Draft

Pennsylvania Department of Health HIV Planning Meeting

July 16-17, 2025

Location: Virtual Microsoft Teams

Wednesday, July 16, 2025

Time:	Topic/Discussion:	Action:
9:04AM	**Meeting Call to Order**	Called to order by Moira Foster
9:05AM – 9:13AM	**Attendance:** HPG Community Representatives: Liza Conyers Carlos Cornielle Lupe Diaz Deanna DiGiampaolo Carlos Dominguez Nicola D'Souza Andre Ford Natasha Gorham Katherine Harr Amanda Hodges Steven Johnson Justine Resovszky Jeremy Sandberg Ginger Scaife Rachel Schaffer Gary Snyder Teresa Sullivan Michael Tikili (Assistant Co-Chair/Acting Co-Chair for 7/16) Sharon Whitebread Division of HIV Health: Moira Foster (Department Co-Chair) Jill Garland Cindy Findley Godwin Obiri Lauren Orkis Michelle Rossi Jon Steiner Kendra Parry Moni Malomo Kris King	Roll call led by Kyle Fait

	John Haines Cheryl Henne Sara Reyes Savanah Runco Cameron Schatz Kyle Fait Adetoun Asala Allie Bauknight Jacqueline Brenner Stephen Elston Madison Toney Rob Smith Michelle Schlegelmilch Ikechukwu Onukogu <u>University of Pitt Staff</u> Nayck Feliz Kristen Growden Kayla Enric <u>Planning Partners:</u> Lydia Nieminen (MAAETC) Jack Eilber (Dept of Aging) Sofia Moletteri (Philly Dept of Health) Kaitlin Salvati (OVR) Najia Luqman (Philly Dept of Health) <u>Stakeholders:</u> Shekinah Rose Tena Fink Tiania Warner Cindy Magrini Michael Pettiford Julie Santana Erin Robertson Casey Johnson Michael Witmer Katya Sandino Amanda Ruggiero Erica Hubert Nicole Feighner Zach Zirk	
9:13AM – 9:18AM	**Agenda/ Review Rules of Engagement:** **-**Lost StopHIV domain name, it is now HIVhealthPA.com. -Complete Pitt survey -Complete meeting survey on 7/17	Led by Kyle Fait

	-HPG on March 12-13 addressed: Strategy 2A and 2D in Evaluation, I & I discussed serving those aging with HIV, work group updates, team building activity, PEHTI presentation, AIDS Care group projects, Pitt updates, IHPCP update, Statewide coordinated statement of need update, TA Capacity Building presentation, & Project TEACH presentation	
9:18AM – 9:20AM	**Review of Meeting Minutes:** -Jeremy Sandburg asked if March minutes were AI or person generated. Moira answered -No proposed changes to the minutes	Teresa Sullivan motioned to approve, Liza Conyers seconded. Meeting minutes approved.
9:20AM – 9:44AM	**Agenda/Announcements/Highlights** -Agenda review -Rules for engagement referenced. Moira asked for rules to be posted in the chat. -Question: In the division's announcements it said they were presented at MAAETC, June 10. What was topic and who presented? Lydia Josette: They did not present June 10, but had conference at Gettysburg, focused on HIV life stages, not specific to cluster detection and response. Godwin Obiri: He presented June 10 on HIV cluster detection response and community engagement. It is requirement to educate communities about where clusters are and how individuals/stakeholders can help with ongoing clusters. MAAETC audience was selected to educate and get their assistance. Previously delivered same presentation to HPG. Lydia: MAAETC did not present on June 10 but can coordinate something moving forward. Question: Did division present to MAAETC staff about clusters? Godwin: Audience was not just MAAETC staff. They coordinated with Dr Desilu. One-part conference held in Gettysburg and another part, virtual meeting. Dr. Obiri presented at virtual meeting portion.	Led by Michael Tikili

	Lydia: Dre Desilu is consultant for MAAETC Part C & D. Any Part C/D interested in joining, can email Lydia. Collaborative meeting held June 10. -Question: How did we lose the domain? Problematic if cannot redirect people to new site through StopHIV. Moira: Confusion at Pitt, they renewed certain parts, but not domain name. It is still locked. They will try to get it again. In the meantime, created new website. Additionally, people did not like the previous name, pivoted to health language for new site. Still have opportunity to get old domain name and redirect to new one. Nayck Feliz: Ray Yeo working to get everything back and running. Pitt lost staff last year and during the transition it was unclear that domain name was under a different organization. Any questions or problems directed to Ray. Also introduced Kayla Emrick, newest member of Pitt team and part of IHPCP presentation tomorrow. -Question: What was amount awarded for Prevention and Surveillance? Michelle Rossi: Awarded almost 99% of what we asked for. $40,000 difference/less than requested. -Question: HIV Medical Monitoring Project (MMP) lost 3 staff. Will it continue with different staff or be eliminated? Jill Garland: MMP housed in Bureau of Epidemiology, not Division. Godwin: Project completely eliminated across the country because no funds available. Liza Conyers: Some CDC staff are back at federal level. Still being evaluated what they will be able to do. MMP is eliminated at this time. Godwin: MMP provided unique info to CDC. Nothing else provides same type of info. -Kristine King: Steve Kovaleski retired. He was PA's CDC Public Health Advisor for over 30 years and had presented at HPG in past. Jill Garland: Steve and Marlene Lewis (CDC Public Health Advisor), both removed, then called back, Steve chose to retire. Marlene is called back, but details about her work	

