

DRAFT
Pennsylvania Department of Health
HIV Planning Meeting
January 15-16, 2025
Location: Best Western Harrisburg
800 E. Park Drive
Harrisburg, PA 17111

Wednesday, January 15, 2025

<u>Time:</u>	<u>Topic/Discussion:</u>	<u>Action:</u>
9:06 AM – 9:10 AM	<u>Meeting Call to Order:</u>	Called to order by Sonny Concepcion and Moira Foster
9:10 AM – 9:22 AM	<u>Attendance:</u> <u>HPG Community Representatives:</u> Tariem Burroughs Sonny Concepcion Carlos Cornielle Lupe Diaz Liza Conyers online Deanna DiGiampaolo Carlos Dominguez Nicola D’Souza online Andre Ford Natasha Gorham Katherine Harr Amanda Hodges Steven Johnson Stephen (Steffin) Martin Anne Papandreas Justine Resovszky online Miguel Rodriguez Jeremy Sandberg Ginger Scaife Rachel Schaffer Satina Thomas online Gary Snyder Teresa Sullivan Michael Tikili Sharon Whitebread <u>Department of Health/Division of HIV Health Present/Guests:</u> Moira Foster Najia Luqman online Michelle Rossi	Introductions of those present led by Kyle Fait

	<p>Kris King Jon Steiner Kendra Parry Jacqueline Brenner Rob Smith Monisola Malomo Jill Garland Allison Prim John Haines Kyle Fait Tawnya Warner Adita Wasala Godwin Obiri Jack Eilber Cheryl Henne Nicole Feighner online Justin Hulshizer Lydia Nieminen online Patrick Nosko online Robyn Post online Lauren Orkis Sara Reyes online Savannah Runco online Kaitlin Salvati online Kim Sabolcik Cameron Schatz online Tom Wen-Han Su Madison Toney online Sara Wojciechowski online Sofia Moletteri online Monica Woodring online Emma Seagle online</p> <p><u>University of Pittsburgh Staff:</u> Nayck Feliz Paul Kabera Kristen Growden Ray Yeo</p>	
<p>9:22 AM – 9:31 AM</p>	<p><u>Agenda Review/Approval of Previous Meeting Minutes:</u></p> <ul style="list-style-type: none"> -Contact Kyle with Hotel issues/questions -Everyone should have received a binder. The Integrated Care Plan and Protocols documents are included. -Please complete the survey at the end of the meeting. This information is used by the Steering Committee to direct the agenda of future meetings. -The next HPG meetings are as follows: March 12-13 at the Best Western July 16-17: Penn Harris November 19-20 Best Western 	<p>Led by Kyle Fait and Sonny Concepcion</p>

	<p>HPG/Townhall meetings are scheduled for May and September but are not finalized.</p> <p>-November meeting recap:</p> <p>-November meeting minutes were not distributed in time for review. Voting on adoption of the minutes will be tabled for tomorrow.</p> <p>-Sonny discussed the agenda/procedures for the day.</p>	
<p>9:31 AM – 9:38 AM</p>	<p><u>Announcements:</u></p> <p>-Teresa Sullivan announced the Aging and Thriving: Navigating Our Future with HIV, will take place February 20, 2025, at the DoubleTree in Philadelphia as well as via Zoom. Sign up via a QR code or by contacting Teresa. This event is targeted towards affected aging community members. There will be a second event geared toward providers on February 27.</p> <p>-Jill Garland: The governor is going to give his budget proposal to the legislature. The funding for this group is appropriated by the legislature. State funding for the program is 10.5 million dollars and has been stable for years. The program submits a budget request, and if approved, it will be added to the governor’s budget proposal. We are hoping to continue level funding. We prepare the secretary/cabinet member for the hearings. The budget should be passed by July 1. The group will be updated as to funding when that information is available.</p>	
<p>9:38 AM – 10:37 AM</p>	<p><u>Team Building Activity:</u></p> <p>-Team Building Bingo game:</p>	<p>Led by Kendra Perry and Moira Foster</p>
<p>10:37 AM – 10:50 AM</p>	<p><u>Break:</u></p>	
<p>10:53 AM – 11:34 AM</p>	<p><u>Work Group Updates:</u></p> <p><u>Employment:</u></p> <p>-The Employment work group is an ad hoc group formed to better understand the employment needs of PA residents living with HIV. Currently the needs assessment survey is going through Temple’s IRB review. Once the survey clears Temple’s IRB process, they will conduct 20 qualitative interviews. An anticipated start date may be as early as late January or early February. Temple will need to provide OVR a report by May. The group currently meets every other Tuesday at 11 AM. Contact Liza with any questions or if you are interested in joining.</p> <p><u>Continuous Quality Improvement:</u></p> <p>-Moira provided the update as Michelle was not present. CQI is a federal requirement of HRSA’s Ryan White Part B. This year the selected project was case management with annual retention and care. The CQI work group developed documents which outlined the interventions known to increase</p>	<p>Presented by Liza Conyers, Moira Foster, Kyle Fait, Michael Whitmer, Gary Snyder, Rachel Schaffer</p>

