

MEETING AGENDA

VIRTUAL:

Thursday, March 13, 2025

2:00 p.m. – 4:30 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (February 13th, 2025)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation
 - Aging and HIV
- ◆ Action Item
 - Reallocation Requests
- ◆ 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: April 10th, 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
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Tiffany Dominique — Prevention Committee
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Debbie Law — Nominations Committee
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Kevin Trinh — Minutes & Attendance
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Philadelphia HIV Integrated Planning Council

Meeting Minutes of

Thursday, February 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, Tariem Burroughs, Keith Carter, Debra D’Alessandro, Nicola D’Souza, Jose Demarco, Lupe Diaz (Co-Chair), James Ealy, Alan Edelstein, Ariann Garcia, Pamela Gorman, Gus Grannan, Sharee Heaven (Co-Chair), Nafisah Houston, Alecia Manley, Patrick Mukinay, Loretta Matus, Dorsche Pinsky,Carolynn Rainey, Erica Rand, Stacy Smith, Clint Steib, Desiree Surplus, Shakeera Wynne, Xandro Xu

Excused: Michael Cappuccilli, Jeffery Haskins, Dena Lewis-Salley

Guests: Nicole Adams, Avis Scott (DHH), Harlan Shaw (DHH), Ameenah McCann-Woods (DHH), Melissa Miller (DHH), Javontae Williams (DHH)

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

Call to Order: L. Diaz called the meeting to order at 2:06 p.m.

Introductions: L. Diaz asked everyone to introduce themselves.

Approval of Agenda:

L. Diaz referred to the February 2025 HIV Integrated Planning Council (HIPC) agenda and asked for a motion to approve. **Motion:** K. Carter motioned; J. Ealy seconded to approve the February 2025 HIPC agenda via a Zoom poll. **Motion passed:** 12 in favor, 3 abstained. The February 2025 HIPC agenda was approved.

Approval of Minutes (January 9th, 2025):

L. Diaz referred to the January 2025 HIPC meeting minutes and asked for a motion to approve. C. Rainey said that the second paragraph under the presentation item that read “EMA had to have “at least 2,000 AIDS.” The sentence was missing the word “cases” after “AIDS.” She also asked to define EMA. **Motion:** K. Carter motioned; L. Matus seconded to approve the amended January HIPC minutes via a Zoom poll. **Motion passed:** 20 in favor, 2 abstained. The amended January 2025 HIPC meeting minutes were approved.

Report of Co-Chairs:

L. Diaz reported that the State HIV Planning Group (HPG) had met last month and introduced their new members.

Report of Staff:

S. Moletteri announced that the Office of HIV Planning (OHP) had received the appointment letters from the mayor and the recommended members were now allowed to vote in the meetings.

Presentation Items:

-Epidemiological Update-

M. Miller, the Division of HIV Health's (DHH) Senior Epidemiologist, would be presenting epidemiological information from primarily 2023. She estimated that she would have the 2024 data around August.

The HIPC members were presented with a line graph depicting data on newly diagnosed HIV/AIDS cases as well as deaths from 1985 to 2023. M. Miller said the numbers on the chart had been relatively stable over time with the exception of a recent increased number of cases and deaths due to COVID-19 pandemic and opioid epidemic.

Viewing information on newly diagnosed HIV cases in 2023, M. Miller said there were 378 newly diagnosed cases in 2023. This was a decrease in the number of cases in 2022 when there were 391 newly diagnosed cases. She said they had noticed that the number of cases were increasing after the pandemic, and this was likely due to delayed testing. They had found fewer cases in 2023 than in pre-pandemic years such as 2018 and 2019. The results bolstered confidence in M. Miller and DHH that increased access to care and testing were having significant effects on prevention and treatment. The proportion of individuals concurrently diagnosed with HIV/AIDS in 2023 was 18.2% compared to 18.6% in 2021.

Among the newly diagnosed in 2023, 61.6% were Non-Hispanic (NH) Black individuals, 17.7% were Hispanic/Latinx and 16.4% were NH White individuals. The largest proportion of new cases were among people who were assigned male at birth (77.5%), those aged 30-39 (28%), and men who had sex with men (MSM) (58.2%).

