care. Participants highlighted a lack of consistency in care due to high turnover from providers and a systematic lack of recognition of personal knowledge of their bodies and health. Participants felt that providers were not educated on how to treat people with HIV. Providers would often notice the patient's HIV status and would focus on this aspect above all else. This would lead to the feeling that patients were being "viewed" and not "seen." Participants described an atmosphere with little advocacy and prevalent stigma. They often felt that they had to be their own advocate. Participants found stigma within the healthcare system from all levels of provider staff members. The focus groups noticed there were distinct generational differences in medical providers between those who lived and worked through the original AIDS epidemic and those that came after.

Access to care was a common theme in the focus groups. Participants complained of long wait times to see a provider and the short time spent with the provider during healthcare visits. Medication access was another common theme. Participants said having to pay for life sustaining HIV medication was difficult due to cost and availability. Participants felt there was a lack of information accessibility when it came to their medication. This applied to insurance and the

limitations applied to what they could qualify for. Limits on insurance such as Medicare and Medicaid were barriers to accessing care. Insurance often required participants to have specific diagnoses/conditions or medications to qualify for benefits. To access care, participants needed to know how to navigate the healthcare system, such as knowing which insurance was the primary insurance if they had both Medicare and Medicaid.

Access to housing was another topic that participants had described. They said waitlists for vouchers were extensive and subsidies for housing were too limited. Similarly, there were long wait times for rental assistance. The shelter system was described as not leading to solutions for being unhoused. Participants complained of intrusive practices from housing support organizations/programs and felt the requirements to receive housing support were too strict.

HIV-related stigma was one of the barriers described in the focus groups. Participants said stigma greatly impacted their social networks and relationships negatively. They feared the issue of disclosure and confidentiality. Participants felt stigma complicated their ability to show grief and impacted their romantic and sexual relationships. Respondents felt that their social circles were shrinking and they were devolving into isolation.

Aging related barriers were one of the main barriers described by the focus groups. Participants were frustrated that their medical concerns were dismissed as mere aging. Another barrier was the feeling that telehealth appointments were not as effective as in-person appointments. Participants were burdened by the interactions and effects of taking medication long term. A shrinking social circle was a recurring theme when it came to aging.

The focus groups did discuss the facilitators to care. Some of these factors included having supportive relationships, finding purpose through community, and being able to receive care from multiple places. Participants said they felt a strong relationship with their provider if the person shared the same race/ethnicity. Participants said seeing HIV as a part of them but not their whole identity was a facilitator to care. Similarly, providers who recognized the humanity of their patients and not just their HIV status were appreciated by the focus group respondents. Another facilitator to care was the evolution of HIV care, such as, improved medications and programs that supported PWH like the Special Pharmaceutical Benefits Programs (SPBP).

T. Dominique asked what was the next step. A. Thomas-Ferraioli replied there had been ongoing events at DHH to engage with the community. She said they had recently completed their third Aging and Thriving Summit. This year they had added a provider focused event to educate providers in their HIV and Readiness Symposium. She said the symposium had prepared almost all the O/AHS workers in Philadelphia to have aging readiness plans which would make services and service delivery more accessible to aging PWH. At their latest event, they had sessions that were organized by region. This allowed speakers at the event to talk about resources that were available geographically. She said they were currently waiting for updates on funding for their HRSA EHE efforts. She said the grant that funded their activities for the last five years had ended on February 28th. She said they did get an extension for 42% of the previous funding and they had received a score of 96% on their activities with no weaknesses. She said they were having trainings for aging readiness to prepare medical case managers to serve the aging PWH, a significant population of the PWH.

C. Steib said the state HPG were having conversation cafe events to talk about various topics such as aging and youth. He suggested learning more about the events and seeing if they should implement them. J. Haskins said they should write an abstract and present the highlights of their work with aging PWH at the next U.S. Conference on HIV/AIDS in September. T. Dominique asked how HIPC could support the work with aging PWH, specifically in regards to the Priority Setting. A. Thomas-Ferraioli replied that from their conversations at the Aging and Thriving Summit, end of life care was even more in demand now as the PWH continued to age.

Action Item:

-Reallocation Request-

DHH had presented two regional reallocation requests to the Finance Committee. In the PA Counties, the Recipient was requesting to reallocate \$90,128 (11%) from O/AHS to MCM (7%). This was attributed to two O/AHS programs closing in the PA Counties and hospital practice closures. There was an increased demand for MCM services in the counties.