	<p>retention and care. CQI works with regional grantees/providers within the region and those they determine need additional assistance. A new 2025 CQI plan/work group is starting now. Contact Moira or Michelle Schlegelmilch for more information.</p> <p>-A question was asked as to how the numbers change with the seasons. Moira stated that seasonal number changes are not currently being explored.</p> <p><u>Protocols:</u></p> <p>-In December the protocols were finalized. The Protocols can be found under the orange tab in the binder. The group plans to meet quarterly and as needed to make any updates to the document. Representatives should reach out to Rachel and Gary with any questions.</p> <p><u>Aging and Disabilities:</u></p> <p>-Michael Witmer presented the group’s accomplishments:</p> <p>-Plan for 2025: Integrate the Aging and Disability work group into the I & I subcommittee.</p> <p>There was additional discussion around MAWD eligibility. This is outside of the Division’s authority. DOH will make attempts to engage DHS staff in HPG.</p>	
<p>11:34 AM – 12:02 PM</p>	<p><u>HIV Peer Navigation and Education Services in PA:</u></p> <p>-Successful initiatives from the regions across the state were presented.</p> <p>-The Division is working with Philadelphia Fight and Project TEACH.</p> <p>Peer navigation is a requirement for each of the regions to implement. The Division suggests Project TEACH as a tool, since the program teaches skills that are closely aligned with Peer Navigation. Project TEACH cannot be mandated to be used since it is a separate entity.</p> <p>-A participant said that Project TEACH does an excellent job, however the participant would like to advocate for an accredited program to provide navigation with further education/training to help peer navigators advance.</p> <p>-There was the suggestion to have a presentation to learn more about Project TEACH.</p> <p>-There was a suggestion for the PA Dept of Education to be brought it to consult on formation of a certification program. The Dept of Ed has certified two peer support specialists’ programs for mental health.</p>	<p>Presented by Rob Smith, PHPA, Division of HIV Health</p>
<p>12:02 PM – 1:00 PM</p>	<p><u>Lunch:</u></p>	
<p>1:02 PM – 2:07 PM</p>	<p><u>HPG Subcommittees:</u></p>	

-New members were assigned to one of the subcommittees today and tomorrow. At the March meeting, new members will participate in the other group.

Evaluation Subcommittee Member Assignments:

- Gary Snyder Co-Chair
- Rachel Shaffer Co-Chair
- Natasha Gorham
- Lupe Diaz
- Andre Ford
- Nicola D' Souza
- Carlos Dominguez
- Tariem Burroughs (new member)
- Deanna DiGiampaolo (new member)
- Steven A. Johnson (new member)
- Justine Resovszky (new member who will be attending the meeting virtually)
- Sharon Whitebread (new member)

Division Support Staff: Moni Malomo, Michelle Rossi, Cheryl Henne, Kyle Fait, John Haines

Pitt Support Staff: TBD

Intersectional and Innovation (I&I) Member Assignments:

- Michael Tikili Acting Co-Chair
- Liza Conyers (Will attend meeting virtually, has filled in as co-chair before)
- Satina Thomas (will attend in-person on day 1 and virtual on day 2)
- Ginger Scaife
- Katherine Haar
- Miguel Rodriguez
- Teresa Sullivan
- Anne Papandreas (will attend virtually)
- Carlos Cornielle (new member)
- Amanda Hodges (new member)
- Stephen (Steffin) Martin (new member)
- Jeremy Sandberg (new member)

Evaluation:

Co-Chairs, division staff, and Pitt staff were introduced with a review of the agenda and structure of the subcommittee.

