**Prevention Committee**
**Meeting Minutes of**
**Wednesday, August 28th, 2024**
**2:30 p.m. – 4:30 p.m.**
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

**Present:** Veronica Brisco, Keith Carter, Jim Ealy, DJ Jack, Gus Grannan, Lorett Matus, Desiree Surplus (Co-Chair), Mystkue Woods

**Guest**: Sigfried Aragona (DHH), Cedric Bien-Gund (UPenn), Bill Pearson (DHH), Harlan Shaw (DHH), Anna Sweeney

**Excused**: Clint Steib (Co-Chair), Adam Williams

**Staff:** Tiffany Dominique, Sofia Moletteri, Kevin Trinh

**Call to Order/Introductions:** D. Surplus asked everyone to introduce themselves and called the meeting to order at 2:36 p.m.

**Approval of Agenda:**
D. Surplus referred to the August 2024 Prevention Committee agenda and asked for a motion to approve. **Motion:** G. Grannan motioned; D. Surplus seconded to approve the August 2024 Prevention Committee agenda via Zoom poll. **Motion passed:** 5 in favor, 1 abstained. The August 2024 agenda was approved.

**Approval of Minutes (*June 26th, 2024*):**
D. Surplus referred to the June 2024 Prevention Committee Meeting minutes. **Motion:** G. Grannan motioned; J. Ealy seconded to approve the June 2024 Prevention Committee meeting minutes via a Zoom poll. **Motion passed:** 4 in favor. The June 2024 minutes were approved.

**Report of Co-chairs**
None.

**Report of Staff:**
None.

**Presentation:**
***-PrEP Survey Results-***
C. Bien-Gund from Penn Medicine would be presenting his findings from his PrEP Survey. He said the results he would be presenting were preliminary and have not been peer reviewed or published yet.

He began his presentation by providing background information. He reviewed the goals of the End the Epidemic Plan which aimed to reduce HIV transmissions in the United States by 75% by 2025 and 90% by 2030. He noted that one of the ways in which they could prevent HIV transmissions was through PrEP. Though PrEP was increasing through time, he highlighted that PrEP usage was lacking among racial minorities. He then spoke about how their goal was status neutral care where people who tested positive were linked to care and those who tested negative were linked to preventative care. He said they have to develop health systems that can reach different people across all situations.

He spoke about delivering HIV services in pharmacies. He said pharmacies were selected because they were well known in the community and had longer working hours. He said that patients often visited their pharmacists ten times more than their primary care provider. C. Bien-Gund described a program at one of the pharmacies called One-Step PrEP. This service allowed patients to walk into the clinic and receive their HIV test while getting their medications filled on the same day of visit. He would be explaining why this model had not been easily replicated across the country.

C. Bien-Gund presented the results of the Philly Pharm-PrEP Implementation Study. The study's goal was to observe implementation of Pharmacist-initiated PrEP in Philadelphia. The study examined the barriers to implementation, optimal strategies for implementation and evaluated the results of implementation. To measure these results, C. Bien-Gund and his team conducted both qualitative and quantitative interviews with key stakeholders. This would include focus groups and online surveys of pharmacists and pharmacy residents. Fourteen in-depth interviews were completed with pharmacy stakeholders across different practices. 59 pharmacists, technicians, and pharmacy students were interviewed in the Philadelphia area.

C. Bien-Gund shared the themes they had found throughout the survey. He said the most prominent barrier was legislative barriers to PrEP. In PA, pharmacists were not allowed to prescribe PrEP and legal barriers impacted reimbursement for the medication. He discussed workarounds and solutions to the issue. The first was Collaborative Practice Agreements (CPAs). These were agreements between the pharmacist and medical provider to broaden a pharmacists' scope of practice. Pharmacists can also obtain Clinical Laboratory Improvement Amendments (CLIA) waivers to perform rapid HIV testing to start PrEP. Though for some pharmacies obtaining these waivers can be difficult.

Another theme that the study had found was that pharmacies experienced heavy workloads and may not always have a protocol to handle positive HIV tests. Offering PrEP would also require learning new skills and medication management. C. Bien-Gund described potential solutions that could happen to better prepare pharmacies. The first were scheduled appointments for HIV testing. The second solution was to streamline and simplify protocols for testing and PrEP.

Pharmacists were also skeptical about adequate reimbursement and the cost of PrEP. The study also revealed that despite these barriers, pharmacists were supportive of the communities they served. C. Bien-Gund said this particular theme was consistent across the different types of pharmacies.

Some pharmacies were better equipped to offer HIV testing and PrEP counseling. Many pharmacies needed private enclosed spaces to perform these services but did not have them.

With some time left in the meeting, C. Bien Gund said they could explore another topic that he had prepared. He provided background information for HIV- self testing and linkage to PrEP. C. Bien described the history of OraQuick HIV and the 2016 WHO published guidelines supporting self testing. The CDC would initiate a mail-order HIV Self-Testing program called TakeMeHome during the COVID-19 pandemic. More locally, the city of Philadelphia created a program called Philly Keep On Loving which was an HIV testing program. Philly Keep On Loving distributed HIV test kits by mail and in-person. The only eligibility of the program was being a Philadelphia resident and at least 17 years of age.

C. Bien-Gund examined the demographics of the self-testing population in Philadelphia. Most self-testers were Black (42%), White (32%) or Hispanic (23%). Regarding gender, most self-testing identified themselves as either cisgender female (47%) or cisgender male (42%). C. Bien-Gund highlighted that many self testers were men who had intercourse with another man (32%). He also noted that there was a significant number of first-time testers (20.8%).

