

# MEETING AGENDA

*VIRTUAL:*

*Thursday, September 8, 2022*

*2:00 p.m. – 4:30 p.m.*

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (*August 11, 2022*)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Presentation:
  - Integrated HIV Prevention and Care Plan
  - Year End Spending Report
  - 1Q Spending Report
- ◆ Action Item:
  - MPV Letter from Poz Committee
- ◆ Discussion Item:
  - HIPC Co-Chair Nominations
- ◆ Committee Reports:
  - Executive Committee
  - Finance Committee – *Alan Edelstein & David Gana*
  - Nominations Committee – *Michael Cappuccilli & Juan Baez*
  - Positive Committee – *Keith Carter*
  - Comprehensive Planning Committee – *Gus Grannan*
  - Prevention Committee – *Lorett Matus & Clint Steib*
- ◆ Any Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next HIPC meeting is

**VIRTUAL: October 13, 2022 from 2:00 – 4:30 p.m.**

**VIRTUAL: HIV Integrated Planning Council  
Meeting Minutes of  
Thursday, August 11, 2022  
2:00 p.m. – 4:30 p.m.**

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

**Present:** Juan Baez, Keith Carter, Debra D’Alessandro, Jose DeMarco, Lupe Diaz (Co-Chair), Alan Edelstein, Pam Gorman, Gus Grannan, Jeffery Haskins, S. Heaven Heaven (Co-Chair), Sterling Johnson, Gerry Keys, Kailah King-Collins, Greg Langan, Loretta Matus, Erica Rand

**Excused:** Mike Cappuccilli, David Gana, Julie Hazzard, Hemi Park, Clint Steib, Desiree Surplus, Nicole Swinson, Evan Thornburg, Adam Williams

**Guests:** Ameenah McCann-Woods (AACO), Mike Valentin, Mike Frederik

**Staff:** Beth Celeste, D. Law Law, Mari Ross-Russell, Sofia Moletteri

**Call to Order:** L. Diaz called the meeting to order at 2:04 p.m.

**Introductions:** L. Diaz asked everyone to introduce themselves within the Zoom Chat box with name, pronouns, and area of representation.

**Approval of Agenda:**

L. Diaz referred to the August 2022 HIPC agenda distributed via email and asked for a motion to approve. **Motion:** K. Carter motioned, L. Matus seconded to approve the August 2022 Planning Council agenda. **Motion passed: 9 in favor, 1 abstaining.** The August 2022 agenda was approved. M. Ross-Russell mentioned that there was another agenda item—Report Back on Directives from AACO. They would not need to vote, and though they were technically separate, they could choose to include this report under the Monitoring the Administrative Mechanism agenda item. Everyone agreed.

**Approval of Minutes (June 9, 2022):**

L. Diaz referred to the June 2022 HIPC minutes. G. Langan said that he was marked as a guest during the last meeting when he should be a member. J. Haskins said his name was misspelled within the meeting minutes. M. Ross-Russell noted that S. Moletteri had to recreate all of the June 2022 meeting minutes, so there might be issues within the attendance records for this month. **Motion:** G. Keys motioned to approve the amended June 2022 minutes, G. Grannan seconded. **Motion passed: 11 in favor, 2 abstaining.** The June 2022 minutes were approved.

**Report of Co-Chairs:**

S. Heaven reported that there were a number of members whose tenure was coming up. She asked everyone to be on the lookout for an email from D. Law. The deadline to reapply was August 30<sup>th</sup>. She asked that they spread the word since there were some members missing from the current meeting. There were around 18 members that needed to reapply.

Additionally, S. Heaven reported that the Nominations Committee was inviting new members to stay on after the meeting to ask questions, voice concerns, or just talk.

### **Report of Staff:**

M. Ross-Russell thanked the HIPC members who participated in the Allocations process, especially A. Edelstein. The process occurred over three weeks, and there were many members who attended all or almost all of them. OHP would not have been able to complete the process without the hard work of the participants.