-Typically, during a meeting, the DOH will present part of the IHPCP. Page 45-76 in the binder outlines activities that require evaluation. The Division completes worksheets which outline the status of the strategies and activities of the plan.

-One representative pointed out that federal guidelines have four pillars to the plan, but PA has five: prevention, diagnosis, treat, response, and support. The federal government has praised our system as a more comprehensive plan.

	<p>-Another representative said they enjoyed the Evaluations subcommittee because it helped them see what is happening across the state. This gives a fuller picture of what is occurring in other areas. It also provides an opportunity to ask questions and get information.</p> <p>-Gary indicated that it was exciting that the HPG has been a leader on the national level. The hope is to take the work of the past and carry it forward to make it better.</p> <p>-Another representative said they like to be a part of the solution. It is possible to bring the voices of those who are not in the group to be heard through the work of the group and implemented plan.</p> <p>-Gary further explained that the I & I subcommittee is the creative hub, coming up with new ideas to explore. Evaluations examines what already exists to see how it is being executed and/or if it can be improved.</p> <p><u>Intersectional and Innovation Subcommittee:</u></p> <p>The group discussed the history of the I & I and past projects. They also discussed how the emphasis has changed from assessment to Innovation and Intersectionality and ways they can be effective in the work. Incorporating the Aging work group into the I & I was also discussed. The I & I requested a presentation from Dr. Obiri for epi data on aging, the MAATC on neurocognitive decline, as well as presentations on sexual health surveys, specific needs for PLWH, and those with various disabilities.</p>	
<p>2:07 PM – 2:14 PM</p>	<p><u>Subcommittee Summaries:</u></p> <p><u>Evaluation:</u></p> <p>-Rachel stated that tasks of the Evaluation subcommittee were outlined. Tomorrow they will review two items. Gary stated that the March meeting will be conducted the same way: review the subcommittee tasks on day 1, and day 2 review/evaluating items.</p> <p><u>I & I:</u></p> <p>-Michael introduced himself as a Senior Project Manager at a clinic in Pittsburgh, and is the acting Interim Chair of the I & I. Explained I&I spent their time reviewing previous projects and brainstorming what they would like to group to look like/accomplish moving forward</p>	<p>Presented by Rachel Schaffer, Gary Snyder, and Michael Tikili</p>
<p>2:15 PM – 2:30 PM</p>	<p><u>Break:</u></p>	
<p>2:30 PM – 3:40 PM</p>	<p><u>An Overview of HIV Epidemiology in Pennsylvania, 2019-2023:</u></p> <p>-Representatives were provided handouts for epi data for PLWH over 50, and HIV epidemiology in PA.</p> <p>-The presentation consisted of a summary of Epi profile data. It was divided into three parts: data of newly diagnosed individuals, those living with HIV, and assessing HIV care outcomes.</p>	<p>Presented by Moni Malomo, Bureau of Epidemiology and Godwin Obiri</p>

-A question was asked if there was an increase in diagnosis in one race.

Moni said there was no shift in the trends. The state did not see increases of the Hispanic population with HIV in 2020, as other areas did. In PA, it went down.

-During Covid, there were prevention efforts to keep people in their homes, which may have kept people from being diagnosed in 2020 and 2021. Within the cohorts, each of the racial groups have a downward trend of new diagnoses.

-Another representative asked if there was a breakdown by sex in heterosexual contact.

Moni did not have that information today. The HIV care continuum has a breakdown, and it can be looked at in the future.

-A representative asked about the decrease in IDU cases. It was explained that an increase in prevention activities helped decrease IDU cases in PA. This was also a national trend, again possibly due to prevention measures.

A participant suggested that some individuals may have switched to using fentanyl instead of heroin, which may have also contributed to a decrease.

-A representative asked for an update with more concrete answers on why this is happening instead of speculation.

-There was a discussion by multiple individuals about the barriers to getting people tested: Some individuals fear the repercussions of the label/stigma of HIV. They do not want to know their status. They will not be tested unless testing is brought to them. They lack education around HIV. They do not want to take medications.

It was suggested that funds need to be allocated back to education for this population. Clean needle/needle exchange programming was suggested to be included in education as well.

-Dr. Obiri said that because of the nature of work, they cannot ascertain a definitive answer to the questions asked by the group. They are looking at surveillance data which does not have the capacity to answer the question as to exactly why the numbers changed. The definitive answer would require actual research.

