

MEETING AGENDA

VIRTUAL:

Thursday, March 14th, 2023

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (February 8th, 2024)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Action Item
 - Documentation Vote.
 - Open Nomination Policy
 - HIPC ByLaws: Code of Conduct
 - Policy for Letters of Acknowledgement
- ◆ Presentation
 - HIV Treatment Update
- ◆ 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 – Desiree Surplus & Clint Steib
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107
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The next HIV Integrated Planning Council meeting is

VIRTUAL: April 11th from 2:00 p.m. to 4:30 p.m.

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

Staff Directory

Mari Ross-Russell - Director, Finance 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

Beth Celeste — Reception

Email: beth@hivphilly.org

Philadelphia HIV Integrated Planning Council

Meeting Minutes of

Thursday, February 8th, 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, Veronica Brisco, Keith Carter, Michael Cappuccilli, Kenneth Cruz-Dillard, Ciarra Covin, Debra D’Alessandro Lupe Diaz (Co-chair), James Ealy, Alan Edelstein, Gus Grannan, Pamela Gorman, Sharee Heaven (Co-chair), Nafisah Houston, DJ Jack, Gerry Keys, Greg Langan, Alecia Manley, AJ Scruggs, Shane Nieves, Erica Rand, Desiree Surplus, Evan Thornburg (Co-chair), Mystkue Woods, Adam Williams

Guests: Ameenah McCann-Woods (DHH), Maddison Toney (DHH)

Excused: Evelyn Torres

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

Call to Order: L. Diaz called the meeting to order at 2:07 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda: L. Diaz referred to the February 2024 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. S. Moletteri said they would rearrange the agenda so the council would review the Office of HIV (OHP) budget first and the Epidemiological Infographics second. S. Moletteri said they would be covering the document review from the Executive Committee meeting in the staff report **Motion: K. Carter motioned; G. Grannan seconded to approve the amended February 2024 HIPC agenda via a Zoom poll. Motion passed: 18 in favor, 1 abstained.** The amended February 2024 HIPC agenda was approved.

Approval of Minutes (January 14th, 2024): L. Diaz referred to the January 2024 HIPC meeting minutes and asked for a motion to approve. **Motion: G. Keys motioned; K. Carter seconded to approve the January 2024 HIPC1 minutes via a Zoom poll. Motion passed: 17 in favor, 5 abstained.** The January 2024 HIPC meeting minutes were approved.

Report of Co-Chairs:

L. Diaz and C. Steib were both in a meeting in Harrisburg, PA. C. Steib reported the meeting was the first meeting with new members and he said the onboarding had gone well. He applauded the state HIV Planning Group (HPG) for organizing the meeting well including using the technical equipment. He said the state HPG was planning to rename itself similarly to the Division of HIV Health (DHH) and they needed a way to distinguish between the state DHH and the city of

Philadelphia's DHH. C. Steib said they had also reviewed the goals of the Special Pharmaceutical Benefits Program (SPBP).

L. Diaz said the HPG was not able to secure a contract with Pittsburgh. She said she hoped that the situation would resolve soon.

Report of Staff:

M. Ross-Russell reported that the Executive Committee met just before this meeting, hosted by the Nominations Committee. M. Ross-Russell asked the HIPC members if they would want to review the documents as part of the staff report or as part of the Executive Committee's committee report. The HIPC members and the staff agreed to postpone the report until the committee reports toward the end of the meeting.

Presentation:

-OHP Budget-

M. Ross-Russell said they would be covering the budget first since they knew the Epidemiological Infographics presentation would require a significant portion of the meeting. The Office of HIV Planning (OHP) budget was reviewed by the Finance Committee before the HIPC meeting. A. Edelstein, the co-chair of the Finance Committee, said they did not find any concerns.

M. Ross-Russell said Public Health Management Corporation (PHMC) was their fiduciary agent and all their financial transactions such as rent and utility costs needed to be processed through them and DHH. As of November 30th, 2023, OHP should have spent down 75% of their budget. She said they currently had underspending totaling \$10,773. She needed to reach out to PHMC regarding direct rent. She wanted to ensure that the rent was calculated correctly since it had increased by 3% in January, 2024. She believed that their parking was being added to the total and that had affected the direct rent calculation. A. Edelstein said they expected the expenditures to be at 75% by this time of the year and the OHP spending was on track at 73% of the budget.

-Epidemiological Infographics

M. Ross-Russell prefaced the presentation with a short introduction of why the infographics were created. She stated they would conduct a yearly epidemiological profile of the Eligible Metropolitan Area (EMA). The profile was hundreds of pages long and the members would often request a more concise and less demanding way to present the information. The infographics were created by T. Dominique and S. Moletteri.