M. Miller reviewed the overall trends in the data. She said they found an overall decline in the number of new diagnoses from 2022 to 2023. DHH had found there was an increase in HIV cases among NH Asian people (+83%), people aged 13-24 (+20%) and MSM (11%). DHH noted a decrease in cases in 2023 from 2022 among Hispanic/Latinx people (-14%), people aged 30-39 (-22%), and PWID and MSM/PWID (-57%). K. Carter asked for more information on people who were aged 50+. M. Miller said they recognized that many PLWH were those aged 50+ and that they were surveilling them specifically. She said she would provide more information on this population later in the presentation.

M. Miller reviewed the number of new HIV diagnoses in 2023 by race/ethnicity in Philadelphia. NH Black people had 233 new cases and a rate of 38.7 cases per 100,000 people. Hispanic/Latinx people had 67 new cases of HIV and a rate of 25.9 cases per 100,000 people. NH White people had 62 cases in 2023 and a rate of 11.3 cases per 100,000 people. M. Miller told the HIPC members to note that while the number of cases for Hispanic/Latinx people did not seem high, the rate per 100,000 people was very high.

Perinatal HIV Transmissions data was presented to HIPC through a bar graph. The information tracked the number of perinatal births from 2005 to 2023. M. Miller was pleased to report that in 2023, there were no recorded perinatal births. She said they were still seeing a greater concentration of cases in the Kensington area.

In 2023, the EMA as a whole had 651 new HIV diagnoses. Over half (58%) of these cases had occurred in Philadelphia. 20% were considered late HIV diagnoses (AIDS diagnosis within 3 months of an initial HIV diagnosis). Of the 651 cases, 1 in 4 (23%) of cases were concurrent in NJ counties and PA Counties respectively. 1 in 5 (18%) were cases in Philadelphia. The highest proportion of late diagnoses were among those whose sex at birth was male (78%), NH Black individuals (47%), those aged 30-49 (53%) and MSM (44%).

M. Miller reviewed two line graphs depicting newly diagnosed HIV in the EMA between 2021 to 2023. In the first graph, data depicted trends in diagnosis by race/ethnicity. NH Black individuals saw a decrease of 58% to 53% for the total number of new diagnoses. NH White individuals saw a slight decrease from 23% to 21%. Hispanic/Latinx individuals saw an increase from 14% to 21%.

The second graph depicted trends in diagnosis by mode of transmission from 2021 to 2023. Cases among MSM had slightly increased from 50% to 52%. Cases among PWID decreased from 32% to 22%. Cases among heterosexual individuals had decreased from 18% to 7%.

M. Miller returned to the topic of HIV prevalence in Philadelphia in 2023. About 18,177 PWDH were living in Philadelphia in 2023. The overall prevalence rate was 1,133.4 cases per 100,000 people. The largest proportion of PWDH were those who were assigned male at birth (72.5%), those aged 50+ (56.3%) and MSM (40.9%). Regarding race/ethnicity, 62% of PWDH were NH Black individuals, 16.8% were Latinx individuals, and 16.1% were NH White individuals. HIV prevalence rates were the highest among NH Black individuals (30,592.6 per 100,000) and Hispanic/Latinx (24,742 per 100,000).

Among PWDH in Philadelphia, the highest number of PWDH in 2023 were among cisgender men (70.3%). This was followed by cisgender women (27.3%), transgender women (2.1%), transgender men (<1%), and those who identified with an additional gender identity (<1%).

Among the 385 transgender women with diagnosed HIV, the most reported mode of transmission was sexual transmission at 81%, followed by injecting drugs at 17.9%. Among transgender men with diagnosed HIV, 80% had transmission through sexual intercourse. D' Alessandro said there was not a racial/ethnicity breakdown for those who injected drugs. M. Miller said they did not have the ability to provide that information yet.

In 2023, there were 2,486 (13.7% of PWDH population) individuals who had a hepatitis C (HCV) diagnosis. This was observed mainly among Hispanic/Latinx individuals, NH White individuals, and multiracial PWDH. 853 (4.5) PWDH had been coinfecting with the Hepatitis B virus (HBV) and this was most common among NH Asian PWDH. There was a high HBV and HCV prevalence among PWDH aged 40+ and those with injection drug related risk.