In Philadelphia County, DHH was requesting a reallocation of \$111,449 (22%) from Substance Abuse Services to Mental Health Services. The request was attributed to decreased utilization of substance abuse services and increased demand for mental health services. DHH also had requested a reallocation of \$460,370 from the Local Pharmaceutical Assistance Program (LPAP) (100%). This would defund the program. The funding would be moved to MCM and Food Bank Services. \$251,585 would be moved to MCM while \$10,000 would be moved to Food Bank Services. A. Edelstein explained that this was being requested because LPAP was duplicative of the services already funded and provided by Emergency Financial Assistance Services.

Motion: A. Edelstein motioned to approve the Reallocation Requests presented by the Division of HIV Health with the Finance Committee's recommendation.

- A. Garcia: Abstained
- C. Rainey: In Favor
- E. Rand: In Favor
- A. Edelstein: In Favor
- A. Manley: Abstained
- J. Haskins : In Favor
- D. D'Alessandro: In Favor
- S. Heaven: Abstained
- Desiree Surplus: In Favor
- E. Thornburg: Abstained
- J. Ealy: In Favor
- L. Matus: In Favor
- M. Cappuccilli: In Favor
- N. Houston: In Favor
- J. Myawegi: In Favor
- P. Gorman: In Favor
- P. Mukinay: In Favor
- S. Wynne: In Favor

S. Lopez: Abstained
S. Smith: Abstained
V. Brisco: In Favor
C. Steib: In Favor
J. Baez: In Favor
X. Xu: In Favor
A. Scruggs: In Favor
N. D'Souza: In Favor

Motion Passed: 20 in favor, 6 abstained. The motion to approve the Reallocation Requests presented by DHH was passed.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-

None.

-Nominations Committee-

M. Cappuccilli said they reviewed membership attendance. He explained that they planned to contact members who were not attending meetings to learn about their barriers to attendance. He announced all recommended members should have received their letters of appointment. If they have not received their letter, they should contact the OHP staff.

He announced that they currently had 38 HIPC members. They were required to have at least 35 members and no more than 55 members in HIPC. With this number, they were in compliance with their Bylaws. He thanked the OHP staff for their recruitment efforts.

-Positive Committee-

S. Moletteri said they would be meeting on March 17th.

-Comprehensive Planning Committee-

D. D'Alessandro said they had met on February 19th and had reviewed the Priority Setting.

-Prevention Committee-

D. Surplus said they would have co-chair elections at their April meeting, followed by a meet and greet event to allow the members to get to know their new co-chair.

Other Business:

None.

Announcements:

T. Dominique announced the Prevention Committee would be meeting with the CPC on March 20th.

Adjournment:

S. Heaven called for a motion to adjourn. **Motion:** J. Haskins motioned, C. Rainey seconded to adjourn the March HIPC meeting. **Motion passed:** Meeting adjourned at 3:44 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- March 2025 HIPC Agenda
- February 2025 HIPC Committee Meeting Minutes

DRAFT

Philadelphia EMA HIV Integrated Planning Council

Meeting Ground Rules

Approved December 2019

Meeting rules for all attendees. The following ground rules apply to meetings of the HIV Integrated Planning Council and its committees. These rules apply to everyone attending meetings.

1. Arrive on time. Call the office at 215-574-6760 if you are running late.
2. Silence your phone. Take any phone calls in the lobby or hallway.
3. Respect others' boundaries and personal space.
4. Don't share others' personal information.
5. Speak respectfully, including volume, tone, and word choice.
6. No personal attacks. Disagreements will focus on issues, not individuals.
7. Wait to be acknowledged by the co-chair/speaker before speaking.
8. Avoid side conversations and cross talk.
9. Ask questions when you need more information.

Meeting rules for members. In addition, Planning Council members must follow these final three rules.

1. The Planning Council addresses the needs of people living with and at risk for HIV as their top priority. Members serve the needs of the community, not their own interests.
2. Members will behave in a way that reflects this responsibility to the community.
3. Every member is responsible for both following all meeting rules and speaking up to ensure that others follow them.

Violations. If an individual violates these rules:

1. First, there will be a warning with a reminder of the rules.
2. After a second violation, there will be another warning with a reminder that the person will be asked to leave if the behavior happens again.
3. After a third violation, the person will be required to leave the meeting.