-It was suggested that the HPG could get more information from the two needle exchange providers.

Another barrier to getting accurate information pertains to people misrepresenting their use.

-A participant asked if they would look at the testing data and what are the trends for some additional analysis. They wondered if the percentage of those testing positive reflects those with the diagnosis. They also acknowledged that testing takes place outside of the Department of Health, and it is not a full picture of the testing that is taking place.

The department of Health acknowledged that they do not know the answer. Due to the lack of testing from Covid, it is anticipated there will be more late diagnoses. Prior to Covid, there were 95 clinics testing, but now most are no longer testing. Currently 1/5 of the clinics are performing 10 times the amount

	<p>of testing. Those that are testing are doing a good job, but they not reaching the same populations as before Covid. It was suggested to simply use the data we do have access to, to ask new questions and examine new ideas.</p> <p>-A representative said that as prevention efforts are cut, numbers will increase. Funders/politicians need to understand the importance of prevention. Another representative pointed out that as more people self-test, the number of tests performed onsite goes down and the positivity rate is no longer as accurate.</p> <p>-A representative asked how the department funding reflects those who are most in need. Since Black/African Americans are the group most affected, what is being done to direct funds to that group?</p> <p>-It was suggested that presentations separate Philadelphia data from the rest of PA. There are changes in the data when Philly is included. Additionally, they have their own HPG group and different funding sources, so it is important to emphasis the other parts of the state in this group, since that is the emphasis of the HPG.</p> <p>It was explained that the purpose of today’s presentation was to provide statewide data as well as each region. More in-depth presentations with specific regions can be explored if the HPG requests that information. The Department of Health travels to regions to present more in-depth information to those regions.</p> <p>It was also pointed out that the federal funders of the HPG need to see that there is correlation between the parts such as A and C. There is overlap in Philly’s funding in some instances. Some prevention funding does not go to Philly, but care funding does. With different funding sources, it is important to show how we collaborate. Each region can concentrate on their targeted population. The Philly region is also important to track because although they may have some unique situations that do not translate across the state, their trends have been somewhat predictive for the state.</p>	
<p>3:40PM – 3:48 PM</p>	<p><u>The Garden:</u></p> <p>-A participant asked if there were handouts for peer services.</p> <p>Moira explained that handouts were not distributed because they were not approved. There is a separate process for approval for distribution. It was suggested if the information cannot be distributed, then it should not be presented.</p> <p>Moira said are working to address the issue for the next meeting.</p> <p>-New representatives can talk to returning representatives for more information and to network.</p>	<p>Led by the Division of HIV Health</p>
<p>3:48 PM</p>	<p><u>Summary and Dismissal:</u></p>	<p>Meeting adjourned by Sonny Concepcion</p>

Thursday, January 16, 2025

Time:	Topic/Discussion:	Action:
9:02 AM – 9:03 AM	<u>Meeting Call to Order:</u>	Called to order by Sonny Concepcion and Moir Foster
	<p><u>Attendance:</u></p> <p><u>HPG Community Representatives:</u> Tariem Burroughs Sonny Concepcion Carlos Cornielle Lupe Diaz Liza Conyers Deanna DiGiampaolo Carlos Dominguez Nicola D’Souza Andre Ford Natasha Gorham Katherine Harr Amanda Hodges Steven Johnson Stephen (Steffin) Martin Anne Papandreas Justine Resovszky Miguel Rodriguez Jeremy Sandberg Ginger Scaife Rachel Schaffer Gary Snyder Teresa Sullivan Satina Thomas Michael Tikili Sharon Whitebread</p> <p><u>Department of Health/Division of HIV Health Present/Guests:</u> Moir Foster Najia Luqman Michelle Rossi Kris King Jon Steiner Kendra Parry Jacqueline Brenner Rob Smith Monisola Malomo Jill Garland</p>	Roll call led by Kyle Fait

