

MEETING AGENDA

VIRTUAL:

Thursday, January 19, 2023

2:00 p.m. – 4:00 p.m.

- ◆ Call to Order
- ◆ Welcome/Introductions
- ◆ Approval of Agenda
- ◆ Approval of Minutes (December 15, 2022)
- ◆ Report of Co-Chairs
- ◆ Report of Staff
- ◆ Discussion Items
 - Review of Final Integrated Plan
- ◆ Other Business
- ◆ Announcements
- ◆ Adjournment

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

The next Comprehensive Planning meeting is

VIRTUAL: February 16 from 2:00 p.m. – 4:00 p.m.

Office of HIV Planning, 340 N. 12TH Street, Suite 320, Philadelphia, PA 19107

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VIRTUAL: Comprehensive Planning Committee
Meeting Minutes of
Thursday, December 15, 2022
2:00 p.m. – 4:00 p.m.

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

Present: Blake Rowley, Gus Grannan, Debra D’Alessandro, Pamela Gorman, Gerry Keys, Keith Carter

Guest: Sanzida Anzuman (AACO)

Excused: Sharee Heaven

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

Call to Order: K. Carter called the meeting to order at 2:09 p.m.

Introductions: Everyone introduced themselves.

Approval of Agenda:

K. Carter referred to the December 2022 CPC agenda and asked for a motion to approve.

Motion: D. D’Alessandro motioned and G. Keys seconded to approve the December 2022 CPC agenda. **Motion passed:** All in favor. The December 2022 CPC agenda was approved.

Approval of Minutes (November 17, 2022):

K. Carter referred to the November 2022 minutes. **Motion:** G. Keys motioned, D. D’Alessandro seconded to approve the November 2022 meeting minutes via a Zoom poll. **Motion passed:** 4 in favor and 1 abstaining. The November 2022 minutes were approved.

Report of Co-Chairs:

G. Grannan had no report. M. Ross-Russell said the city had asked HRSA for an extension on the Integrated Plan and that it would be due Monday, December 19, 2022. M. Ross-Russell continued that she would give further detail in the report of staff. K. Carter asked if the PA health department had provided feedback on the Integrated Plan. M. Ross-Russell explained that it was the AACO that wanted to ask HRSA to extend the Integrated Plan submission date. M. Ross-Russell said she would explain the situation further in the Report of Staff. G. Grannan had nothing further to add.

Report of Staff:

M. Ross-Russell explained that HIPC represented an EMA that had to work with two states. HIPC and AACO are working with the health departments of New Jersey and Pennsylvania. Both PA and NJ have completed its integrated Plan. Each state is required to submit its own plan. The state of NJ provided information for the Integrated Plan on December 8th when the plan was due on December 9th. Under these circumstances, they needed an extension. M. Ross-Russell said creating the Integrated Plan can be time intensive and if anyone is behind, everyone is behind. M. Ross-Russell explained that the goals and objective section of the Integrated Plan are the core portion of the plan while the other portions were supplemental and required by HRSA and the CDC.

M. Ross-Russell asked for questions but there were none. M. Ross-Russell hoped that the Integrated Plan would be completed by the end of the weekend. M. Ross-Russell said that the Integrated Plan is an AACO-led project and HIPC will be in a supporting role. M. Ross-Russell said HIPC will review materials such as data to help the AACO plan.

M. Ross-Russell introduced K. Trinh and T. Dominique. K. Trinh is the Community Planning Support Coordinator and T. Dominique is the Health Planner/Website Coordinator. M. Ross-Russell stated this will be the last meeting of the month. She turned to the rest of the committee for questions. No additional questions were asked.

Discussion Items:

—2022 Consumer Survey Data—

S. Moletteri opened a slideshow to present the 2022 Consumer Survey Data. They explained that the 2022 Consumer Survey was distributed in early March 2022. HIPC reached out to members of the community through various methods both physical and online such as paper packets and SurveyMonkey. S. Moletteri said the survey received 236 responses when HIPC closed the survey at the end of June 2022 and noted that it was less than the 394 responses from the 2017 survey.

The 2022 Consumer Survey consisted of 102 surveys that were completed online while 134 surveys were hardcopy. S. Moletteri reported the number of online surveys completed had increased to 43.22% from the 7% in the 2017 Consumer Survey Data. M. Ross-Russell corrected that 23% of the responses from 2017 were online. M. Ross-Russell suggested that the changes were due to offices being open in 2017 and reminded the committee that many offices were closed or hybrid in 2022 due to COVID. M. Ross-Russell said because of this, the methods that HIPC had to use for outreach were different. For example, when the offices were open, co-workers from organizations that HIPC had reached out to could pass the surveys around.

