Meeting Agenda

VIRTUAL:
Friday, February 24, 2023
10:00 a.m. – 12:00 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes (September 27th, 2022)
- Report of Co-Chairs
- Report of Staff
- Discussion Item
  - PA State Prevalence Data and Regional Allocation
  - Subcommittee Attendance
- Other Business
- Announcements
- Adjournment

Please contact the office at least 5 days in advance if you require special assistance.
The next Executive Committee meeting is
TBD

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Executive Committee

Philadelphia HIV Integrated Planning Council
Executive Committee
Meeting Minutes of
Tuesday, September 27, 2022
2:00-4:00p.m.
Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: Michael Cappuccilli, Keith Carter, Lupe Diaz, Lorett Matus, Clint Steib,

Excused: Sharee Heaven

Staff: Mari Ross-Russell, Sofia Moletteri, Beth Celeste

Call to Order: L. Diaz called the meeting to order at 2:11 p.m. She dispensed with introductions since everyone was familiar with each other

Approval of Agenda: L. Diaz presented the September 2022 Executive Committee agenda for approval. **Motion**: K. Carter motioned, L. Matus seconded to approve the September 2022 agenda. **Motion passed**: 5 in favor, 0 abstaining. The September 2022 Executive Committee agenda was approved.

Approval of Minutes (*December 6, 2021*): L. Diaz referred to the December 2021 Executive Committee meeting minutes. **Motion**: M. Cappuccilli motioned, C. Steib seconded to approve the December 2021 meeting minutes. **Motion passed**: 4 in favor 1 abstaining. The December 2021 Executive Committee minutes were approved.

Report of Staff:

M. Ross-Russell reported that she was still waiting to hear from the city about remote work policy. Policy had not changed for some city offices, though she was unsure of the broader landscape. L. Diaz noted that such policy would come into play if HIPC moved toward hybrid meetings. M. Ross-Russell said it would depend on who would be in the space, adding that HIPC had some key differences from AACO and its structure.

Discussion Items:

—Virtual, Hybrid, and In-Person Meetings—

C. Steib suggested they send out a poll of some sort to the whole HIPC to determine interest in in-person/hybrid. He mentioned that during a provider meeting AACO posed this question, and nearly everyone was in favor of staying virtual. M. Cappuccilli said this was further complicated by the fact that these were public meetings. L. Diaz explained that they would have to take the temperature of many different parties, e.g. AACO, OHP staff, HIPC members, public, etc. to find everyone's preference.

K. Carter asked if they were able to ask people about vaccination status. M. Ross-Russell felt they were not able to do this. She added that there were only a certain amount of people able to attend in-person based on social distancing rules. L. Matus said, before ever considering hybrid, if the office

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WIFI was able to handle virtual meetings. M. Ross-Russell explained that WIFI strength depended on location within the office – those far away from the router had more difficulty. M. Cappuccilli asked where the router was set up. M. Ross-Russell said the router was near the reception area and that the large conference room had some difficulty connecting. L. Matus suggested the office investigate boosting the WIFI for connection purposes.

C. Steib mentioned that he attended the PA State's council meeting which was hybrid. Virtual attendees were unable to hear audience members. There was a camera showing the room so that virtual attendees could see the room and who was speaking. However, they had to pass microphones around for those on Zoom to hear what audience members were saying. The hybrid setup would require IT assistance and equipment. M. Ross-Russell noted that OHP already had some of the equipment. They would need to investigate setting up the camera, however. They would also need to check with the city about confidentiality laws if a camera were to be present.

L. Diaz noted that all the HIPC meetings had people shut off cameras thus far for confidentiality, so displaying people on camera would be a possible issue. C. Steib asked if AACO was following the hybrid model. M. Ross-Russell said the difference between AACO and HIPC was that it was provider versus community member meetings. Where community members were concerned, there were more issues around confidentiality.

M. Cappuccilli noted that the large conference room could hold a maximum of 25 people if they sat 6 feet apart. If everyone had masks, however, he asked why they still needed to social distance. M. Ross-Russell said it was for double precaution. M. Cappuccilli noted that during an Action Wellness meeting, they sat elbow-to-elbow but received a temperature check and masks. L. Diaz said masks might not work well if someone was actively contagious. M. Cappuccilli asked C. Steib if at the state meeting they required masks, had social distancing, and required vaccinations. C. Steib said some were wearing masks and some were not—they did not ask about the vaccinations. However, he mentioned that he got COVID-19 while there or while in transport, and he felt that passing the microphone for hybrid meetings and the relaxed requirements were an issue.