T. Dominique stated that they reduced the 450-page document into 33 infographics. The first half of the presentation would examine the general population and the second half would delve into the epidemiological profile. She said the EMA had a population of 5.5 million people and 2.5 persons per household. 5% were uninsured. They found that people who were likely to be uninsured were born male, lacked a high school diploma, and were unemployed. She then looked at educational attainment. The infographic read that 92.8% of the population had obtained a high school diploma by age 25 and older. She said Hispanic individuals had a lower rate than non-Hispanic Black individuals and non-Hispanic white individuals at 75.2% compared to the other populations which had over 90%. Speaking on household poverty, T. Dominique stated the

percentage of households living below the poverty rate was 9.6% with Philadelphia and Camden counties having the greatest poverty rates in the 9 county EMA at 21.7% and 12.8% respectively. Following conversations regarding Telehealth in previous meetings, T. Dominique looked to find the percentage of those who had access to the internet. About 91% of the EMA had internet access with Salem County, being a more rural county, having the least access to internet.

T. Dominique said they looked at unemployment and transportation needs. They found that 3% was the average unemployment rate across the EMA and that 288,398 households needed some form of public transportation. S. Moletteri showed a bar graph comparing the counties' median household income to the national median income of \$74,755. All of the counties were at or above the national median income except for Philadelphia County. S. Moletteri then showed the data broken down by race for the EMA. They noted that Philadelphia had lower income for all races than the other counties in the EMA except the White population. S. Moletteri then compared the poverty of each county to the national average. Philadelphia and Camden Counties had the highest poverty rates at 21.7% and 12.8% respectively. The national poverty rate was 12.6% and D. D'Alessandro said that the federal government had not updated this number in years. D. D'Alessandro said this was an underrepresentation of poverty in the United States.

S. Moletteri and T. Dominique spoke about the poverty profiles of each county. T. Dominique said they identified certain factors associated with poverty. As for people receiving public assistance, they looked at factors such as family size, employment status, and gender. They found these factors determined the likelihood of the person receiving public assistance. T. Dominique presented the HIPC with a bar graph comparing public assistance usage by county. The graph compared the usage of public assistance income and SNAP Public Assistance. T. Dominique noted that Philadelphia was the county with the highest usage of SNAP public assistance among all other counties within the EMA. T. Dominique then presented a graph comparing Social Security, Retirement, and Supplemental income of households by county in the past 12 months in 2022. The next slide depicted an infographic on unemployment by county in 2022. The national U.S. unemployment was 2.7%. Camden and Philadelphia had higher unemployment rates than the national average.

S. Moletteri then reviewed the correlation between poverty and educational attainment within Philadelphia, 2022. They found that individuals who are AFAB (assigned female at birth) living at or below the poverty level make up a greater percentage in all levels of educational attainments. While those AFAB make up a greater percentage of those receiving less than a high school degree than those AMAB (assigned male at birth), they also represent a greater percentage of those receiving a bachelor's degree or higher. They also found that living at or below the poverty level decreased a person's chances of completing higher education. 35% of those who didn't graduate high school in Philadelphia were at or below the poverty level. This was followed by Delaware County (28.8%) and Camden County (26.3%) for percentages of individuals living at or below the poverty level who did not graduate high school.

T. Dominique spoke about data on uninsured people. She said if a person was AMAB, they were more likely to be uninsured. She noted that Camden and Salem Counties had the highest number of uninsured in the EMA. T. Dominique said people who were 19-64 were more likely to be uninsured. This could be due to a lack of programs helping this age group unlike those outside of

this age group. She then said about 51% of the population who have insurance receive it through their employer. This was reflected within the EMA.

Following the section on poverty, S. Moletteri presented their infographics on limited English-speaking households. They defined limited English-speaking households as a household where no one 14 years or older speaks only English at home or speaks a language other than English and speaks English “very well.” S. Moletteri said the average number of limited English-speaking households within the PA counties was 3%. In the New Jersey Counties, Camden County had the highest number of limited English-speaking households at 5.6%. They said Philadelphia County had 7.6% of their population with limited English-speaking households.

The next infographics presented information about the sexual behavior of high schoolers in Philadelphia in 2021. S. Moletteri said sexual behavior was not defined and was determined by the high schooler surveyed. The infographic stratified data by grade. 12th graders generally had more sexual activity. A survey asked if the high schoolers used birth control pills, condoms, and drugs. 86.9% of high schoolers surveyed said they did not use birth control pills. 47% of those surveyed stated they did not use condoms. 23.8% of those surveyed did not use any method to prevent pregnancy. 19.3% of those surveyed said they used drugs or alcohol since their last sexual encounter.