S. Moletteri stated from the slide show that 84% of the 236 responses to the survey were PLWH (People Living with HIV). 11.8% of the respondents of the 2022 Consumer Survey respondents were not PLWH. 3% of respondents did not answer the question. They received 8 Spanish surveys in total. One Spanish survey was online while the rest of the surveys were turned in through hard copy. 16.29% of respondents to these surveys indicated that they were Hispanic/Latinx.

S. Moletteri said that HIPC had the most success in Philadelphia with 57.6% of responses. 11% of those who answered the 2022 Consumer Survey were from other PA counties such as Bucks and Chester Counties. 30.5% of respondents were from the NJ suburban counties. Most of the respondents in NJ were from Camden.

S. Moletteri went over the question of age on the survey. Most people who answered the survey were 50+ years old and accounted for 54% of respondents. The next group was aged 30-39 at 21% of the survey demographic. Regarding race, S. Moletteri said African Americans made up most of the respondents at 54% while Caucasians accounted for 34% of the 2022 Consumer Survey. 6% of the survey respondents identified themselves as Asian while the last 7% identified themselves as either biracial, Native American, or other. S. Moletteri noted that respondents were allowed to write in their answers if they did not select one of the choices provided.

S. Moletteri moved on to the question on the survey regarding sexual orientation. 56% of respondents identified as straight. 27% of respondents identified as gay or lesbian, 11% of respondents identified as bisexual, and 6% of the respondents either did not answer the question or left an answer that was not listed above. Survey respondents were also allowed to write in their responses if their sexuality did not match the choices that were given.

S. Moletteri continued with the presentation and discussed the results gathered from the gender question. 54% of respondents identified as men. 42% of the respondents were women. The 2022 Consumer Survey did include genders that were nonbinary. Transgender men and women accounted for about 1% of survey respondents. 2% of respondents identified as another gender identity not on the either-or binary. The 2% accounted for those identifying as nonbinary, gender nonconforming, gender fluid, etc. However, for the purposes of data-sharing during this meeting, S. Moletteri collapsed the data into an “other” category. 1% of the respondents chose not to answer.

Most respondents had graduated from high school. They accounted for 31% of the survey respondents. 12% had some high school education but did not graduate. 16% of the respondents had some college education but did not graduate. S. Moletteri explained that the finances of the respondents in 2022 were similar to those in 2017. In terms of housing, S. Moletteri stated the 2022 Consumer Survey showed more people were renting rather than owning a house than in 2017. M. Ross-Russell pointed out that it could be skewed by the people who had finished the survey online since they most likely had access to more resources. After examining the graphs, S. Moletteri concluded that the income distribution was more even than in the 2017 Consumer Survey. In the 2017 Consumer Survey, more respondents were concentrated around the \$1-1,000 monthly income range. In the 2022 Consumer Survey, the respondents had a wider range of income. S. Moletteri noted that despite this, the overall curve of the monthly income graph was similar between the 2022 Consumer Survey and the 2017 Consumer Survey.

S. Moletteri explained 76.4% of respondents who were PLWH had an HIV MCM (Medical Case Manager), 15% did not have an MCM, and 8% did not know if they had a MCM. 4% of

respondents were not satisfied with their MCM. 4% of the PLWH respondents were unsure if they felt satisfied with their MCM. As for their medical provider, 57% of respondents always felt comfortable talking about personal issues with their medical provider. 12% of respondents felt comfortable some of the time.

S. Moletteri explained that Medical Care, Dental Care, and MCM were the most used services for people who were surveyed. Out of the 236 survey respondents in the 2022 Consumer Survey, about 61 persons or 25.8% of the respondents did not answer this question about which service was most needed and was accessible.

S. Moletteri explained that Housing Assistance, DEFA (Direct Emergency Financial Assistance), and Legal Services were reported as most needed and least accessible. They noted that about 27 or 11.44% of respondents needed but could not get Housing Assistance, 23 or 9.75% needed but could not get DEFA, and 21 or 8.9% of respondents needed but could not get Legal Services. S. Moletteri asked M. Ross-Russell if Housing Assistance was a most needed service that individuals were unable to get in 2017. M. Ross-Russell recalled that housing may have been one of the top services respondents needed in the 2017 Consumer Survey and said she was going to data frequencies to confirm if she was correct. S. Moletteri noted that Housing and DEFA were both services that were the most needed in the 2022 Consumer Survey and the 2017 Consumer Survey. S. Moletteri noted that about 67.37% or 159 out of 236 respondents did not answer this question about needing a service and being unable to receive it.