	assignment not finalized yet. Not sure if she is working for PA or not. -Moira: DOH is not hosting an HIV conference this year. Prioritizing client services and remainder of HPG meetings for 2025 will be virtual to save funds. Jill: State budget delay. As of July 16, there is still no state budget. All funds are appropriated (even federal funds) through state budget. This plays into decisions concerning funds.	
9:44AM – 11:15AM	**HPG Subcommittees:** **Evaluation:** -Last meeting discussed updating activity worksheet into Word document instead of Excel. Kendra and Kyle provided feedback. Wanted to replace "target" with "priority." Changes not made to document yet. Anyone with feedback about how to make it easier to complete, contact Gary or Rachel. **Michelle Rossi and Cameron Schatz presented to the group: 1C Support and expand PrEP screenings and services.** -Question: What initiatives are currently occurring to increase women's knowledge and understanding of PrEP? Michelle: Through the Demonstration Project, information sent to providers in Allegheny County. Social media campaign was run prioritizing women of color but not initiated statewide. Question: The ratio indicates the need for women to be engaged in PrEP? Michelle: Ratio indicates that individuals that have a risk that would indicate PrEP would be beneficial for them. Question: Increase PPAs from 18/25. Focus is redirected to patients that are not insured. How will it be promoted with providers, and how will it impact them? Michelle: This only impacts PrEP, not the entire PPA. Already listed in current contact, so not much of a change. Comment: Individual works at facility close to colleges with students' accessing PrEP and have insurance but cannot utilize it. This is a barrier.	

	Question: Lycoming County had lowest number of interaction/views. Is there a reason? Do we need to change how the campaign is run? Michelle: Pitt ran campaign, but Michelle will get more information for the group. **Rob Smith presented to the group: 3D Support RW Regional Grantees** Question: Is SharePoint designed as a "one stop shop" for all documentation? Rob: Yes. Uploads of invoices can be done here as well as monitoring tools. -Suggestion/Recommendation: Division could develop "cheat sheet" Word document for Regional Grantees to jump to SharePoint document portion they need frequently. New employees can refer to it if needed. Not a table of contents, but most used parts of FAQ document could be referenced. SharePoint is not user friendly. Could be shortcut links at the beginning of document and an additional document of shortcut links. Rob: Not everyone has access to Regional Grantee site and not sure how many people have access to it. Cheryl: Those who have access to Regional Grantee site are not at Case Manager level. Could be valuable to have one sheet of info for people to use, and good to think about it for future. Natasha: Good communication over last few years about these items. Able to maintain list of questions from providers and incorporate them into the document. Quarterly meetings provide an opportunity to share ideas and collaborate. SharePoint has the ability to search, but a cheat sheet would be nice. Amanda: What is the attendance of quarterly meetings? Rob: Executive/program directors for regions attend and/or someone from every region attends. Amanda: Could C or D or F be added? As a Part C, struggle with CM and refers patients to Regional Grantee because they are larger and have capability to be more beneficial.	

	Rob: They have a specific contract for RWPB. C, D, F have other contracts, but they sometimes work with C as well. HPG is opportunity for other RW areas to be part of program. Moira: Doyen runs Part C/D collaborative. Division attends C/D and can work with you at that meeting. Amanda: No Part C manual, so relies on Part B info. Looking for state specific info rather than federal guidance. Cheryl: Each Part C is its own entity and follows their grant. Each entity can choose to address things differently. Collaborating with all parts can be helpful. -Gary: Today we reviewed all of 52 at once then moved on. This was easier to follow but a lot of moving within document. Strategies with multiple activities could be presented differently. -Group members and presenters all felt changes to document could be helpful. Gary will work with Kyle to reformat document. **I & I:** **Presentation by Moni Malomo on data that has not been released yet.** -Comment: Some men have sex with other men but still consider themselves heterosexual. Godwin: Surveillance areas are defined by CDC. Surveillance does not interact with patients, rely on medical records only. CDC has system to categorize entries into risk levels. There will be misclassifications, but can't dispute what is reported. Your point is true, but cannot change the answers. Stigma leading to intentional misclassification has always been a problem. -Question: Data creates baseline of last 5 years. Funding changes and people's ability to get tested will give better idea of where we were and where are now. Godwin: Yes. Trends show diagnosing many people in late stage and need to find a way to reverse this trend. -Question: SHARES Housing program was discussed in I & I previously. Those who are unhoused are partnered with a homeowner with place to rent. Considered making recommendation to look into for those over 55 PLWH.	