S. Moletteri moved to the infographics about drug and alcohol usage in high school students in Philadelphia. About 19.8% of high schoolers surveyed used Marijuana at least once in the past 30 days. 19.6% were sold, offered, or were given drugs on school property in the past year. 12% of high schoolers took prescription medication without a prescription.

T. Dominique asked the HIPC to provide feedback on the infographics during and after the presentation so they could craft takeaways.

Afterward, S. Moletteri compared the sex education laws between Pennsylvania and New Jersey. In Pennsylvania, information about STIs and HIV was required with stress on abstinence for prevention. Teachings on sexual orientation, gender, and consent were not required. New Jersey laws required education on HIV, STI, condom use, sexual orientation, and consent. S. Moletteri said PA was among the shrinking minority for not requiring comprehensive sex education.

Following the infographics on sex education laws in the two regions, S. Moletteri thought it would be useful to compare data on sexual activity and condom use for high school students in Pennsylvania, New Jersey, and the country as a whole. S. Moletteri said sexual activity among high school students amounted to 20% of the high school population nationally. They noted that New Jersey had a slightly lower rate of sexual activity among high school students. They observed that the rate of condom usage among the population was similar between all regions at 50%.

The next infographic compared live births from teens who were aged 15 to 19 in the EMA. S. Moletteri observed that the rate of teen births had decreased significantly since 2015 in all regions, especially Philadelphia. S. Moletteri then compared the number of births. In suburban

counties, Camden had the greatest number of live births in New Jersey and the suburban counties as a whole. Delaware County had the highest number of live births in the PA counties and had the second highest rate of live births in the suburban counties. Montgomery County had the third highest number of live births in suburban counties. Philadelphia had the highest number of live births. The next infographic talked about sexual violence in Philadelphia high schools. They said 1 in 10 higher schoolers reported being forced into sexual intercourse ever in their lives and over 1 in 10 students have experienced sexual violence in the past year. S. Moletteri said that over 1 in 10 students skipped school in the past 10 days because they felt unsafe. S. Moletteri said that 13.7% of high school respondents had attempted suicide. 22.7% of high respondents said they had considered attempting suicide in the past year.

Moving forward with the presentation, S. Moletteri reviewed the infographics on Syphilis. They compared the data between the counties in the EMA and concluded the number of cases of Syphilis had increased since 2017. In 2021, the EMA with the highest number of cases was Philadelphia (586 cases) followed by Camden (132 cases) and Delaware County (74 cases). S. Moletteri thought it was interesting that the Syphilis case rate for men was at least two times greater than women in every EMA county. The only exception was Salem County where the Syphilis case rate for women was 1.3 times greater than men. S. Moletteri said Syphilis case rates were higher in all counties for Black/African American individuals. Black/African American individuals had a case rate of 54.9 individuals per 100,000 people. Latin/Hispanic had a case rate of 40.7 per 100,000 people.

S. Moletteri then spoke about Chlamydia trends in the EMA using data gathered in 2020-2021. They said there has been a downward trend since 2017. The counties with the highest number of cases were Philadelphia (17,165 cases), Camden (3,289 cases), and Delaware County (2,748 cases). They said women maintained a higher case rate for Chlamydia than men on average in the EMA. In all EMA counties where data was not suppressed, Black/African American individuals had the highest case rates per 100,000 people in 2021. In Philadelphia, the case rate for Black/African Americans was 1724.3 per 100,000 people. Latin/Hispanic individuals had a case rate of 981.3 per 100,000 people. White individuals had a 275 case rate per 100,000 people.

A. Scruggs reminded S. Moletteri that not all women were assigned female at birth and not all men were assigned male at birth. S. Moletteri agreed, saying they would alter the language to reflect this.

The next topic was Gonorrhea in the EMA. S. Moletteri stated Gonorrhea was the highest in Philadelphia County. They said Gonorrhea had a higher case rate for those AMAB than those AFAB. In the EMA counties where data was not suppressed, Black/ African American individuals had the highest rates of Gonorrhea in 2021. The highest case rates for Black/African American Individuals were in Philadelphia, Camden, and Delaware Counties.

Transportation was the next topic in the presentation. HIPC members had requested this information in previous meetings. T. Dominique said the 2022 US Census Bureau survey found that people who were between the ages of 25 and 44 were more likely to use public transportation in the EMA. 40% of riders were between these ages. 52.9% of riders were white. 51% of riders were male.