M. Ross-Russell stated that some people had lost their homes due to COVID. S. Moletteri said shelters, homeless, and halfway houses were grouped together for the presentation. G. Grannan said he knew there were PLWH people homeless and living on the streets who were not getting representation in the survey. S. Moletteri agreed with G. Grannan that this was a tough demographic to reach and how it was important to reach out to those without housing in the next survey. M. Ross-Russell agreed, explaining that OHP depended heavily on providers to distribute the survey since they had direct contact with community members. Hopefully there would be more providers in contact with homeless individuals during the next round of surveys.

S. Moletteri continued with the presentation and showed the least needed services were Hospice, Translation Services, and Child Care. They noted that 57.63% or 136 out of 236 respondents did not need Hospice Services. S. Moletteri added that Language Translation and Childcare had similar numbers. 57.2% of respondents did not need Language Translation and Interpretation and 56.36% of respondents did not need Child Care Services. M. Ross-Russell clarified that the information about the services not needed was skewed by the fact that the population that needed the service is very small. Additionally, needing but not receiving these services would be a barrier to care, so it would be harder for individuals in need of these services to receive and answer the survey in the first place. About 27.54% or 65 out of 236 respondents did not answer this question about services not needed.

G. Grannan raised the issue of language access in the survey. People who spoke English were more likely to be accommodated and have access to the survey than someone who speaks one

non-English language. M. Ross-Russell agreed and acknowledged G. Grannan's concern. M. Ross-Russell explained that HIPC had a limited capacity to reach out to groups with different languages. OHP has to rely on the providers to reach people with lived experience. Additionally, OHP were able to use translators to translate the survey into Spanish. M. Ross-Russell said they have about 17 providers who agreed to participate. S. Moletteri agreed that some of the information is skewed due to underrepresentation.

S. Moletteri continued with the presentation. They listed the top 3 services that respondents have not heard of. These were DEFA, Treatment Adherence, and Adult Day Care. About 75% of respondents or 177 out of 236 respondents did not answer this question. 25 or 10.59% of respondents had never heard of DEFA, about 16 or 6.78% of respondents had not heard Treatment Adherence, and 15 or 6.36% of respondents had not heard of Adult Day Care services.

The 2022 Consumer Survey respondents who answered the question about health conditions mostly reported having high blood pressure and high cholesterol. About 39% of respondents reported having high blood pressure and 30% reported having high cholesterol. S. Moletteri noted that approximately 24.58% of the respondents reported no health conditions. 43.64% of respondents reported having depression which was the same percentage of respondents reporting anxiety. 45.1% did not need mental health care. As for the respondents who needed mental health care, 67.2% of the respondents got it when they needed it. 18% of respondents who reported needing mental health were unable to get it. S. Moletteri added that 7.6% of respondents were unable to receive mental healthcare due to long wait times. This question regarding wait times was recently added because of discussions within CPC around long wait times for therapy. M. Ross-Russell noted that depression and anxiety were the two top mental health issues in 2017. She did not have the frequencies for those issues but she remembered that those two issues were particularly high during the previous survey. About 29.24% of the 2022 Consumer Survey respondents reported no mental health conditions.

S. Moletteri continued with the presentation. About 77.73% of respondents did not report needing Substance Use or Alcohol Treatment services. Of the respondents who did need those services, about 74% of those were able to receive them and 25.53% of respondents were unable to receive the services.

S. Moletteri went over the information concerning HIV and COVID. They said that each question about COVID had a fill-in section to give further detail to each question. All of the following responses were directly due to COVID. Survey results showed that 31.72% of respondents lost wages for one or more weeks, 25% had their housing situation change, 19.9% missed a medical appointment, and 13.14% skipped or delayed HIV-related lab tests. S. Moletteri said that they remembered that many of the respondents who skipped or delayed HIV-related lab tests did so because they were hesitant about COVID-19. They continued with data from the COVID-19 impact, stating that 10.55% of respondents missed doses of HIV medication, 8.9% missed doses of other essential medications, and 8.08% had issues with prescription refills for HIV medication.

S. Moletteri then went on to discuss information about Telehealth and they went over the reasons why the respondents had wanted telehealth and why some of the respondents did not like telehealth. 54.66% of respondents preferred in-person only visits, 5.93% of respondents preferred only telehealth visits, and 24.15% of respondents did not have a preference. Most respondents preferred in-person visits because it allowed them to have a face-to-face with the provider with 55.51% reporting this as a reason for their preference. The respondents who preferred telehealth visits liked the convenience. Other reasons why people preferred telehealth was that they did not have to deal with transportation issues or they felt their health was good enough to continue with telehealth. About 32% of respondents who preferred telehealth-only visits liked the convenience. S. Moletteri reminded the committee that more information about the survey would eventually be posted on the OHP website.