	<p>Allison Prim John Haines Kyle Fait Becky Flaherty Jack Eilber Nicole Feighner Cheryl Henne Justin Hulshizer Lydia Nieminen Lauren Orkis Sara Reyes Savannah Runco Kim Sabolcik Cameron Schatz Tom Wen-Han Su Madison Toney Sara Wojciechowski Michelle Schlegelmilch Shekinah Rose Kaitline Salvati Patrick Nosko Monica Woodring Asala Adetoun Ikechukwu, Onukogu</p> <p><u>University of Pittsburgh Staff:</u> Nayck Feliz Paul Kabera Kristen Growden Ray Yeo</p>	
<p>9:03 AM – 9:13 AM</p>	<p><u>Previous Meeting Minutes Discussion:</u></p> <p>-Sonny asked for corrections or feedback from the minutes.</p> <p>-Teresa pointed out that the minutes said that community promises/guidelines would be reviewed at each meeting, but they were not covered yesterday or this morning.</p> <p>Rachel agreed that page 22 in protocols states, “Community Guidelines” would be publicly posted. There are copies available on the handout table. It could be posted on the screen at meetings as well.</p> <p>Moving forward it will be placed in the announcements and highlight’s presentation, it will be posted, and everyone will receive a copy.</p>	<p>Andre Ford motioned to approve the minutes. Teresa Sullivan seconded. Tariem Burroughs, Steven Johnson, and Gary Snyder abstained. Motion approved.</p>
<p>9:13 AM – 9:18 AM</p>	<p><u>Announcements/Highlights</u></p> <p>-Sonny said that the Epi data Presentation from yesterday shows how far the group has come in advocating for tracking data. Although there are points that the group still had questions about, the data continues to improve.</p> <p>-Reviewed the agenda for day.</p>	<p>Led by Sonny Concepcion</p>

	<p>-Hotel/check out information for today and future meetings was discussed</p>	
<p>9:18 AM – 10:33 AM</p>	<p><u>Subcommittees:</u></p> <p><u>Evaluation:</u></p> <p>-Ending the HIV Epidemic Pillar: Prevention Strategy: 1D: Expand sexually transmitted diseases (STD) Data-to-PrEP Initiative. Activity: Enhance current use of STD Data-to-PrEP to identify clients for PrEP referrals</p> <p>-A representative was concerned that the numbers do not add up correctly between the categories. The Division will investigate and get back to the group. if they were placed under the incorrect title. -It was proposed that the numbers were transposed that led to the discrepancy for the numbers not adding up: 2472 was transposed to 2742.</p> <p>- A concern was brought up about a lifetime requirement triggering the cases. It was suggested that the system could pull those with fewer infections within a shorter duration. It may be more important to identify an individual as needing support who has had 2 or more infections within 2 years as opposed to four infections which span 40 or more years. They suggested that the current system is missing a way to identify risky behaviors. There is a review of all cases before staff reach out to individuals which could address the timeframe concern. Review by DIS staff differentiates the needs of each person. However, often you will only know the person’s situation if you talk to them. Gary added that a person needs to evaluate the file to determine the plan. If you have personnel in the office that addresses prevention with all clients, then engagement is already happening. If the provider contacts them too much they may consider it harassing.</p> <p>-It was pointed out that diagnoses over a lifetime includes people who are aging. The more risk factors you have, the more likely you are to acquire HIV. If the system changes to only look at a shorter duration/short term, it may leave out those who are aging. Using four or more times over a lifetime provided the clearest list of those in need. Leaving it up to the providers to decide who to contact allows the providers time to investigate each person’s needs.</p> <p>-A community representative suggested that because public health is so underfunded, providers do not have the staff to reach everyone and must triage cases. They wondered if the missing data is due to staffing concerns.</p> <p>-There was a suggestion that providers or labs that deliver the results of the fourth positive STI inform the individual about PrEP resources. There are also 10 county municipal health departments which have staff. It was acknowledged that workforce development funding was removed, so staffing will only be sustained for another few years.</p>	

Jill said the Division is planning for the loss of funding. The funding is currently covering 14 disease intervention specialists, four supervisors and an administrative assistant. Federal funding was rescinded, but they were able to keep funding through Feb 28, 2026. It is unclear what to expect in the future, as they look for additional funding sources to retain staff. The budget request includes several positions, and there is a possible infrastructure grant that could be used.

- There was a suggestion to add a category under “incomplete” to specify why it was incomplete: did not have time to contact, did not need to pursue referral. Additionally, they could look at those who were referred to PrEP to see if they had anything in common.

It is possible that the 1000 cases were reviewed and deemed not eligible, but without a category, it is currently unknown. Adding a category to say the individuals is not eligible for PrEP could be useful.