M. Ross-Russell said that a new member within the Allocations meetings mentioned the need for more gender inclusivity within the required reporting. In response, this was brought up with the Project Officer from HRSA and their supervisor. As a result of this, there was now an additional category added to the progress report (membership reflectiveness section) for other gender identity. They would likely start seeing this progress for inclusivity on other forms as well. She asked that she be corrected as well as other OHP staff and HIPC members if individuals on the HIPC and guests were misgendered.

M. Ross-Russell reminded the HIPC that OHP was short-staffed so Sofia was running the Zoom as well as doing minutes for the meeting.

### **Action Item:**

#### **—FY2023 Allocations—**

A. Edelstein said that from the three meetings for Allocations, three regional plans were developed with three funding scenarios. The Finance Committee met and considered the plans, and they voted to present the plans and directives to HIPC with their recommendation for approval.

He would ask everyone to move the regional funding plans forward as one item to vote. He would do the same with all three regions' directives. A. Edelstein noted that "level" did not always mean "level" due to shifts in the composition of the epidemic within the three regions in relation to each other. For example, within the level funding budget for NJ Counties, there was an increase of \$80,733. This was because the share of NJ Counties' portion of the epidemic within the EMA shifted upward.

He read the funding plans for each of the three regions:

#### **NEW JERSEY COUNTIES:**

*(Burlington, Camden, Gloucester, and Salem Counties)*

- **LEVEL:** All funded service categories are to be proportionally increased based on the additional \$80,733 within the New Level Funding budget.
- **5% DECREASE:** All funded service categories are to be proportionally decreased, except for Transportation which is to be held at the FY2022 Level Funding amount.
- **5% INCREASE:** All additional money under the 5% increase budget is to be proportionally divided between EFA-Housing, Mental Health, and Transportation; all other services are to be held at the FY2022 Level Funding amounts.

**PENNSYLVANIA COUNTIES:**

***(Bucks, Delaware, Chester, and Montgomery Counties)***

- **LEVEL:** All funded service categories are to be proportionally decreased based on the reduction of \$267,554 within the New Level Funding budget.
- **5% DECREASE:** Working from the FY2022 Level Funding Budget, all funded service categories are to be proportionally decreased by the 13.15% decrease of \$410,886.
- **5% INCREASE:** Working from the FY2022 Level Funding Budget, all funded service categories are to be proportionally decreased by the 4% decrease of \$124,703.

A. Edelstein noted that Philadelphia also received an increase under level because of the increased share of its portion of the epidemic within the EMA.

**PHILADELPHIA COUNTY:**

- **LEVEL:** All funded service categories are to be proportionally increased based on the additional \$186,821 within the New Level Funding budget.
- **5% DECREASE:** Working from the FY2022 Level Funding Budget, all funded service categories are to be proportionally decreased.
- **5% INCREASE:** Working from the New Level Funding budget, the 5% increase is to be split evenly between Housing Assistance, Mental Health, and Food Bank.

A. Edelstein asked that they review the funding spreadsheets before they voted. Looking at Philadelphia, he noted that the spreadsheets divided core and support services – core services in Philadelphia represented 85.21% of funding while support services represented 14.79%.

He reviewed the Philadelphia spreadsheets. For the decrease budget, the black column represented the level funding budget and the orange showed the 5% decrease budget. The 5% increase budget spreadsheet showed the 5% increase plan in blue and the level funding in black. He explained that the numbers were consistent with the narratives.

**Motion:** A. Edelstein motioned to approve the FY2023 budget plans for NJ Counties, PA Counties, and Philadelphia County as recommended by the Finance Committee.