C. Steib asked about attendance within the virtual HIPC meetings. M. Ross-Russell said it was okay though there were a lot less community members able to attend. K. Carter agreed, saying there were a lot less attendees within the Positive Committee within the virtual setting.

C. Steib asked if they could use an auditorium or another public space that could allow more spacing and seating. In this scenario, they could transition to all in-person. M. Ross-Russell said she could check, but added that, historically, there were some issues they encountered when using such public spaces. In such spaces, it was common that attendees would have to show ID at security desks. Some attendees may not have IDs for various reasons. Additionally, attendees without housing may bring their belongings. While this sort of circumstance was not an issue for the office, other locations may have an issue with this. In the past, there were around 5 people who regularly attend meetings and were without housing. OHP wanted to ensure that there were no barriers.

M. Ross-Russell added that AACO recently asked about using the office space. AACO wanted to host 40 people, but they would not fit based on the current setup. M. Cappuccilli said he had not been in a public forum that required both masks and spacing simultaneously. He asked if this was a city requirement or if this was just OHP's requirement. M. Ross-Russell felt the rule still existed within AACO, but she would have to double check.

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K. Carter asked if it would be an added cost for provision of masks if people did not have them. M. Ross-Russell said they would have masks and antibacterial gel available for attendees. K. Carter asked about transportation reimbursements, B. Celeste, and her interaction with a lot of people. M. Ross-Russell said they would use one pen per person and have a clean and used pen bin.

M. Ross-Russell said they had to at least initiate the conversation so they could speak to the concerns of in-person meetings. Some precautions would have to be in writing, e.g. no mask, no entry.

M. Cappuccilli considered the state-level hybrid meetings, asking if hybrid would be more trouble than it was worth. M. Ross-Russell said she would have to look more into hybrid meetings to see. They would still be looking at hybrid as a possibility.

M. Cappuccilli clarified that M. Ross-Russell would be going forward to uncover more information about any umbrella organizations' processes and then report back. M. Ross-Russell confirmed, saying she would have to look into the legality and requirements. Thus far, Dr. K. Brady had not suggested the combination of 6-foot distancing and masks was unnecessary.

M. Cappuccilli said in some scenarios masking was required except while eating and drinking, in which case people would get close to each other unmasked. He felt this did not make sense. K. Carter said they would be unable to offer snacks so people could not eat during meetings. L. Matus said they could offer snacks after the completion of the meeting and while people were exiting. C. Steib said people would still need to drink water during the meeting. L. Diaz agreed, adding that this was why she preferred the 6-foot social distancing rule.

K. Carter wanted to look toward the city policy and hoped they had guidelines to assist with these decisions. As for other organizations he visited, he observed that they put their own regulations in place. M. Ross-Russell said that some doctors' offices were still implementing COVID rules and distancing. K. Carter also said sometimes people got upset over the use of masks—he questioned what would happen if someone became physical or overtly upset over masking. M. Ross-Russell said they would offer them a mask and if they elected not to wear it, they would not be able to attend.

L. Matus suggested they wait until they get guidelines and stay virtual in the interim. M. Ross-Russell said they needed to ensure everyone was comfortable and safe. There was no current deadline, but she anticipated one was coming.

M. Cappuccilli asked if she had gotten an idea from other EMAs about in-person meetings. M. Ross-Russell said there were some health department meetings in-person across the country, but she did not know about other planning councils. In her planning support staff group that she was a part of, most people seemed to be in a virtual environment, and they still discussed virtual troubleshooting. However, she could ask the group about any moves toward in-person and if any EMA had put in place guidelines.

M. Cappuccilli said they needed to figure out the maximum amount of people they could fit in the room. M. Ross-Russell said she would play with the spacing more, but as of right now it was 25. She imagined that the very maximum spacing would accommodate 35 individuals.