-It was brought up that some people do not want to be contacted and will provide the wrong address/phone number on purpose. They may also use someone else’s ID to avoid having a diagnosis on file. This makes it difficult for field staff to follow up with clients.

There is a need to normalize being tested, so there is no embarrassment during doctor appointments.

-Ending the HIV Epidemic Pillar: Prevention

Strategy: 1G: Continue Post Exposure Prophylaxis (PEP) activities. PEP for HIV

-A representative suggested that a telehealth approach similar to medical marijuana could be utilized to assist patients seeking PEP.

Telehealth services are currently used successfully, but they do not solve the testing issues. Individuals need to have labs drawn to know their HIV status. If they are a PLWH, they will not stop taking the medication after 28 days.

-Another suggestion was to create a toll-free number, through which the DOH would dispense scripts for PEP and laboratory services for anyone in PA.

The DOH does not provide medical services. Private entities perform testing, and they do not work for the state. This means the DOH would not be able to provide the necessary prescriptions.

Emergency Departments can be used for PEP if there are concerns about time.

However, if that person is not insured, then they will still have problems accessing PEP. The prescription cost is \$500, so many cannot afford it.

Providers can assist individuals with PEP coverage. Additionally, Gilead Advancing Access program will cover PEP.

A representative said that harm reduction vending machines provide preventive means, and overdose management. It was suggested to place PEP in them.

Because a prescription is required, PEP cannot be placed in vending machines.

-Another suggestion was to keep a few doses of PEP in Emergency Departments and have them complete STI/HIV testing.

Cameron said that EDs do not frequently perform STI/HIV testing.

	<p>It was suggested that health systems do not want to test because it requires follow-up. Emergency Departments do not have the staffing capabilities do the necessary outreach. Additionally, hospitals do not want to incur costs that are not guaranteed to be paid back. There are PrEP HIV navigations and PEP Navigators nationwide, but providers may not know about it. Providers also need to be invested in the work. It was suggested that the state reach out to providers and instill the importance of looking into the programs.</p> <p>-Representatives were surprised that the hospital staff would need to complete follow-up. They believed that a person from the lab would contact the individuals.</p> <p>It was explained that if someone has a positive HIV result, then the state takes over, but when there is no result initially, it is not handled by the state.</p> <p>-It is difficult for the state to convince EDs to run routine testing. The state worked with a health system to get routine testing implemented. It took 18 months for the first routine test to be done, but once the doctor left, the ED stopped performing routine HIV testing. It only worked because the doctor was willing to run the tests.</p> <p>There is even stigma with carrying the HIV tests. Some people are turning to Urgent Care facilities, and it is another entity that needs to be brought into the discussion.</p> <p>-There was a suggestion for a media campaign to increase awareness for PEP. Those who are exposed need to learn more, but service providers as well.</p> <p><u>I & I:</u></p> <p>-PLWH over 50, have better retention/viral suppression than other ages, however, those over 50 who have a late-stage diagnosis, do not have the same level of retention and care or vial suppression. This was especially true of the Latino population.</p> <p>-PLWH who are doing well may schedule their follow up appointments every 6 months, but in the future the provider may need to reschedule, so the individual’s appointment gets pushed out further. As a result, retention and care gets pushed out further as well, but it is due to no fault of the client.</p>	
<p>10:33 AM – 10:45 AM</p>	<p><u>Break:</u></p>	
<p>10:47 AM – 10:56 AM</p>	<p><u>Subcommittee Review:</u></p> <p><u>Evaluation:</u></p> <p>-Two strategies were discussed, 1D and 1G. 1D: The group discussed adding options to incomplete data, and how to get a more complete picture of the information. It was suggested to look at the successful cases to see what they have in common to be able to replicate it. Additionally, the topic of, “can we use technology to overcome barriers of stigma to contact people” was explored.</p>	<p>Led by Rachel Schaffer, Michael Tikili, and Jeremy Sandberg</p>