**Vote:**

G. Keys: in favor  
K. Carter: in favor  
L. Diaz: abstaining  
A. Edelstein: abstaining  
S. Johnson: in favor  
S. Heaven: abstaining  
L. Matus: in favor  
E. Rand: in favor  
J. DeMarco: abstaining  
J. Haskins: in favor  
K. King-Collins: in favor  
G. Grannan: in favor  
G. Langan: in favor  
D. D'Alessandro: in favor  
J. Baez: in favor

**Motion passed: 11 in favor, 4 abstaining. The FY2023 budget plans for all three regions were approved.**

A. Edelstein stated that they would next review the FY2023 directives. As a sidenote, he mentioned that there were directives from a year ago that the recipient never reported back on. The decision was made, therefore, in all three of the regions to continue their directives from the prior Allocations process. Along with the old directives, there were some new ones included as well.

A. Edelstein read the directives for all three of the regions:

**NEW JERSEY COUNTIES:**

- AACO is to report back to the Comprehensive Planning Committee with progress and updates on the currently implemented EFA-Housing Model.
- In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.
- Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.

**PENNSYLVANIA COUNTY:**

- In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.
- Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.
- Ascertain the need for increased mental health services in the PA counties, including surveying existing mental health providers and their accessibility.
- Evaluate the need for home healthcare services and various non-RW funding streams that may be available to support this service.

**PHILADELPHIA COUNTY:**

- Increase access to and awareness of transportation options to medical and social service care; request more information on transportation services provided and their utilization to determine improved health outcomes.
- Ascertain the average wait time for people to be connected to Case Managers.
- Review which services are most utilized and needed by PLWH who are 50+ years old.
- Increase access to and awareness to Food Bank services, especially those that are culturally relevant; request more information on Food Bank services provided and their utilization to determine improved health outcomes.

**Motion:** A. Edelstein motioned to approve the FY2023 directives for NJ Counties, PA Counties, and Philadelphia County as recommended by the Finance Committee.

**Vote:**

G. Keys: in favor  
K. Carter: in favor  
L. Diaz: abstaining  
A. Edelstein: abstaining  
S. Johnson: in favor  
S. Heaven: abstaining  
L. Matus: in favor  
E. Rand: in favor  
J. DeMarco: abstaining

J. Haskins: in favor  
K. King-Collins: abstaining  
G. Grannan: in favor  
G. Langan: in favor  
D. D'Alessandro: in favor  
J. Baez: in favor

**Motion passed:** 10 in favor, 5 abstaining. The FY2023 directives for all three regions were approved.

M. Ross-Russell said they would now have to look at and approve MAI and Systemwide.

M. Ross-Russell explained that there was the total HRSA/HAB award every year and before allocation to services, Systemwide/Administrative came off the top. She explained the categories of Systemwide: Referral for Health Care (CSU hotline), Quality Management (up to 5% of the grant), Grant Administration (Systemwide Coordination, Capacity Building, PC Support or OHP, and Grantee Administration or the recipient). These four categories could not exceed 10% of the total award.

The Systemwide spreadsheet contained the level, 5% decrease, and 5% increase scenarios along with MAI. She explained that all were proportional except the 5% decrease. This scenario held certain services at the level funding amount as per the recipient's request. A. Edelstein asked if this also included the MAI budget scenarios. M. Ross-Russell answered that these were administrative dollars for MAI, not service dollars. A. McCann-Woods agreed.

**Motion:** A. Edelstein motioned to approve the FY2023 Systemwide/Administrative funding scenarios as recommended by the Finance Committee.

**Vote:**

G. Keys: in favor  
K. Carter: in favor  
L. Diaz: abstaining  
A. Edelstein: abstaining  
S. Heaven: abstaining  
L. Matus: in favor  
E. Rand: in favor  
J. DeMarco: in favor  
J. Haskins: in favor  
K. King-Collins: in favor  
G. Grannan: in favor  
P. Gorman: in favor  
G. Langan: in favor  
D. D'Alessandro: in favor  
J. Baez: in favor

**Motion passed:** 12 in favor, 3 abstaining. The FY2023 Systemwide/Administrative funding scenarios were approved.

A. Edelstein explained that MAI (Minority AIDS Initiative) were dollars that were used to serve minority populations. There were two services covered under MAI: Ambulatory Care and Medical Case Management. The three budget scenarios were proportional in increase and decrease.