	Moira: Spoke with Cheryl about this. Division not interested because legal and liability issues. Previous presentation from Aging. We can refer people to those type of programs rather than recreate it. Jack Eiber: SHARE under Dept of Aging, and is in 14 counties. Each county has SHARE counselor to screen homeowner and renter. Not sure if HIV status is asked during interviews. Can ask if status is disclosed, or if homeowner is sensitive to the needs of PLWH. Allegheny County looking for LGBTQ homeowners, as there is a need for housing for older members of LGBTQ community. Not sure if HIV would be similar outreach or not. -Question: Was wondering if this would be something to endorse as a best practice in the IHPCP? Also why is south central region void of SHARE program? Jack: May be not enough interest in the program, staffing changes, multitude of factors. Philly was unable to institute due to city/county "red tape" interfering. -Question: Is Philly's planning group aware of the program and problem institute it? -Comment: Housing needs could provide more information about data on late HIV diagnosis. Funding cuts may mean people may not get tested or linked to care. Housing ties into whole picture we are talking about. How do we get people into housing when it is not available. -Comment: HOPWA has been frozen and impacts community. Looking for any resources for the community. Moira: Has list of housing programs across the state. Some programs underutilized. Will share with providers and group. -Michael: Upcoming I & I meetings: group looking for presentations on providers doing sexual health assessments on those over 50 and presentation on neurocognitive decline. Kendra will take recommendations to Division and Steering Committee to implement. -Question: Takes 3 months or more to be eligible for waiver services for activities of daily living. Can something be done to speed up waiver process or is there alternative to waiver? Kendra will submit this request as well.	

	Suggestion/Recommendation: Would be helpful for subcommittee to adopt objective that addresses late diagnosis. Review in 5 years if it reduces late diagnoses. -Question: Can we track how long PLWH rather than just using their age? People typically have HIV for 7-10 years before AIDS, but other studies say only 3 years. Do we have numbers for PA? Moni: Late diagnosis only looks at diagnose date, not when they acquired it. They track 3 months after diagnosis to see if they develop AIDS concurrent in those 3 months. Some may have HIV/AIDS diagnosis on same day. Those individuals also factored into numbers. They watch people in Stage 1 or 2 to see how they progress after they are linked to care to prevent them from moving to Stage 3. Godwin: Current available data can't answer this question. Long term study needed. At time of diagnosis of AIDS, assumed to have infections for 3-8 years. That is all we can assume, no way to determine when infection occurred. Likelihood of advancing to AIDS in 1-2 years rare in absence of coinfection like TB. Can look at other aspects estimate, but longitudinal study only way to obtain it. Comment: Not knowing when someone first obtained HIV is problematic.	
11:15AM – 11:32AM	**Break:** -Kyle reported 19/22 Community Representatives present	
11:33AM – 12:05PM	**Workgroup Updates:** **Protocols:** -Gary: Reviewed protocols document and updated them. Group wanted to create document of preferred language for anyone who works in HIV care. Plan to use less stigmatizing, person first language in document. Asking for HPG feedback on document. Use QR code for Google doc to provide suggestions. -Question/Suggestion: Can you change it so that you don't have to log into Google it? Gary will look into it. -Teresa will email document to Gary so it can be presented to workgroup. **Employment:**	Gary Snyder, Liza Conyers, Lupe Diaz, and Michelle Schlegelmilch

	-Liza: Group focused on disseminating a 10-15 min survey of employment needs of PLWH in PA and their knowledge of employment supports. Survey has IRB approval, and 88 respondents. Waiting for Temple to respond to a request to access survey/data, as group does not currently have access. Additionally, resource page needs changed. Needs to talk to Temple about monitoring survey. If not monitoring responses, bot can complete survey. Would like to send survey to HPG. -Two components to survey, first is unpaid, in collaboration with Temple. Second is possible future research. Penn State doctoral student, Farbod Pour, will pull 18 participants for qualitative interviews about employment needs. Want diverse representation: gender, age, race, use or non-use of CM. Funding to pay $50/ interview. Farbod, who worked in Malaysia for 15 years providing HIV services, will conduct the interviews. **Membership and Recruitment:** -Lupe: Group meeting 1/month to work on application. Last year some questions had complaints that they were trauma inducing. Application reformatted as Google Doc and awaiting state approval of paper form. Will send out applications soon and review in Nov. Applicants will know if they are accepted in Dec. Kyle: Hoping application approved next week. **CQI:** -Michelle: Data not publicly published from review period -2025 has same performance measures as 2024. 8 based on utilization, 2 overall. SPBP highest used category, MCM next, then Foodbank. -Recommended at past meetings to see growth or decline in performance measures. -Question: Can we get the same timeframe comparisons, Jan.-Mar., and what are the projections or what is on track for rest of year? Michelle: Will make changes to future presentations -Updates to plan/data	
12:05PM – 1:01PM	**Lunch**	
1:01PM – 1:42PM	**PA Viral Hepatitis Surveillance Report 2013-2022 Annual Summary Report** -Report on Hep A, B, and C in PA.	Lauren Orkis, Epidemiologist Supervisor,