Philadelphia was chosen as one of the locations for the National HIV Behavioral Surveillance Cycle Survey. The pilot cycle had begun in 2019 and a second cycle was conducted in 2023/2024. During the 2023/2024 cycle, The survey interviewed transgender women. 266 interviews were completed with participants ages 18 to 76 with the average age being 36. The

racial/ethnic makeup of the participants was 62% NH Black individuals, 17% Hispanic/Latinx individuals, and 14% NH White individuals. 37% of participants self-reported that they were HIV positive. DHH found that the factors that contributed to transmission were unstable housing, living below the federal poverty line, discrimination, and abuse (verbal/physical). M. Miller said it was important to address the root cause of transmission and the barriers to treatment adherence to prevent new transmissions.

M. Miller reviewed the HIV Prevalence in the EMA in 2023. There were 28,482 PWDH across the EMA. Philadelphia housed 65.1% of the PWDH population while the PA and NJ Counties had 20.5% and 14.3% respectively. The largest population was among those who were assigned male at birth (70.9%), those aged 50+ (57.3%) and MSM (40%). NH Black individuals encompassed 56.2% of the PWDH population. Hispanic/Latinx individuals accounted for 17.1%, and NH White individuals accounted for 21.4% of the PWDH population.

DHH had measured Philadelphia HIV Care Continuum data from 2022 and compared it with data from 2023. They observed that all measures were surpassed from the previous year. Linkage to care was increased from 77% to 86%. Receipt of Care was increased from 66.3% to 67.1%. Retention was increased from 45.5% to 47.6%. Viral Suppression was increased from 57.3% to 59.6%.

M. Miller then spoke about their modified HIV Care Continuum in 2023. This measured PWDH with evidence of care in the past 5 years who received care. She compared the 2023 data with the 2022 data. She noted that with exception of Receipt of Care, they had surpassed the measures from the previous year. Receipt of Care had decreased from 85.1% to 83.9%. Retention had increased from 58.4% to 59.4%. Viral Suppression had increased from 73.5% to 74.4%.

Philadelphia EMA's HIV Continuum was compared to national data. Philadelphia had a 83.4% linkage to care within the first month compared to the 81.6% national average. M. Miller said the Philadelphia EMA compared favorably in this regard but had still some areas to catch up on such as Receipt of Care and Retention in Care. Within Philadelphia, receipt of care was at 65.3% compared to the 75% national average.

M. Miller reiterated the goals of the End the Epidemic plan (EHE). They were to reduce the number of new HIV Infections by 75% by 2025. They would follow this with a goal to reduce the number of HIV transmissions by 90% by 2030. She reviewed the pillars of the EHE. These pillars were to Diagnose, Treat, Prevent, and Respond. M. Miller presented the HIPC members with a chart of the number and percent of PLWH needed to reach their 2025 EHE goals. She said they needed to reduce the number of people unaware of their status by 1,514. They needed to reduce the number of people who were diagnosed but not in care by 1,796. For those who were in care but not virally suppressed, they wanted to reduce the number of people by 1,282. Conversely, they wanted to increase the number of people who were virally suppressed by 4,593. At the end of the 5-year initiative, they hoped to have 97% of PLWH diagnosed and retain 97% of those in HIV medical care. They also hoped to reach their goal of 91% viral suppression. M. Miller presented a chart depicting their progress towards these goals. The chart showed that DHH was making progress in reaching their goals. J. DeMarco asked about adding a category for Trans people who were receiving PrEP. M. Miller said she would make a note of it.

Another chart depicted PrEP indication by transmission type. M. Miller quickly reviewed the chart. She noted that Hispanic/Latinx and NH Black MSM had the highest percentage of people with a PrEP indication.

The PrEP Continuum was similar to the HIV Care Continuum and it was developed using data from the NHBS to raise PrEP awareness and PrEP usage. She said PrEP usage was the highest among MSM. At-risk heterosexuals and PWID reported the lowest levels of awareness, discussions about and usage about PrEP. Discussions about PrEP with a medical provider in 2023 were critically low across all groups.

M. Miller presented a chart depicting PrEP status among NHBS survey participants. She said they were seeing that the largest proportion of people on PrEP were NH White individuals (47.2%). The largest age range of people who used PrEP were those who were between ages 18-29.