J. DeMarco asked what the EFA (Emergency Financial Assistance) and the Housing Services categories supported. M. Ross-Russell responded that EFA were emergency funds to cover first and last month's rent, utilities, etc. Housing Assistance was to help individuals obtain short term and transitional housing. EFA could be used for emergent need. A. McCann-Woods added that Housing Services were for those looking to transition to long term housing and could support individuals up to 24 months or longer, depending on the case.

**Motion:** A. Edelstein motioned to approve the FY2023 MAI funding scenarios as recommended by the Finance Committee.

**Vote:**

G. Keys: in favor  
K. Carter: in favor  
L. Diaz: abstaining  
A. Edelstein: abstaining  
S. Heaven: abstaining  
L. Matus: in favor  
E. Rand: in favor  
J. DeMarco: in favor  
J. Haskins: in favor  
K. King-Collins: in favor  
G. Grannan: in favor  
P. Gorman: in favor  
G. Langan: in favor  
D. D'Alessandro: in favor  
J. Baez: in favor

**Motion passed:** 12 in favor, 3 abstaining. The FY2023 MAI funding scenarios were approved.

**Discussion Item:**

***—OHP/PC Budget Review—***

A. Edelstein stated that the next agenda item was also coming from the Finance Committee. S. Moletteri said there were two documents that could help the HIPC understand the budget: the narrative explaining expenses and the spreadsheet with dollar amounts/line items. A. Edelstein asked to look at the spreadsheet.



Looking at the OHP budget spreadsheet, A. Edelstein said it was presented to the Finance Committee for review, not approval. They did not need to vote, because in previous meetings, they approved the RWHAP dollars for the entire EMA, and within the Systemwide costs, they already approved the PC Support allocation. He pointed to headers at the top which listed total salaries. This budget, he noted, was fairly similar to historic spending.

A. Edelstein explained that the narrative was put together by M. Ross-Russell. He read narrative for the RW Formula and Supplemental Planning Council Support Budget. The narrative can be found in the meeting packet. Please refer to page 17 of the meeting packet for more information.

D. D'Alessandro asked if going forward if there was any consideration for a smaller office space to save money on rent. She asked this because they may continue with remote meetings as opposed to in-person meetings. She was curious about when the lease agreement was up for the office and when in-person meetings might begin again. Additionally, remote meetings were somewhat beneficial because they could increase attendance—though they could also be a barrier to those without access to the necessary technology. M. Ross-Russell responded that the lease was up 2025/2026. She also added that the staff space was considerably smaller, but the meeting space size was considerably larger. They were asked to have a larger space for if the recipient needed it for trainings. They also needed to accommodate the number of people who sit on the HIPC (as accordance to bylaws/space plan they needed to adopt. D. D'Alessandro asked if the recipient had used this space before—M. Ross-Russell responded that they had. She continued, noting that OHP had looked at the possibility of attaining a smaller, more cost-effective space. Overall, COVID-19 had impacted rent prices, so smaller places were not necessarily cheaper. M. Ross-Russell said that they also needed to consider parking, accessibility to transportation, etc. when looking for a space. D. D'Alessandro commented on how a larger space might be better anyhow, because you could space individuals out. She suggested OHP also look into air filters.

**—Monitoring the Administrative Mechanism—**

A. Edelstein said that this agenda item was also coming from the Finance Committee. This document was previously presented to and approved the HIPC. This was the version that was filled out based on the approved form/language. HIPC had always informally completed each of the items on the form, but it was requested during their last site visit that they create a more formal process.

He read through each of the items, noting whether each had been completed. He also read the accompanying time frame/group responsible for the item/and notes. Please refer to page 19 of the meeting packet to review the language and checklist.