	-Question: For those with prenatal Hep B, is there coinfection with HIV? Currently unclear. Working with Moni on Hep C coinfection data. -Question: Will you be looking into Hep C perinatal cases with HIV coinfection? Lauren: Yes, working on an EPI and Lab Capacity Grant from CDC. Looking at perinatal Hep C cases with other comorbidities. So far have not seen much comorbidity. -Question: On the "Rates of reported chronic Hep C by age" slide it shows an increase in 2017. At same time, Philly had an outbreak of HIV, it was not reflected in numbers across the rest of the state. Why the increase in 2017? Lauren: Probably due to treatment access among Baby Boomers and drug use trends. Maybe more injection drug use at that time. Looking to collaborate syndemically with overdose prevention team. -Question: Because of treatments, are we no longer seeing new transmissions? Lauren: That's the hope. 20–39-year-olds have high rate even if it's decreased. Reinfections happening in younger populations, but 65 and older, decrease/plateau. -Comment: When those in the high-risk group, get treatment/cured, then those in their social circle benefit too. Lauren: In chat: Jan posted article about Philly Dept of Public Health: RW services link people to help.	Department of Health
1:43PM – 2:31PM	**HPG Subcommittees** **Evaluation:** -Activity 55 will be postponed to later date. **Rob Presented: Activity 56: Review the RW Program Standards annually and update as necessary.** -Question: Is it required in Program Standards or CM Standards that updates are completed? Rob: Stephen Elston in role of Program Administrator for the care section. Stephen will have it in the process to be updated annually.	Jeremy Sandberg motioned to accept Michael Tikili and Deanna DiGiampaolo as Co-chairs of the I & I Subcommittee. Steven Johnson seconded. Motioned passed.

	-Recommendation/Suggestion: Add language, “at least once per year” to prevent future interpretation that it is not updated annually. Rob: Just published in 2024, plan to revise every July and as needed throughout the year. Cheryl: Federal requirement to review and update, and we were cited for this years ago. HRSA checks this. Rob: Program Standards from HRSA’s Policy Clarification Notice 1602 that lists all service categories and describes services. **Rob Presented: Activity 57: Complete CM Standards update annually.** -Question: Why did it take so long to get it updated? Rob: Not sure. Program and MCM Standards needed changed when update started in 2021. Somethings never changed: goal plans and progress notes. Cheryl: Designated staff worked on this. Document met challenges in 2013/2014, and was never updated. Rob: Important to think about what would help/hinder CM’s in changing the Standards. Education requirements were problem. Now ability for someone without degree to be CM. -Question: Multiple levels of review were required in past, but no longer required. What changed? Rob: Reformatting requires approval by Communications. Documents that are longer, take time to review and edit. Reviewed for formatting and language. Moira and Mary Jane reviewed as well. Because document won’t have major changes, no longer requires Communications to review. AIDSNET’s name changing to MidEast Advocacy, doesn’t need approval process, but change to the format, font, organization of document, etc. then will need formal review. -Gary: Proposed updates to Strategy/Activity Worksheet. Priority Setting: Changed color and added that 10 items listed should be included in responses; how do they relate to what is being done? HPCP Activity: Working through multiple activities at once is difficult. Presenters could complete separate sheets for	

	each activity, or keep repeating questions, within one document. Andre: Separating activities makes it easier to follow, but not sure how to implement since we need to document when activities are covered. Kyle: Pitt keeps track of what activities are completed and needs to report the progress within the digital dashboard. It was on StopHIV, but it may need updated. Cheryl: Eval may ask for updates or people to re-present. And some activities continue into next plan. May be easier to track/collect updates if separated. Gary: SPBP Customer Service line returned with update months later. We could use last known document and add new date and information. Archive one document per activity that we would go into. Teresa: Agreed, separate activities, makes process easier to retrieve and edit in future. Gary: Rest of document would remain relatively the same. "Target Population" updated to "Priority Population" and "How would you describe aligning priority population with the disparity metrics outlined in the IHPCP under the corresponding strategy?" "What percentage are you to completing the target goal(s)/outcome(s) and why?" Section on form allows members to take notes. Is more room needed? Answers varied by member, but all felt it was useful to be able to write in their own way. Breaking out activities makes it easier to track who is responsible for each one. Kyle: Emails responsible party to have them complete the form. Staff attend the meeting to explain documents to Evel. -Gary will send Kyle new draft version and items to cover next time. **I & I:** -Discussed Moni's presentation. -Comment: Need to diagnosis people sooner, that's why there are late diagnosis. Older population more likely to attend routine check-ups. If testing was part of routine screenings, it could be caught sooner.	