L. Matus mentioned that more provider members were attending virtually, versus the consumers that might prefer or only be able to access in-person. If this were the case, they could find out who really wanted to be virtual versus who wanted to be in-person.

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K. Carter said he was not opposed to allowing those without internet access to come in-person. He would be willing to stay home in these cases. L. Matus agreed, adding that given the choice, she preferred virtual because of the convenience. K. Carter was concerned about everyone's safety, but he also wanted everyone to have fair opportunity to participate in the process. L. Matus agreed, saying many providers could continue to participate virtually which left more room for community members to go in-person. This would, of course, be a hybrid option if it was technologically feasible. M. Cappuccilli suggested the office test out the hybrid option to see, realistically, how they could do this.

M. Ross-Russell said she would contact the other EMAs to see how they were doing and what issues they had encountered. She would also talk to Dr. K. Brady on Friday about hybrid, confidentiality, and social distancing and masking regulations. She asked if there was anything else she left out.

L. Diaz asked, if they did hybrid, if one of the co-chairs should attend each in-person meeting. M. Cappuccilli said he did not see why they would have to be there. M. Ross-Russell said that depended on how good the equipment was and how smoothly the process ran. M. Cappuccilli and K. Carter volunteered to assist with testing and troubleshooting.

M. Cappuccilli asked if what they eventually decided would include all subcommittees. M. Ross-Russell said that all subcommittees would decide for themselves. K. Carter said the Positive Committee was a great subcommittee to try in-person out with. M. Ross-Russell said they provided lunch, transportation reimbursements, etc. for Positive Committee, so OHP would have to discuss and figure out details, especially regarding lunch. She asked that people email her if they had any considerations & concerns so they could tackle them in advance. Right now, they were just brainstorming.

C. Steib asked if there would be a special cleaning crew for after the meetings. M. Ross-Russell said they used to have cleaners for the office. They had not had them since the start of COVID, so they would have to follow up with their previous company.

K. Carter added that they also had to keep in mind Mpox. M. Ross-Russell said this came down to the honor system. K. Carter found this concerning, because not everyone was always honest.

Other Business:

C. Steib said there was discussion of HIPC's representation within the PA state's HIV Planning Group (HPG). M. Ross-Russell said she had spoken with the State and explained that C. Steib was able to speak to HIPC since he was a member—she did not specify that he was a representative, specifically. C. Steib said he was unable to officially represent the HIPC, because he would lose his voting power.

C. Steib read part of the PA State plan, which indicated collaboration/feedback from the HIPC. However, he noted that there was no discussion of HIPC's involvement within the PA state's plan at all prior to this meeting, so this caused some conflict. As for representation, there was a member from AACO who attended the HPG meetings, they thought, that was also representing the HIPC. C. Steib said this AACO individual did not attend HIPC meetings, so they were mistaken. Additionally, no HPG individuals were attending HIPC meetings. This meant there was no collaboration between

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the plans. M. Ross-Russell said she would see how they could better collaborate and represent each other within their individual meetings.

Announcements:

C. Steib announced that AIDS Walk was on the 22nd of October—or the third Sunday of October.

Adjournment: **Motion:** K. Carter motioned to adjourn the September 27, 2022 Executive Committee meeting, L. Matus seconded. **Motion passed:** all in favor. Meeting adjourned at 3:43 p.m.

Respectfully submitted:

Sofia M. Moletteri, staff

Handouts distributed:

- September 2022 Executive Meeting Agenda
- December 2021 Executive Meeting Minutes

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Data Issue Overview

The Finance Committee has requested an overview and the process steps related to the concerns of the most recent surveillance data provided by the Pennsylvania Department of Health, HIV Surveillance and Epidemiology, Bureau of Epidemiology. Questions arose related to the accuracy of the data while preparing for both the EPI Profile update and annual allocations process. Specifically, the PA prevalence numbers provided for 2018 were 4,245, 2019 4,761 and in 2020 the total provided was 4,248. And overview of steps taken by OHP, the HIPC and AACO is as follows:

- Surveillance data was requested from AACO by OHP in March. AACO receives the regional surveillance data from their counterparts in New Jersey and Pennsylvania for each states collar counties. The data provided is broken out by various demographics (e.g. age, gender, race/ethnicity, and exposure). The data tables generally include Philadelphia, the PA four, NJ four and EMA.
- The data was received from the various state surveillance departments by late May. Questions about the some of the difference in the demographic data between 2019 and 2020 provided by the PA surveillance department began in June. This was expanded to 2018 once the inconsistency was noted.
- AACO surveillance staff and Dr. Brady followed up with the state in June asking for further clarification.
- Allocations continued in July noting the concerns over the fluctuations in the prevalence numbers while adhering to the allocations policy.
- Dr. Brady requested clarity related to the data again in August and the Finance Committee began discussions about submitting a letter to the Pennsylvania Health Department.
- A letter was sent to Dr. Obiri in September.
- Dr. Obiri responded in October, but it was felt that he had not answered the question posed and instead shifted the responsibility to AACO surveillance staff. At which point the Finance Committee felt that AACO should take the lead in responding.
- AACO sent a response and included additional data related issues identified.
- The individual responsible for the data provided retired in January. The data issue has not been resolved. Dr. Obiri stated that he was unaware that there was a problem with his letter. Dr. Brady is going to follow up with Dr. Obiri.

The HIPC uses the most recent prevalence data to determine the annual regional allocations and large fluctuations in the totals impact regional funding. To demonstrate why this fluctuation generated concerns, see below.

HIV Prevalence 2011 to 2020											
Year	PA 4	Difference	Region %	NJ 4	Difference	Region %	Phila	Difference	Region %	EMA	Difference
2011	3,703		14.26%	3,108		11.97%	19,157		73.77%	25,968	
2012	4,004	301	14.79%	3,227	119	11.92%	19,838	681	73.29%	27,069	1,101
2013	4,049	45	14.95%	3,471	244	12.82%	19,564	(274)	72.23%	27,084	15
2014	4,161	112	15.34%	3,466	(5)	12.78%	19,494	(70)	71.88%	27,121	37
2015	4,193	32	15.64%	3,334	(132)	12.44%	19,280	(214)	71.92%	26,807	(314)
2016	4,289	96	16.03%	3,350	16	12.52%	19,113	(167)	71.45%	26,752	(55)
2017	4,354	65	16.14%	3,420	70	12.68%	19,199	86	71.18%	26,973	221
2018	4,245	(109)	15.87%	3,501	81	13.08%	19,011	(188)	71.05%	26,757	(216)
2019	4,761	516	17.59%	3,515	14	12.98%	18,798	(213)	69.43%	27,074	317
2020	4,248	(513)	16.08%	3,550	35	13.44%	18,621	(177)	70.48%	26,419	(655)

Philadelphia EMA HIV Integrated Planning Council
Executive Committee
2011-2020 Prevalence Averages
Friday, February 24, 2023

HIV Prevalence 2011 to 2020											
YEAR	**PA4**	**Diff**	**Region %**	**NJ4**	**Diff**	**Region %**	**Phila**	**Diff**	**Region %**	**EMA**	**Diff**
2011	3,703		14.26%	3,108		11.97%	19,157		73.77%	25,968	
2012	4,004	301	14.79%	3,227	119	11.92%	19,838	681	73.29%	27,069	1,101
2013	4,049	45	14.95%	3,471	244	12.82%	19,564	-274	72.23%	27,084	15
2014	4,161	112	15.34%	3,466	-5	12.78%	19,494	-70	71.88%	27,121	37
2015	4,193	32	15.64%	3,334	-132	12.44%	19,280	-214	71.92%	26,807	-314
2016	4,289	96	16.03%	3,350	16	12.52%	19,113	-167	71.45%	26,752	-55
2017	4,354	65	16.14%	3,420	70	12.68%	19,199	86	71.18%	26,973	221
2018	4,245	-109	15.87%	3,501	81	13.08%	19,011	-188	71.05%	26,757	-216
2019	4,761	516	17.59%	3,515	14	12.98%	18,798	-213	69.43%	27,074	317
2020	4,248	-513	16.08%	3,550	35	13.44%	18,621	-177	70.48%	26,419	-655
AVG.	**4,201**	**61**	**15.67%**	**3,394**	**49**	**12.66%**	**19,208**	**-60**	**71.67%**	**26,802**	**50**