A. Edelstein noted that the item under contracting should be checked as “yes” not “no.” M. Ross-Russell said that they just received more information about this, so it needed to be changed.

A. Edelstein said that AACO had generally been consistently keeping up with all items on the form with the exception of the directives. However, A. McCann-Woods would be reporting on this today.

There were no questions.

—**Report Back on the FY2022 Directives**—

A. McCann-Woods thanked everyone for their patience with the directives. AACO was working on solidifying a more consistent process for directive feedback. She might be the one reporting back on them in the future, but it was still unsure.

A. McCann-Woods read the directives and responded to each:

**FY2022 NJ Directives and Responses:**

1. AACO is to implement the EFA-Housing model as expressed in the recommendations from the Comprehensive Planning Committee and is to report back to CPC with progress and updates.
  - **Recipient Response:** *The HIPC has allocated \$107,000 to this category. These funds have been awarded to PHMC for EFA/Housing in New Jersey.*
2. In accordance with federal treatment guidelines, increase access to immediate ART initiation (within 96 hours) from diagnosis unless otherwise clinically indicated and recorded.
  - **Recipient Response:** *Increasing access to iART has been part of the HRSA EHE initiative for Philadelphia. The Recipient has organized an HIV Learning Collaborative as part of the EHE initiative. The first work group of the Collaborative was on implementing iART. HRSA 20-078 and CDC PS20-2010 grantees were required to participate but the work group was open to all RW Part A subrecipients. EHE funded Philadelphia-based agencies are developing and implementing plans for iART. Requirements for Part A outpatient ambulatory care providers to implement iART will be rolled out across the system in FY23 and FY24. Additional funds to implement are only available as part of EHE efforts and those funds can only be awarded to providers in Philadelphia. RW Part A providers in NJ are encouraged to implement iART with their current Part A funds.*
3. Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.
  - **Recipient Response:** *Expanded operating hours is also being implemented as part of EHE efforts. Additional funds to implement are only available to Philadelphia-based providers through HRSA EHE funding and those funds can only be awarded to providers in Philadelphia. RW Part A providers in NJ are encouraged to expand operating hours with their current Part A funds.*

## **FY2022 PA Directives and Responses:**

1. AACO is to implement the EFA-Housing model as expressed in the recommendations from the Comprehensive Planning Committee and is to report back to CPC with progress and updates.
  - **Recipient Response:** *Same as NJ Counties' response for this directive.*
2. Expand operating hours to include evening and weekend appointments for HIV medical care in community and hospital-based HIV treatment sites.
  - **Recipient Response:** *Same as NJ Counties' response for this directive.*
3. Ascertain the need for increased mental health services in the PA counties, including surveying existing mental health providers and their accessibility.
  - **Recipient Response:** *The currently funded subrecipients in the PA counties provide non-Ryan White funded mental health services on site. There is also a mechanism in place for subrecipients to request additional funding from the recipient if additional services are needed. These additional services would be funded through PA State Rebate monies administered by the recipient. There were two additional funding request for these services in FY 2021, that the recipient was able to fund.*
4. Evaluate the need for home healthcare services and various non-RW funding streams that may be available.
  - **Recipient Response:** *The recipient currently funds home health services through a different funding stream. Utilization has decreased dramatically over the last several years due to less client need and expanded Medicaid coverage. Home health is a Medicaid funded service.*

K. Carter asked if Home Health Care services were available for Medicare. A. McCann-Woods said they were for Medicaid, but she was unsure for Medicare and she could find out. D. D'Alessandro said there were a surprising amount of services not covered under Medicare for those who were elderly and living with a disability. A. Edelstein said he asked his wife who worked with aging populations at some point—there were some services covered but they were exceedingly limited. K. Carter said there was an aging population of PLWH. They needed more services for seniors, so they needed to look into what Ryan White could cover. M. Ross-Russell said that services were available, limited, and based on hours allowed.