	-Comment: Need the state's help to talk with Area Agency on Aging (AAA) or create bulletin to understand that education on HIV is important. Resistance at county level to educate over 50 community. Jack: Will take request back to secretary to see if something could be done. It would not be mandatory. Comment: Information and bulletin could provide guidance for AAA that PA's numbers of late diagnosis in older populations increasing. Increase care needed for PLWH over 50. "Important to collaborate to disseminate info to older populations across PA and local agency will reach out to work with you. Please consider working with them to provide needed education." Jack: Would need to be uniform message without every provider listed. Allie: DOH could ask doctors who typically see this population to provide information about tests (podiatry, dermatology) -Comment: CDC guidelines state ages 13-64 should be tested for HIV at least once in lifetime. If we go against guidelines, need justification. Insurance companies may not pay for extra testing. Feel CDC guidelines are out of date, but all we have to work from. Comment: Can we use the late-stage diagnosis data to make recommendation of change to DOH? Comment: Currently only half of Americans have ever been tested for HIV, so not adhering to guidelines as is. Here in PA seeing concurrent diagnosis in those over 50. -Comment: Dating Apps for older adults could have different marketing to reach different populations. -Comment: People in this population don't think it applies to them. They need to relate to info and info should dispel myths. Jon Steiner: Some people in denial or don't understand they are at risk for HIV. Could reiterate guidelines for testing but may have little impact on private practices. Could put out health alert/health advisory if see something that is public health concern. We have concerns about 50 and over and can put out info for those practicing medicine that may be	

	unaware. If I & I and HPG sees this as problem, Division can submit health advisory. Comment: 400 new diagnoses HIV cases in PA/year, but how many concurrent diagnoses? What percentage were 50 and over. Memo may not have an impact if numbers are small. -Comment: Commercials talk about taking PrEP and meds, but no commercials about HIV transmission. "If you have done X, Y, Z, then you should get tested." Younger generation views HIV as no big deal. Comment: Agreed, PrEP commercials marketed to gay men population, and others don't see it as an option. Married women often don't see risk of HIV. Comment: Worked to reduce Stigma and people thriving with HIV is a win but also step backwards because people are not concerned anymore. Difficult messaging gets people concerned but not stigmatizing. Comment: Ray Yeo at Pitt is the driver of social media presence at Pitt. Some Apps are easier to advertise on than others. Unclear what Division's process for social media would be. Moira: Previously been told Division cannot have specific social media presence, so used Pitt. State's social media Emergency Management has been allowed to post content. Going to revisit for permission. Comment: Can HPG have social media presence? Moira: Social media accounts has "right to know info" and unclear if able to do or not. Comment: HPG social media account may not hit right demographics because anyone on site would already know. Looking to get info to new people, not those who follow. Comment: Facebook (FB) accounts can pay to advertise to certain accounts/populations. Need specific rules for language, who answers messages, and someone watching for trolling comments. Page can be an ad. Can target demographics or geographic regions. Aging population use FB but can do with other apps too. Comment: Benefits to social media is to transmit information between regions and beyond.	

	<u>Co-Chair Elections:</u> -Representatives present asked if interested in leading I & I. Deanna DiGiampaolo interested in Co-chair position. Michael Tikili interested in Co-chair position. Michael previously appointed because both co-chairs of I & I had left the HPG. -Micheal Witmer offered that there may be times that Michael T is pulled for his Community Co-Chair position. Having both positions may be difficult. Moira: Michael's Co-chair position is new extra position and would not be impacted. Jeremy: Comfortable with a more senior person and a newer person leading together. -Moira: There needs to be an actual vote held even if there are no additional nominations or opposition. Vote happens within I & I, not HPG as whole. -Jeremy Sandberg asked for any other Co-chair nominations. There were none. Jeremy motioned to accept Michael Tikili and Deanna DiGiampaolo as Co-chairs of the I & I. Steven Johnson seconded. No objections or abstentions. Motion passed.	
2:31PM – 2:45PM	**Break**	
2:46PM – 2:55PM	**Subcommittee Summaries** **Evaluation:** -1C: No recommendations. New linkage program to be initiated this year with MAAETC presenting. -3D: Activities 52, 53, 54. Discussed handbook and FAQ documents and quarterly meetings. Recommended to create "cheat sheet" to reference SharePoint for RWPB -3E: RW Program Standards and CM Standards updates. Both Standards will be easier to update now that the formal process is complete. -Evaluation worksheet's proposed changes will be sent to Kyle. **I & I:** -Presentation from Moni on HIV late diagnosis. Group wanted to know why it's so high. Trend has not changed in 10 years. Uptick in diagnosis in 2023, and high percentage of heterosexual contracting in some areas. Group felt need new	Led by Gary Snyder and Michael Tikili

	tools to address the problems. Proposed creating a bulletin. CDC guidelines have not been updated in years. Is it alarming enough to warrant a health alert? Could HPG post on social media or have DOH post to bring awareness to it. Use FB to bring awareness since it is an older population. Since we can pay for ads in FB, we could prioritize groups of people. -Housing SHARE program expanded to 14 counties, but HOPWA has been frozen since last May. Moira has resources for housing options and will supply them to group. -Group held elections. Michael Tikili and Deanna DiGiampaolo new co-chairs of I & I. -Group requests presentation with specialist in sexual health in older populations.	
2:55PM – 2:56PM	**The Garden:** -No topics in the Garden	Led by Kyle Fait
2:56PM – 2:59PM	**Summary and Dismissal** -Complete survey now if not participating tomorrow. -Rob: Needs assessment has increased to 55 completed surveys. -Gary fixed link for language feedback, please submit ideas.	Meeting adjourned by Michael Tikili