The Medical Monitoring Project recorded HIV related stigma and housing data among PWDH in Philadelphia. Using this data, DHH found that the highest reported stigma scores had come from Hispanic/Latinx PWDH. Homelessness significantly increased among Hispanic/Latinx PWDH from 2021 to 2022.

Next, M. Miller reported on DHH's Data to Care Program. She explained that it was a program to find and re-engage people who were out of care (OOC). There was a monthly case conference to discuss individual clients and determine if the individuals were eligible. Individuals deemed eligible were referred to Field Service Specialists who could help address barriers and re-engage the person in HIV care. M. Miller reported the field outcomes. About 864 people identified as out of care and were enrolled for field services. M. Miller said DHH was excited to report that almost 62% of people referred to field services were linked back to care. This was a steep increase from 2022 where only 49% of people were linked back to care. The lowest rates of relinked were among NH White individuals, those aged 25-29, and those who identified a risk in the "other" category. The "Other" category would include a risk factor that was not reported in the DHH data system.

DHH had found that 70.2% of barriers to care were provider/structural barriers. She said the other barriers were patient rights/education 33.2%, supportive services/socioeconomic (16.5%), and behavioral health (8.1%).

The next graph depicted the number of new HIV diagnoses among PWID. Since 2023, there have been 27 new HIV diagnoses among PWID. M. Miller said this was a significant improvement since they had begun tracking at the start of the outbreak in 2018 when there were 79 new diagnoses. She did note that they were anticipating an increase in 2024 and they were working to control the outbreak. The largest proportion of the PWID affected by the outbreak were those aged 30-49 (63%), assigned male at birth (70.4%), and NH White (52.3%). She added that in recent years, they had been noticing a trend in more Hispanic/Latinx and NH Black individuals having a greater risk of transmission. She said it was important that they paid

attention to the people who were both MSM and PWID as they represented a population with a significant risk for transmission.

M. Miller sent a link to the HIPC members. The link would direct the member to a Philadelphia Department of Health Data Request form. Members could also reach DHH through their email, aacoepi@phila.gov. M. Miller said she could be reached at melissa.miller@phila.gov. G. Grannan asked if they could provide information on the HIV prevalence rates for the entire EMA. M. Miller said she would have them next time.

-Third Quarter Spending Report-

A. McCann-Woods reported that after the reconciliation of total invoices forwarded to the Recipient (DHH) for processing through November 30th, 2024, the EMA had 8% or \$1,273,880 underspending of the total award. She said the Recipient worked diligently to ensure invoices were submitted in a timely manner to report spending trends more accurately.

She would review the spending from each county starting with Philadelphia County. Philadelphia County had underspending in Medical Case Management (MCM), Drug Reimbursement, and Food Bank Services. MCM was underspent by \$697,316/24% and this was due to staff vacancies. Drug Reimbursement was underspent by \$51,923/15%. This service's underutilization was based on need and demand. Food Bank Services were underspent by \$28,243 and this was due to delayed spending operating expenses and leveraging other funding sources for the same category.

Philadelphia County had overspending in Mental Health Services, Emergency Financial Assistance (EFA), EFA-Pharma, EFA-Housing, Housing Assistance, and Other Professional/Legal Services. Mental Health was underspent by \$24,031/10% and was overspent due to operational costs. A. McCann-Woods expected this to level out by the end of the contract period. EFA was overspent by \$11,449/33%. EFA Pharma was overspent by \$53,741. EFA-Housing overspent by \$66,675. The EFA services were overspent due to higher utilization. Housing Assistance Services was overspent by \$99,104/26% and this was due to higher utilization. Other Professional Services/Legal Services were overspent by \$25,352/12% and this was due to operational costs. A. McCann-Woods also expected this to level out by the end of the contract period.

The PA Counties had underspending in Outpatient/Ambulatory Health Services (O/AHS), EFA-Pharma, and Transportation Services. O/AHS was underspent by \$64,222/10% and this was due to delayed spending on operating expenses and leveraging other funding sources for the same category. EFA-Pharma was underspent by \$54,706/59% and was affected by lower utilization. Transportation Services were underspent by \$68,935/19%. The service spending was based on demand. It was underspent due to delayed spending on operating expenses and leveraging other funding sources for the same service category.