## **FY2022 Philadelphia Directives and Responses:**

1. Increase access to and awareness of transportation options to medical and social service care; Request more information on transportation services provided and their utilization to determine improved health outcomes.
  - **Recipient Response:** *The recipient will make a plan to advertise options for transportation services and will report back to the HIPC. In addition, we will review transportation data to identify unmet needs.*
2. Ascertain the average wait time for people to be connected to Case Managers.
  - **Recipient Response:** *From August 1, 2021 - July 31, 2022 - The average time between the CSU intake date and the referral to an MCM agency was 1.56 days.*

A. McCann-Woods said she would report back on Medicare and Home Health Services coverage. There were no further questions.

### **Committee Reports:**

#### ***—Executive Committee—***

No further report – Executive Committee meeting was a joint meeting with the Finance Committee.

#### ***—Finance Committee—***

No further report.

#### ***—Nominations Committee—***

S. Heaven reported that the Nominations Committee was looking at attendance during their meeting. On the HIPC meeting reminder, there was a note at the bottom of the email discussing attendance policy which stated that members would be removed from the HIPC if they had 3 or more consecutive and unexcused absences.

They would also review new applications and reapplicants in September.

D. Law reporting that the Nominations Committee was accepting and would soon be reviewing applicants—please forward this information to those interested in joining the council.

#### ***—Positive Committee—***

K. Carter reported that the Positive Committee met on Monday. They discussed stigmatizing language used within public health messaging around Monkeypox. It was reminiscent of early language used within the response to HIV. They were looking into writing a statement or letter that could express their concern. D. D'Alessandro said she would assist with writing the letter.

J. DeMarco noted that they also discussed housing a bit. Regarding Monkeypox, he said that mostly queer men of color were being diagnosed, but they could not use the queer community at the sole example of populations getting the Monkeypox virus. Additionally, it could be passed through sexual contact, but it could also be passed in other ways.

J. DeMarco discussed how they were looking into how they could get their message out as both the Positive Committee and the HIPC.

K. Carter said their next meeting would be in September 12<sup>th</sup> from 7:00-8:30 p.m.

#### ***—Comprehensive Planning Committee—***

G. Grannan reported that they did not meet last month because of the Allocations meetings.

*—Prevention Committee—*

L. Matus reported that they did not meet because of the Allocations process.

**Any Other Business:**

Regarding Monkeypox, G. Grannan agreed that the messaging was characterizing it as an STI and it was having negative public health consequence. There was also a lack of testing and vaccines.

D. D'Alessandro agreed—she said the health department created a Monkeypox dashboard, and they had more cases than the state of Delaware. Delaware declared it as a public health emergency, and it was important that they did so on a city level. As a public health emergency, they could get coverage for testing and vaccines. They needed to ensure that they stopped the spread of Monkeypox before it got too out of hand.

G. Keys said that in her health center, they were seeing many positive results for Monkeypox. What was scary, she said, was that the virus left individuals out of work for 4 or more weeks. This would leave people behind on rent, food, and other necessities. She agreed that this needed to be declared a public health emergency.

D. D'Alessandro added that WHYY reported that there was a record level of city general fund budget surplus due to unspent COVID-19 support funds. She suggested that these funds go to individuals who needed to stay home from work.

K. Carter asked G. Keys about the timeline for Monkeypox recovery. G. Keys said it was about 4 weeks since individuals had to wait for the blisters to drain, scab over, and fall off. People had to remain home while they had active lesions because they were very contagious. She said the city needed to be more proactive since cases were doubling each week. Just like HIV, she said that people did not know that they could be affected because of how it was being portrayed.

D. D'Alessandro said that lesions to mucus membranes was the most common modes of transmission— “pink parts to pink parts” e.g. genitalia, mouths, etc. This virus stayed alive longer than other viruses, so, for example, a baby putting an infected surface in their mouth could be a mode of transmission. Sexual contexts were not the only way.