	<p>-1G: PEP has a 72-hour window for medication, and this presents barriers. Awareness campaigns are needed for PEP just like the marketing for PrEP. Things like social media and visual campaigns could be useful. Vending machines could be utilized for information about PEP, but for now PEP itself cannot be placed in the vending machines.</p> <p><u>I & I:</u></p> <p>-Moni gave an Aging and HIV presentation to the group.</p> <p>There was a discussion about what the data meant, and the perceived shortcomings in the data collection.</p>	
<p>10:56 AM – 11:08 AM</p>	<p><u>Mentoring Program:</u></p> <p>-The HPG would like to institute a mentoring program for the new representatives. Returning HPG members will be paired with a new representative. Those who are interested in participating should contact Sonny or Kyle.</p> <p>-The hope is to implement the program before the March meeting. There are no experience requirements for becoming a mentor. Anyone who was previously a member is able to participate.</p> <p>-There was a discussion on the past mentoring program using a pod system, versus the proposed system being a one-on-one experience. The previous system was not as structured as the proposed program. The Membership and Recruitment work group has decided to try a one-on-one approach this year.</p> <p>-The Membership and Recruitment work group will meet next week to decide exactly how it will function.</p> <p>-Kyle will send out an email to ask who is interested.</p>	<p>Led by Sonny Concepcion</p>
<p>11:08 AM – 11:31 AM</p>	<p><u>Guiding Principle Discussion:</u></p> <p>-The Guiding Principles sets a respectful meeting tone, helps with diversity, equity, inclusion and belonging, and participation.</p> <p>-Paul asked if the body wanted to adopt the November 10, 2023, Guiding Principles as an official document. It could be revised in the future as new ideas are proposed.</p> <p>An infographic can be printed as a poster.</p> <p>Moira pointed out that the one-page rules of respectful engagement document is different from the guiding principles. They are two separate documents, and one cannot replace the other.</p> <p>Rachel stated that the Protocols are not updated in the document as there were changes that were just adopted last month. Page 22 of the Protocols was updated. The Rules of Respectful Engagement are for HPG Community Representatives and are pulled from the Protocols. The Protocols document</p>	<p>Presented by Paul Kabera</p>

	<p>does not apply to those from outside organizations as in the Guiding Principles document. The Protocols work group will work with the planning partner to revise the master document.</p> <p>Sonny said that the HPG needs to review the document before deciding if it will be adopted.</p> <p>Moira asked if the Guiding Principles document is intended to be given to those from outside organizations who will be speaking to the group.</p> <p>Paul answered that the document was suggested to be utilized by members of the HPG, planning partners, and those coming in to lead presentations so that all groups have the same expectations. Paul is the primary author, and he suggested that members read it and provide feedback via email/phone for any changes.</p> <p>Sonny reminded the group that this document does not need to be adopted if individuals do not feel comfortable with it. It can be revised and changed before it is voted on. Everyone was encouraged to review it.</p> <p>-There was positive feedback by representatives reading through the document. There was a suggestion to make the document neurodivergent friendly by changing the length. They also suggested giving examples for each area for consistency.</p> <p>-Paul will make a list of potential changes to the document. The group will review the document and decide on which changes to adopt.</p>	
<p>11:31 AM – 11:59 AM</p>	<p><u>Division of Health Presentation</u></p> <p>-PA Department of Health Bureau of Communicable Diseases Division of HIV Health: Division Overview</p> <p>No questions or comments from the members</p>	<p>Presented by Kyle Fait</p>
<p>12:01 PM – 1:00 PM</p>	<p><u>Lunch</u></p>	
<p>1:06 PM – 1:31 PM</p>	<p><u>Stake Holder Engagement</u></p> <p>-The PA HV Prevention and Care Services are guided by a multiyear plan. The current Integrated HIV Prevention and Care plan (IHPCP) runs from 2022-2026. Our funders, HRSA and CDC, require an IHPCP that reflects stakeholder engagement.</p> <p>-The next IHPCP will be active 2027-2031. The writing of the plan needs to begin this year. The November 2026 meeting is the latest that the IHPCP can be adopted.</p> <p>-Paul completes the analysis of the data, though others are invited to help if they would like to participate. Analysis will be given in future meetings. HPG representative input is encouraged, and Paul will collaborate with representatives who would like to participate in analysis.</p>	<p>Presented by Paul Kabera</p> <p>Rachel Schaffer motioned to pass the 2025 Stakeholder Engagement Plan. Jeremy Sandberg seconded. Motion passed.</p>