G. Grannan inquired about whether there will be a qualitative portion to the survey. M. Ross-Russell said OHP uses software called NVivo for qualitative responses. She explained that the survey had only a few qualitative questions and the software groups answers that are similar enough to each other as part of its analysis. M. Ross-Russell explained that the summary will be based on what makes sense once she has examined the information in detail. M. Ross-Russell explained that she will not need to codify all the qualitative questions since some questions may have few responses. G. Grannan asked if there was a way to compare different qualitative answers to each other. For example, if there is a question about transportation, G. Grannan wanted to see if there was a way to see the impact of transportation on other issues in the survey. M. Ross-Russell stated that she did not remember and only used the NVivo software every 5 years and would need to reacquaint herself with it. M. Ross-Russell said she will look through the data and attempt to present the information visually.

M. Ross-Russell explained that there are limitations to the survey. Generally, the purpose of the Consumer Survey was to find out what HIPC can do and what the next steps are based on the patterns seen in the information. The information can be useful in finding out more on the provision of need related to funded service categories. M. Ross-Russell said a lot of the preliminary analysis was done by someone at AACO. M. Ross-Russell said part of HIPC's job is to look at the information in the 2022 Consumer Survey and find topics that can be explored deeper by the staff. M. Ross-Russell said that she is using SPSS while AACO uses SAS software to analyze the information. M. Ross-Russell said she uses SPSS due to her familiarity with it.

—**HB 103**—

S. Moletteri referred back to the November 17th, 2022 meeting minutes. S. Moletteri brought up the HB 103 page on the ACLU website. HB 103 (House Bill 103) was passed by the PA House of Representatives on November 3rd, 2022. HB 103 underlined a new penalty for spitting on all peace officers, extending the law that referred to only corrections officers. The concern is that many corrections officers are in special circumstances where they are in close contact with many people. The penalty would be a third-degree felony for spitting on an officer as an assault with up to 7 years in prison and a \$15,000 fine. A person who knew they had a communicable disease would face a second-degree penalty with jail time of up to 10 years with a \$25,000 fine. The

concern was that the penalty extends to the police who deal with everyday matters such as civilian interaction or protests. K. Carter is wary about the new penalty and said that HIV cannot be transmitted through spit. He is concerned that prisoners are more vulnerable to HB 103 since they have little ability to defend themselves with few financial resources.

S. Moletteri said that the correctional facilities had a law similar to HB 103 and the new law simply extends those laws to police officers. S. Moletteri asked if there was a direction the committee wanted to take in response to HB 103. S. Moletteri confirmed HB 103 was voted into law on November 3rd. K. Carter expressed his concern that prisoners could be harmed or penalized by just having someone in power who did not like them. M. Ross-Russell confirmed that the law had already been passed and the best HIPC can do is to make sure people are aware of the new law. K. Carter expressed concerns that the bill will extend this penalty to persons outside of prison. S. Moletteri confirmed that the bill is specific to all police officers. S. Moletteri shared the link in the chat related to HB 103. K. Carter recommended having a presentation to HIPC. G. Grannan recommended looking into this during HIPC's January meeting. G. Grannan had been protesting many laws such as this for years.

G. Grannan believed that this law would be used as a weapon that law enforcement can use against people. G. Grannan asked if HIPC can bring the issue to the Health Council in February. G. Grannan remembered that there were laws similar to HB 103 that were passed in the 1980s. PA was one of the states that had passed these laws and were used as a paradigm. S. Moletteri said that B. Rowley mentioned there are more than 30 states that had unscientific laws targeting LGBTQ+ or PLWH. G. Grannan predicted that similar laws were being developed in other states at the time.

G. Grannan said HIPC looks at the law through science and epidemiology while lawmakers do not necessarily use scientific data to create laws. S. Moletteri brought up a map with states that criminalize or control actions through STD/communicable/infectious disease statutes. G. Grannan said that these laws were backed by the same unions that also lobbied for anti-mask policy during the COVID-19 pandemic. G. Grannan said that these unions will most likely not be persuaded by scientific facts over their interests. G. Grannan said that the committee had come from a background of public health and epidemiology while lawmakers have to account for special interests. G. Grannan asked if there needed to be a vote for the presentation to the HIPC. S. Moletteri and M. Ross-Russell said no vote was needed. S. Moletteri replied that if the presentation does not go through, HIPC can look into other ways to raise awareness.

Any Other Business:

None

Announcements:

None

Adjournment:

G. Grannan called for a motion to adjourn. **Motion:** K. Carter motioned, D. D'Alessandro seconded to adjourn the December 2022 CPC meeting. Motion passed: Meeting adjourned at 3:46 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- December 2022 CPC Meeting Agenda
- November 17, 2022 CPC Minutes

DRAFT