Following self-testing, it was found that over half of self-testers had seen a provider whether in-person or virtually. Only 13% of self-tested had discussed PrEP with their provider and only 1.7% had initiated PrEP. C. Bien-Gund said there was no difference in follow-up based on sex at birth, gender identity, education or insurance. He said it was found Non-Hispanic Black individuals were 2.4 times more likely to obtain care compared to White individuals.

C. Bien-Gund said they had explored how the survey population had viewed TelePrEP. They compared in-person PrEP with TelePrEP. They found that TelePrEP was preferred among cisgender women and those with lower levels of stigma. He concluded that PrEP may not be reaching those with higher levels of stigma and was instead reaching those who already had positive attitudes of PrEP.

He summarized key takeaways from the HIV self-testing data. The first was that the city self-test program had reached key populations. The second was that many providers were not discussing PrEP. Another key takeaway was that some self-testers may prefer telehealth-delivered PrEP. The last key takeaway was the multiple delivery models may be needed to support PrEP linkage after HIV self-testing. He concluded that they needed to rethink how they delivered care without losing sight of equity in delivery. He suggested that they could learn from other fields to deliver novel care.

He opened the presentation to questions and discussions. K. Carter suggested having a designated day for pharmacies to have drop-in appointments. T. Dominique asked if they had stratified their data to see if large pharmacies had different challenges from community based pharmacies. C. Bien-Gund replied that they had stratified their data but he had not presented the information yet. For example, he said that in the survey on PrEP acceptability and feasibility in pharmacies, chain pharmacies were generally graded lower scores on PrEP acceptability than independent and specialty pharmacies. K. Carter asked about whether they could implement mobile PrEP centers. C. Bien-Gund said that was something they could consider, but they had to

abide by the legal restrictions. G. Grannan asked how they would handle a situation if a police officer had brought someone to be tested. C. Bien-Gund said they did not have a response at that time for that situation. T. Dominique recalled how the presentation mentioned pharmacists were anxious about a positive HIV test and how to proceed further after the test. She asked if C. Bien-Gund and his team had shared data and strategies with his partner at DHH on how to relieve the anxiety that pharmacists were facing. He said they have not shared the information with their partners yet but they would do so in the future. J. Ealy asked who was funding the study. C. Bien-Gund replied that his study was funded by the Penn Center for AIDS Research and the National Institute of Mental Health.

***-"Where is the Housing Shortage?"-***

K. Trinh presented on an article called "Where is the Housing Shortage" by Kirk McClure and Alex Swartz. The article would attempt to determine whether there was a housing shortage and how this had affected those in the lower income brackets.

The authors of the study conducted a literature review where they examined a housing study from Freddie Mac. The Freddie Mac study estimated that there was a housing shortage nationwide of 3.8 million housing units. It had concluded that the root cause of the shortage was slow single family home production and recommended that an increase in housing production would cure the shortage.

McClure and Swartz would perform their own analysis of the housing situation. They examined data from the Current Population Survey/Housing Vacancy Survey and information from the US Census Bureau. Using information from these two sources, they had found correlation that supported their thesis that there was not a housing shortage but a lack of affordable housing. Their study was unique where they examined it from a larger perspective. They examined data beginning in 2000 with the housing bubble where housing production was high until 2020 where housing production had declined. They compared housing data between metropolitan and micropolitan cities. They concluded that once they included the existing housing stock produced from the housing bubble, they found there was a surplus in housing to the household population.

They then determined using the data they had that people who had very low or extremely low income experienced a housing shortage because they could not afford homes. People with very low income could afford a home worth $212,000 at most. Those who had extremely low income could afford homes worth $106,000 at most. At most, affordable rent for those with very low income was $1,100/month. For those with extremely low income, the ceiling for affordable rent was $550/month.

The study had several limitations. The first was that the study assumed the housing situation was stable before the year 2000. The second limitation was that all housing units were assumed to be habitable. The US Census Bureau where they obtained their data did not record the condition of the housing units. The third limitation was that household growth was equal to the population growth.

K. Trinh linked the information from the presentation to information from the Office of HIV's epidemiological profile. This had included information on the median income and rent in

Philadelphia. The median rent in Philadelphia was $1,281. The median monthly household income in Philadelphia was $3,572. This would mean that the median household would spend about 35.9% of their income on rent.

K. Trinh ended his presentation by asking if there were any questions or comments and whether the committee would like to explore the topic further. G. Grannan said there was much commercial real estate in center city Philadelphia. He said it looked as though the study had not considered converting commercial real estate into housing. He asked the city of Philadelphia to investigate the housing in downtown Philadelphia and determine if they could use the buildings dedicated for office space as housing. K. Carter asked if a down payment was a barrier to home ownership. K. Trinh explained that the study did not mention down payments but focused more on retention of homeownership rather than obtaining a new home. J. Ealy said he had recognized that there was a surplus of housing at the waterfront and wondered if there was a way for the city to utilize these homes. T. Dominique said the problem was that housing was not affordable. She said some developers were hesitant toward creating more affordable housing. K. Carter said there were many loopholes that allowed developers to create housing that was not affordable to those with low income. The committee agreed that they would like to explore the topic of the study in a future Prevention Committee meeting.

**Any Other Business:**
None.

**Announcements:**
T. Dominique said their next Prevention Committee meeting would have a presentation on Stigma from the University of Pittsburgh. She invited the members to return for the next meeting.

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

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

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