The next infographic presented information about the type of transportation people used. T. Dominique stated car usage continued to be the primary mode of transportation. She said they provided the HIPC members with this information because people could use this transportation for their medical visits. T. Dominique prefaced that they did not differentiate whether the individuals were carpooling and they were open to providing this information in the future. T. Dominique said the average commute time people in the EMA need to get to work was around 25 to 30 minutes.

T. Dominique then spoke about food insecurity in the EMA. The US Department of Agriculture defines food insecurity as when people don't have enough to eat and don't know where their next meal will come from. T. Dominique said the average cost of a meal in Philadelphia was \$4.12 per person. She reported that Philadelphia had a population of 216,630 food insecure individuals, or 13.6% of the total population.

Within the NJ Counties, Burlington County had a food insecurity rate of 5.6% with the average meal costing \$3.97. Camden County had a food insecurity rate of 9.1% with an average meal costing \$4.09. Gloucester had a food insecurity rate of 6.6% with the average meal costing \$3.79. Salem County had a food insecurity rate of 10% with an average meal costing \$4.18.

Within the PA Counties, Bucks County, the average cost of a meal was \$4.08 per person and the food insecurity rate was 6.2%. Chester County, the food insecurity rate was 5.4% and the average cost of a meal was \$4.39. Delaware County, the food insecurity rate was 7.5% and the average cost of a meal was \$4.26. In Montgomery County, there was a population of 51,400 people with food insecurity, or 6% of the total population, with the average cost of a meal at \$4.33.

The next section of the presentation was on Telehealth. S. Moletteri had found data on regional Telehealth usage through FairHealth. T. Dominique said the infographics included their information from the Consumer Survey. The Consumer Survey asked questions such as whether the person had access to the internet or whether the person had used Telehealth.

T. Dominique said they would be transitioning to the Epidemiological profile of the EMA. The nine counties of the EMA consisted of 5.5 million people. The infographics included information such as the gender of people who used ADAP. T. Dominique said about 73% of the population who used the AIDS Drug Assistance Program (ADAP) identified themselves as men. OHP had asked a question on their Consumer Survey about whether respondents had heard of certain services. They were alarmed when they learned that as many as 10.6% of the survey respondents had not heard of Direct Emergency Financial Assistance (DEFA).

T. Dominique spoke about 4 important key demographic information that they had found in 2022. The first was that Non-Hispanic Black individuals accounted for 58.5% of diagnosed cases in 2022. The second was that Cisgender men accounted for 75.4% of diagnosed cases in 2022. The third key fact was that people who were aged 30-39 accounted for 35.3% of diagnosed cases in 2022. Men who had sex with men (MSM) transmission mode accounted for 51% of diagnosed cases in 2022.

T. Dominique said they included the total number of people tested for HIV in 2021. The total number was 44,834. T. Dominique said this was an increase of 3,000 tests from 2020 and was likely due to increased testing after the pandemic. K. Carter asked why some of the information was suppressed. S. Moletteri answered that they and other organizations suppressed the information to ensure that the survey respondents were not revealed if the number of people was too small.

S. Moletteri then reviewed information on the EMA-wide Prevalence data from 2021. S. Moletteri presented a chart depicting the prevalence data by race. Non-Hispanic Black/African Americans had the most cases followed by the Non-Hispanic White, Hispanic, and multirace populations. Next, S. Moletteri presented the data by gender. Cisgender men accounted for 70.6% of the prevalent cases. Cisgender women accounted for the second highest population with 27.6% of the prevalent cases. Transgender/Non-binary/gender nonconforming populations accounted for 1.8% of the prevalent cases. S. Moletteri then presented the data by age. They reminded the HIPC members that people with HIV were represented mostly by those who were over the age of 50. This population accounted for 56.9% of the cases in 2021. People living with HIV (PWLH) who were between the ages of 30 and 39 accounted for 18.2% of the prevalent cases in 2021. People who were aged 40 and 49 accounted for 17.3% of the prevalent cases. Those between the ages of 20 and 29 accounted for 7.1% of the prevalent cases. S. Moletteri reviewed which mode of transmission was the most prevalent. They stated that most transmissions happened within the MSM population (men who have sex with men). This was followed by heterosexual intercourse and PWID (people who inject drugs).

S. Moletteri then presented the HIPC members with a chart of the care continuum in Philadelphia. It showed the number of people who were either linked to HIV care, retained in care and had their viral load suppressed. S. Moletteri said about 80% of the PWLH were linked to HIV care in 2021. This figure has decreased slightly since 2018. The percentage of people who were retained in care remained relatively the same between 2018 and 2021. The percentage of people who were virally suppressed in 2021 was higher than it was in 2018.