The PA Counties had overspending in 4 categories. EFA was overspent by \$6,739/33%. This was caused by higher utilization. Food Bank Services were overspent by \$10,367/17%. This was also attributed to higher utilization. Housing Assistance Services were overspent by \$11,826/25%. This was due to higher utilization. Other Professional/Legal Services were overspent by \$3,681/23%. This was due to overspending on operational costs and was expected to level out by

the end of the contract year. A. McCann-Woods said overspending in these service categories were being monitored and reallocations were in the process to satisfy the need.

The NJ Counties had underspending in O/AHS and EFA-Housing. O/AHS had been underspent by \$14,417/10%. This was due to delayed spending on operating expenses and leveraging other funding sources for the same service category. EFA Housing was underspent by \$29,979/37% and this was based on lower utilization. A. McCann-Woods did not give a reason why this was overspent but said it was likely to be leveled out by the end of the contract year. Transportation Services were overspent by \$74,092/59%. This service experienced overspending due to higher utilization.

There was overspending in 3 services in the NJ Counties. Food Bank Services were overspent by \$13,837/33% and this was attributed to higher utilization. Other Professional Services/Legal Services were overspent by \$14,595/23%. Like the PA Counties, A. McCann-Woods said they were monitoring spending and would reallocate funding to these services if needed.

A. McCann-Woods moved on to review the Systemwide Allocations. There were 5 services which were underspent. Information and Referral was underspent by \$190,838/40%. Quality Management (QM) was underspent by \$47,691/11%. Systemwide Coordination was underspent in \$21,324/15%. Capacity Building was underspent by \$83,883/98%. Grantee Administration was underspent by \$403,125/43%. These services were underspent due to staff vacancies. Minority AIDS Initiative (MAI) Systemwide had underspending in QM activities. The service category was underspent by \$9526/60% and this was due to staff vacancies.

Lastly, there was discussion regarding Carryover funds. A. McCann-Woods said carryover funds were spent out with the exception of EFA and EFA was expected to be spent out by the end of the contract period. A. McCann-Woods said there was a question from the last Finance Committee meeting asking if DHH could address the Executive Orders coming from the White House. She said there was great uncertainty even at DHH. She reassured the HIPC members that they were able to draw down the federal award.

Discussion Item:

-Code of Conduct-

S. Moletteri said they were to review their meeting ground rules. The rules were posted on the OHP website. The document was created in 2019 and some of the rules were focused on in-person meetings. They read through the ground rules. The rules generally guided members to be respectful of others and their boundaries whether the other person was another member, staff person, or guest. They reminded the members that they could contact OHP staff or the co-chairs if they felt that their boundaries were being violated. S. Moletteri reviewed the acknowledgement of Expected Conduct form which the members were required to sign. The form was an agreement that the members would follow the ground rules.

K. Carter asked if they had to sign the form every year. S. Moletteri said the members would only need to sign the form once.

Committee Reports:

-Executive Committee-

None.

-Finance Committee-

A. Edelstein said they had reviewed the Third Quarter Spending Report at their last meeting. He welcomed D. Pinsky and C. Rainey to the committee. They had also discussed how the situation in Washington DC would affect funding for services at the local level.

-Nominations Committee-

None.

-Positive Committee-

K. Carter said there was a Positive Committee meeting next week.

He announced that they would have an Aging with HIV Symposium on February 20th for consumers. This event was both virtual and in-person. D. D'Alessandro added that there was an in-person provider-focused event on February 27th. Both events would take place at the DoubleTree Hotel.

-Comprehensive Planning Committee-

G. Grannan said they had started the Priority Setting Process. He said they would be meeting on February 19th to prevent a scheduling conflict with the Aging with HIV Symposium.

-Prevention Committee-

D. Surplus said they would be canceling the Spread the Love event and reschedule it to spring. She announced they would be having a presentation on Trans-Masculinity in their next meeting.

D. Surplus also announced that they would be canceling Friday spread the love event and reschedule it to spring because of the Eagles parade.

Other Business:

None.

Announcements:

None.

Adjournment:

L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, C. Steib seconded to adjourn the February HIPC meeting. **Motion passed:** Meeting adjourned at 3:44 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- February 2025 HIPC Agenda

- January 2025 HIPC Committee Meeting Minutes
- Acknowledgement of Expected Conduct Form
- Meeting Ground Rules

DRAFT