	<p>-A representative observed that with so many additions to the group, there are people who did not get a chance to participate in the conversation café in July. They requested that Paul run another conversation café for the HPG. Paul agreed to run another session if it is approved for an upcoming meeting.</p> <p>-Paul said that three conversation cafes have be held to date. There were more scheduled, but due to logistical problems, they needed to be rescheduled. The 2025 plan is not very different from the 2024 , but it is a requirement to have it adopted by the group.</p> <p>-The 2025 stakeholder engagement plan was adopted, but Sonny asked for a conversation café/presentation at the next meeting to introduce new representatives to the process. Participants to conversation cafes receive \$25 amazon gift cards. There was a suggestion by the group to make sure that those online are able to participate in the conversation café.</p>	
1:34PM – 1:50PM	<u>Break</u>	
1:50PM – 2:52PM	<p><u>HPG STD Overview and Opportunities for Prevention</u></p> <p>-In 2023, statewide reported primary and secondary syphilis at highest rate in 30 years. This increase was reported nationwide.</p> <p>-2024 is projected to have a 50% decrease in the number of syphilis cases from 2022.</p> <p>-A participant asked if the reduction in syphilis cases was due to the use of doxycycline. It is unknown the impact that doxycycline had. Steve believed it was due to a combination of doxy as well as the large number of staff that reached out to individuals. The federal funds that were available allowed for triple the number of staff which had to have an impact.</p> <p>-A question was asked if congenital syphilis is being discussed at medical schools. Steve indicated that it is discussed in Grand Rounds as they are very effective to reach med students/physicians. The hospital systems have also implemented changes to flag pregnant people and suggest blood tests. The EMR tells providers what tests to run. Once they are running a gonorrhea test, then it will suggest running other tests too.</p> <p>-Gonorrhea is increasing in PA as well. It is becoming resistant to everything but cephalosporin.</p> <p>-A representative said that the best predictors of HIV infection is past STI's. HIV is more likely with STI's because of the changes to the cells due to HIV and again it is important to implement prevention protocols.</p>	Steve Kowalewski, Senior PHA, STD Program
2:52 PM – 3:10 PM	<u>The Garden:</u>	

-A representative said because the group is centered on statewide initiatives it is not as specific for talking about initiatives or progress at their individual providers. This could make it seem discouraging to not be able to share specific ideas to take back to their agencies, but they were glad to hear that the conversation cafes and focus groups will be implemented. This will give people the opportunity to provide feedback and to bring those conversations to the group.

-Moirra followed up by stating that there is Division staff available for questions or concerns. They typically have representatives from areas such as STI, or Aging. Individuals can also follow up at another time with Division staff.

-Sonny also commented that learning about the HPG process and feeling worried about being able to advocate for your agency is normal. The meetings will give you the ability to gain greater knowledge about workings across the state and to network.

-Michael agreed with a previous comment that more advocacy resources are needed. AIDS Free Pittsburgh is making new subgroups for advocacy similar to those in harm reduction.

-There was a question about what will happen since the AIDS Care Group Special Projects Presentation was cancelled. Sonny explained that the Steering Committee will reschedule the presentation in the future.

-The question was asked if today's presentations are available online or can we use color for the copies or change how they are presented? Presentations will be emailed to everyone, and they are also available on StopHIV.com.

Moirra said that representatives should have received an email with most of the materials ahead of time, and to let them know if it was not received. Additionally, after the meeting the resources will be available on StopHIV.com in PDF format.

It was noted that per protocols materials should be sent 2 weeks prior to a meeting and the Division is working to assure it is sent out on time for the next meeting.

-A new representative asked for clarification: if they have a comment about the minutes, when should it be brought up?

Sonny answered that comments pertaining to the minutes are usually addressed at the time they are discussed. The group will obtain feedback to potential changes needed to the minutes, then vote on adoption.

Moirra also commented that the Garden is used for topics when it is running over the allotted time, or if a person wants to bring up a topic that is not related to anything presented that day.

-A representative asked for clarity about the SPBP voicemail system as it notes there is no voicemail, but there was voicemail when they called.

Rachel said the Evaluation subcommittee asked for changes and asked for voicemail to be used. Evaluation did not push the after call survey forward as it was not found to be valuable.

	Jackie Brenner clarified that if a call is not during normal business hours or if none of the workers are logged in, then the call will go to voicemail.	
3:10 PM	<u>Summary and Dismissal:</u>	Meeting adjourned by Michael Tikili