Thursday, July 17, 2025

Time:	**Topic/Discussion:**	**Action:**
9:03AM	**Meeting Call to Order**	Called to order by Moira Foster and Michael Tikili
9:03AM – 9:04AM	**Attendance:** HPG Community Representatives: Liza Conyers Carlos Cornielle Lupe Diaz Deanna DiGiampaolo Carlos Dominquez Nicola D'Souza Andre Ford Natasha Gorham Katherine Haar Amanda Hodges Steven A. Johnson Justine Resovszky Jeremy Sandberg	Roll taken by Kyle Fait

	Rachel Schaffer Gary Snyder Teresa Sullivan Satina Thomas Michael Tikili (Assistant Co-Chair/Acting Co-Chair for today's meeting) Sharon Whitebread <u>Division of HIV Health Staff:</u> Moira Foster (Department Co-Chair) Jill Garland Cindy Findley Godwin Obiri Michelle Rossi Jon Steiner Kendra Parry Moni Malomo Kris King John Haines Cheryl Henne Sara Reyes Savanah Runco Cameron Schatz Kyle Fait Jacqueline Brenner Stephen Elston Madison Toney Rob Smith <u>University of Pittsburgh Staff:</u> Nayck Feliz Kristen Growden Kayla Enrick Ray Yeo Naima Kimotho Sarah Krier <u>Planning Partners:</u> Jack Eilber (Dept. of Aging) Sofia Moletteri (Philly Dept. of Health) Kaitlin Salvati (OVR) Najia Luqman (Philly Dept. of Health <u>Stakeholders:</u> Julie Santana Erin Robertson Amanda Ruggiero Erica Hubert Nicole Feighner	

	Tiania Warner Zach Zirk Deborah Murdock Emma Seagle Tom Wen Han Su	
9:04AM	**Announcements/Highlights from Day 1** -Over 60 attended Day 1. Historically, July is the least attended meeting.	Led by Kyle Fait
9:05AM – 10:15AM	**HPG Subcommittees:** **Evaluation:** **Emma Seagle Presented: Strategy 3C Continue the Minority AIDS Initiative (MAI)** -Question: Are learning sessions in person or virtual? Emma: In person, 1.5 days. -Question: Have you thought about hybrid options or holding 4 each year with 2 held virtually? Emma: Did virtual sessions during Covid. They have considered meeting every other month for only 1-2 hours to brainstorm ideas or conduct provider spotlights. -Question: Pulling people away from their work can be difficult. Trainings are changing formats to 3 virtual half days. -Question: What is the strategy and reason you want to focus on BIPOC? Emma: MAI funding now available for all individuals, originally for BIPOC only. Have rural providers on MAI. They report two metrics/priorities set by HPG, and don't exclude populations. -Question: You work in counties that don't have many BIPOC. What is the strategy being implemented across PA? A specific strategy/design should be detailed for success. Emma: They help guide MAI program, but each agency has own plan to address population they serve. Spanish American Civic Association in Lancaster serves Hispanic individuals. They have specific plan to implement. Plan at provider level.	

	Deborah Murdoch. Had requests for proposals and engaged with providers. Currently have 11 providers, there have been others in past. Emma: Baseline data was reported in plan. Will send number/numerator to Kyle. -Question: How many of the grant recipients of MAI, are led by the BIPOC community? Do you track that? Is it data point you'd be aware of? Deborah: Do not know number, and do not track it. Recommendation/Suggestion: Agencies may not know that these grants exist, and helpful for people to see themselves represented in agencies. Deborah: Many people who attend training sessions are representative of communities they serve. Kyle: Wants to recognize JHF team for their excellent work. JHF started in 2012 with retention. Learning Sessions great opportunity to come together for teambuilding and collaboration. On second day, providers in Pittsburgh region meet providers who came for Learning Session. JHF worked to maintain sessions through Covid. Appreciate their efforts to enroll people into SPBP. Over 100 people were enrolled. Cheryl: Teambuilding has improved across PA. Competition between agencies broken down by these sessions. Helpful to replicate on larger scale. Deborah: People leading sessions are creative supporting each other. They continue to learn from providers and make changes. Also, SPBP Customer Support has been helpful and needed. -Gary: Group needs to discuss future Eval schedule. No virtual meeting in Sept, correct? Kyle: No Townhall/meeting scheduled for September, but Steering Committee will discuss this Monday. Gary: Typically, Day 2 of Townhalls, hold meeting and continue working. Could Eval have a virtual session (1.5-2hrs) to stay on schedule/cover 4C 66-70? Would be planned months ahead, and would be the only thing covered. Group members agreed to meet before November.	