J. DeMarco reported that there were a limited Monkeypox vaccines. He was also concerned that vaccines were not going to Black individuals. They also needed to offer vaccines to sex workers and homeless individuals. The problem, he said, was that vaccines needed to go to everyone and that vaccine equity was very important.

G. Keys said homeless individuals and sex workers may not be coming in for testing in clinics and hospitals. This might be why there is underreported. She also noted that some individuals were being misdiagnosed at the beginning of their infection and they do not get diagnosed with

Monkeypox until they are in the ER. G. Grannan said he heard that some individuals were being turned away from testing at city clinics even if they exhibited symptoms of Monkeypox because they were not part of a specific population. G. Keys said that city health centers could sometimes get mistaken for other clinics—they were to see people regardless of whether they could pay or not and what population they were a part of. The city educated the nurses, received tests, and were getting ready to distribute vaccines. If people had symptoms, city health centers would see to them. G. Keys asked for more specifics around which health centers and G. Grannan said he would try to provide this information.

K. Carter asked about locations where people could receive the vaccines. G. Keys said that they were trying to change the vaccination method so they could administer it as a surface vaccine. If they did this, they could distribute 5 doses per vile. D. D’Alessandro added that there was a limited amount of antiviral that could treat the virus. However, like everything, supplies was limited because of how new Monkeypox was to the United States.

**Announcements:**

None.

**Adjournment:**

L. Diaz called for a motion to adjourn. **Motion:** K. Carter motioned, S. Heaven seconded to adjourn the August 2022 HIPC meeting. **Motion passed:** Meeting adjourned at 4:05 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:

- August 2022 HIPC Meeting Agenda
- June 2022 HIPC Meeting Minutes
- FY2023 Budget Narratives
- FY2023 Budget Spreadsheets
- Systemwide Costs Narrative

Dear Dr. Kathleen Brady,

The Philadelphia HIV Integrated Planning Council's (HIPC) own Positive Committee, as well as the HIPC itself, would like to express increased concern with the messaging and language used in the discussion around the recent Monkeypox (MPV) virus outbreak.

The HIPC would like to caution against the use of stigmatizing language within official public health messaging. Such language and hyperfocus on specific populations are reminiscent of the messaging used against MSM and transgender women—especially those of color—early on in the HIV/AIDS epidemic. Labeling HIV/AIDS as a “gay disease” led to fear of and violence against MSM and transgender women.

Additionally, the messaging around MPV is considerably problematic since the virus is not an STI. We encourage public health messaging to address and put more focus on modes of transmission and prevention instead of specific populations. It must be known to the public that MPV is not transmitted solely through sexual contact and that everyone has a level of susceptibility to the virus. This is not a virus only affecting MSM and queer populations.

As previously stated, we are requesting that public health messaging focus on modes of transmission and prevention methods. Such examples of messaging have been distributed by the World Health Organization and are as follows:

*Regarding the importance of attention to MPV:* “Monkeypox is a disease of global public health importance.”

*Regarding the modes of transmission:* “Human-to-human transmission can result from close contact with respiratory secretions, skin lesions of an infected person or recently contaminated objects. Transmission via droplet respiratory particles usually requires prolonged face-to-face contact.”

*Regarding prevention recommendations:* “The importance of hand hygiene by using soap and water or alcohol-based sanitizer should be emphasized.”

By altering the way in which we discuss the MPV virus on a public health level, we can help to accomplish two goals: (1) destigmatize MPV and the harmful effects messaging has on MSM and other queer populations, and (2) encourage ALL members of the public to take the virus seriously and practice recommendations for prevention.

Sincerely Signed,

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*Keith Carter, Co-Chair  
Positive Committee*

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*Lupe Diaz, Co-Chair  
HIV Integrated Planning Council*

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*Sharee Heaven, Co-Chair  
HIV Integrated Planning Council*