The next infographics were on the highest rates for retention and care and suppressed viral load in Philadelphia. The highest retention in care and viral suppression was with women of color living with HIV and transgender individuals. The lowest retention in care was people who inject drugs and heterosexual men of color living with HIV. Racial/Ethnic minority youth ages 13 to 24 had the highest rates of retention.

T. Dominique said they had counted the number of people who were Non-ADAP clients served in the EMA and found that there were 19,039. They then broke down the data by gender, race/ethnicity, age, poverty level, and housing. 66% of the client population was male. 60.6% of the client population was Black/African American. 27.3% of the client population was aged 55 to 64. 63.7% of the client population were greater than or equal to the federal poverty level. 90.7% of the client population had stable housing. 89% of the client population was virally suppressed.

In the next slide, T. Dominique presented information on the client population and their insurance coverage in the EMA. She said across all insurance types, people who were aged 50

and up made up the largest percentage in the category. Black/African American individuals were the largest group insured and uninsured in the EMA when comparing race and ethnicity. Males were the largest group insured and uninsured in the EMA in terms of gender.

S. Moletteri then spoke about concurrent diagnosis. They defined new concurrent diagnoses as individuals who had been newly diagnosed with HIV and AIDS concurrently. In 2021, 1 in 4 new diagnoses in the PA counties were concurrent. In Philadelphia and New Jersey, 1 in 5 diagnoses were concurrent. S. Moletteri noted that the number of people who were aged 50 and above was steadily matching the number of concurrent diagnoses for those who were aged 30 to 39. S. Moletteri said from 2020 to 2022, Philadelphia administered 2.75 times more clinical tests to those who were aged 30-39 than those who were 50 and above. In the PA counties, the number of concurrent diagnoses for those who were aged 30 to 39 had increased while those who were aged 50 and above had decreased. They were both at a similar rate. In the New Jersey counties, the number of concurrent diagnoses for people who were aged 30-39 and 50 and above were similar and have decreased since 2019.

S. Moletteri talked about the number of HIV tests that were conducted in Philadelphia in 2022. There were 17,575 clinical tests administered with, garnering 1.05% positive results. The 9,198 non-clinical tests saw 0.8% positive test results. The syringe exchange programs had the highest rate of confirmed positive test results for a non-clinical setting with an average of 2.06% positive results.

T. Dominique presented the HIPC with some information on PWID (people who inject drugs) in the EMA. She showed the HIPC the prevalence data and the CSU and substance use needs. She then asked if the HIPC members had any feedback. C. Steib asked to receive a copy of the presentation so they could review it and have questions about it in the next HIPC meeting.

Committee Reports:
-Executive Committee-

M. Ross-Russell said they would be presenting some of the documents discussed within the Executive Committee, but they would not be voting on them since some of the documents require a 30-day waiting period. She said they had met with their project officer and found that their Code of Conduct did not clearly define the process for disruptive conduct. M. Ross-Rusesell said the new language stated that a disruptive person would be called out if they were disruptive three times before they were asked to leave the meeting. She then said the new language further iterated on the process by stating that disruptive persons who were asked to leave a meeting three times in a planning year may face suspension or removal from the HIPC. M. Ross-Russell said the 30-day comment period started now and the HIPC was allowed to contact the staff with any questions or comments.

The Executive Committee had reviewed the Open Nominations policy. They decided to change the Open Nominations process to allow the Open Nominations Panel to review an applicant's past misconduct through the misconduct form. M. Ross-Russell said the form would be made available for comment and question.

M. Ross-Russell spoke about the conflict of interest form. She said this form was created so that members could update their conflict of interest information annually.

M. Ross-Russell said in their upcoming March HIPC meeting, they would vote on the changes.

Committee Reports:

-Finance Committee-

A. Edelstein said the February Finance Committee meeting reviewed the Third Quarter OHP spending budget.

-Nomination Committee-

None.

-Positive Committee-

K. Carter encouraged the members to attend the February 12th Positive Committee meeting.

-Comprehensive Planning Committee-

S. Moletteri said they reviewed 3 services for the service standards and would continue with their review of the service standards in February's CPC meeting.

-Prevention Committee-

C. Steib said they had a presentation from HepCAP last month. He said the Prevention Committee was hosting a Valentine's Day meet and greet event on February 14th at noon.

Other Business:

L. Diaz reminded the attendees to mute themselves during meetings if they were not speaking and to be respectful to the presenters and other attendees.

Announcements:

None.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion: A. Williams motioned and A. Edelstein seconded to adjourn the February 2024 HIPC meeting. Motion passed: All in favor.** The meeting adjourned at 3:51 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2024 Agenda
- January 2024 HIPC Committee Meeting Minutes