	-Kyle: Townhall would have been held mid-September. He can schedule stand-alone meeting. Gary: Asked for a poll to assess group availability. Not sure who is presenting, but assuming John Steiner or Michelle Rossi. May not need 2 hours, but plan for it to cover all contingencies. Kyle will send poll for group availability. Gary: If Steering Committee adds meeting, Eval will be incorporated into that instead. **I & I:** **-HIV Criminalization's impact on testing not discussed because funding cuts taking priority.** Comment: Could be explored to remove barrier to testing. Is a reckless endangerment charge for not disclosing your status. Some state's penalties severe. AIDS Law Project recommends a pre-sex contract so there is no coercion. Would like to come back to cover this topic. Deanna: Attending July 30 training for HIV Criminalization. Invite only training so will report back to group. Will send information to Kyle for announcements to entire HPG. Outdated laws need updated to help end stigma. Comment: Bills in State House and State Senate concerning HIV. Kendra: Teresa had an update in announcements from Philly Fight on House Bill 632. Kendra posted link in chat. Also past HPG presentation on HIV Criminalization. Will find and send to group. Comment: Legislation reintroduced if doesn't pass. Fairness Act introduced to protect LGBTQ individuals in PA almost every year. Last presentation on Criminalization was in 2022. Michael T: Western PA focused on research and treatment, but not on legislation for funding or support of Community. Talking with Jose DeMarco at Act Up Philly. They are supportive of revitalizing Act Up Pittsburgh and working across PA to advocate for legislative change. Michael wonders if I & I could create a legislative fact sheet to educate people. Comment: Groups have been working on this. Could reach out. Also not sure if public aware of this bill.	

	Michael: Legislation has not been discussed since 2022. Group could explore this. Sero Project may be best group to connect with. Could create structure for local groups to meet with legislators. Need to educate those in power about research on HIV and the bill. Can pull information and aspects learned from Covid. Comment: Could prioritize educational materials to release to elected officials via activists. Comment: Legislators sitting on the committees could be contacted as well. Both bills sitting in judiciary committee. Information could be emailed to individuals in committees and local groups could send representatives to speak to them in person to get these up for a vote. If they get to full vote, then whole HPG could reach out to voting members of House/Senate to vote for bill. Michael: Could create educational letter to send to specific members of committees that are holding up bill. Can be provided to local groups for their use with local officials. Michael has been asking AIDS Free Pittsburgh to be more active with advocacy. They had their first advocacy meeting month ago. Mentioned bills related to HIV. Timing warranted, but not sure who would create letter/advocacy education materials that groups can use in their communities. Comment: How can we be most effective. Criminalization topic too narrow by itself. Need to educate people about progress that has been made in field, and threats to progress by including HIV Criminalization with it. Comment: Thought would have more effect to flip the other way. Focus on HIV Criminalization because bills active, but also give educational/background materials. Emphasize not just LGBTQ epidemic. Straight/heterosexual people contracting this and impacts all ages. Comment: Michael mentioned working with activists. Keeping people educated about progress/advances important. Could focus in either direction: education first then bill or bill then education. Funding sources not available for research/education piece. Need to develop different messaging around HIV progress and threats to many people. Criminalization would have negative impact and need to change laws. Michael: Focusing on threats allows for alliance of viewpoints. Conversations about 340B funding could be another opportunity to bring in more people.	

	Comment: Talking about how many Pennsylvanians it affects can bring a different perspective/factor to it. Conversation: Discussed many things, but need specific goal to accomplish. Comment: Barrier to testing is criminalization and lack of knowledge on HIV. Different entities/groups would disseminate info to their communities. Education and testing needs to be priority. -Moira: HIV Friendly anticipated roll out Oct./Nov. Modeled after Dementia Friendly. 1 hour training discussing, "What is HIV? What is the status of PA?" Training designed to initiate across state in all settings. Easy to attend, learn, share, and become a Champion(Trainer). Additionally, HPG limited in capacity for advocacy. Plan/materials would need to be reviewed by Division. Division can provide formal and informal comments on upcoming bills. Already submitted informal comments on HIV Criminalization. Division providing education and awareness this way. Comment: 501C3 Limited in lobbying/advocacy as well. Non-profits may or may not be able to advocate. Comment: Campaigns providing education have been done in the past, were they effective? Did they get info to people who need it? Comment: HIV Friendly is starting point. Can measure success of training once initiated. Moira: HIV Friendly designed to go into environments not familiar with HIV to have broader reach. Stigma project not having intended impact, pivoted to broaden exposure with HIV Friendly. Could be presented to providers/provider offices but does not address testing or how to increase testing. This is awareness of HIV campaign. Still being developed, so could add information about testing and ask participants if they know their status. Have they been tested? Jack: HIV Friendly sounds amazing. Going into community centers to provide education met with resistance from Area Agency on Aging (AAA) Directors. HIV Friendly could be given to AAA Directors and break barrier to get into senior centers. Michael: Can I & I get an update on HIV Friendly implementation status? Training is another way to focus on aging population.	

	Moira: Should be ready for Nov HPG. Can give preview. Was supposed to be developed by Pitt, but Division developed it then gave it back to Pitt for implementation. Pitt adding videos and making minor changes.	
10:15AM – 10:30AM	**Break:**	
10:31AM – 10:37AM	**Subcommittee Summaries:** **Evaluation:** -MAI under JHF provides statewide work. It funds 11 organizations across PA. Serve priority populations: black and indigenous people of color who maybe lost to care and non-BIPOC individuals. 99 BIPOC clients enrolled in SPBP and 137 overall. -Barriers for clients: mental health, housing instability, incarceration, discrimination, lack of transportation, health literacy. MAI works with providers to create plans to help specific community groups they assist. Barriers for providers: Some agencies aren't clinic based, record transfer takes more time. -2 annual Learning Sessions held for providers with collaboration and networking possibilities. Looking to expand Learning Sessions to offer more virtual sessions across PA and more peer-to-peer learning. **I & I:** -Topic was importance of educating people about what is at stake with HIV work. They could create educational fact sheet to send to legislative leaders. HIV criminalization bills in committees and educational document can be provided to advocacy groups working in communities. HIV Friendly campaign could be another tool to disseminate education. -HIV Friendly Campaign could focus on aging population and emphasize testing. 50-65-year-olds are large part of late diagnosis population and HIV Friendly could be tool for addressing them. -Next HPG, would like HIV Friendly Campaign update.	Led by Rachel Schaffer and Michael Tikili
10:37AM – 12:16PM	**Integrated HIV Prevention and Care Plan Checklist and Status of current IHPCP** -Question: Housing Initiative Success in Philly, yesterday, I & I discussed the barriers of implementing the SHARE housing program in Philly county. Jack Eiber: Implementation problems with city/county "red tape" inhibiting ability to initiate in county/city. Needs to be looked at again.	Cheryl Henne, Division of HIV Health; Naima Kimotho, University of Pittsburgh; Kayla Emrick, University of Pittsburgh

	Moira: Housing plan referenced in IHPCP implemented though Part B and is successful. -Question: No longer holding Townhalls, any back up plans to address pillars? Cheryl: Townhalls help with plan development/consumer input. If lose it here, need to gain it elsewhere. Moira: Once the budget it finalized, they look to bring Townhalls back. Stakeholder Engagement is part of Pitt's initiative. If no Townhalls in the future, will look to gain insight in other ways. Kayla: Pitt's Stakeholder Engagement implementing Focus Groups across PA. 3 coming up. HIV community members sought for open conversation. Provider interviews will take place at same regional locations. Scheduled start in Aug. -Question: Can we consider more Cafes since Townhalls are eliminated? Moira: There is no money to increase Pitt's funding. Not sure if Pitt has the capacity to complete more. Can discuss it with them. -Question: Is there a limit to the amount of funds that can be sent to Pitt? Moira: It is limited by the overall budget. -Question: If HPG eliminated 2 Townhalls, then money was saved. Could it be spent on Pitt? Moira: Not doing Townhalls, because we needed to save that money and not in a position to use it elsewhere. The first Townhall was cancelled due to a purchase order issue. Second cancelled because we need to allocate those funds to services instead of outreach. -Question: Are there deficits in the potential budget? Moira: Yes, approximately 40K deficient, but budget tight from SPBP rebates. Being cautious with funds since SPBP rebates have not increased at same rate as expenditures. Uninsured individuals drive up costs. Need to save money to pay for med costs.	

	-Question: Is there a reason why HPG can't determine how we spend the money? Can we have a committee to better understand how money is spent? Moira: Will need more leadership input on those questions. Jill: HPG and RWPB operate different than Part A in Philly. Part A has resource allocation, HPG does not. We share info about resources and spending, but it is outside the scope of the HPG to have a role in decision making process. Cheryl: HPG has input through Priority Setting. Recommendations passed to Division. Division will make final decisions. -Question: HPG has 6 meetings per year; 4 in Harrisburg and 2 Townhalls. Money was set aside for travel to attend these. Can HPG have info and help in the strategy of how funds are spent? Maybe brainstorm ways to get Townhall back. Group should have input into funds. Moira: Budget is lump sum with travel mixed in with other items. There is no HPG line item. Comment: Funds should be set aside for HPG. If scheduled for 6 meetings, money allocated for members to travel, eat, and stay, then funds were put aside for us. Jill: We have grants that allocate for specifics, but with RW care services like ADAP or SPBP, they are funded by rebates. Fluctuations in rebate dollars, number of meds, how many enrolled have insurance impact budget. Uncertain funding, so proceeding with caution. Top priority for now needs to be funding services for clients and ancillary items if possible. Virtual meetings save money that can buy meds. Fluid budget, not line items of funds. Some states don't do rebates. Rebates allow us to serve more people. -Question: Request for financial info provided to HPG body. Comment: We can do a better job with priority setting when we understand the financial situation. -Comment: HPG makes recommendations to meet deliverables of IHPCP. If HPG unaware of funding/operations, then less efficient functioning and engagement. Unaware of budget specifics related to operating HPG. Rebates could cause cascade of problems.	

	-Question: Request for explanation of finances? How we get it, and how it gets allocated? Moira: Can plan to do a high-level overview. Summary given beginning of year but can create more in-depth presentation. -Comment: Grateful HPG is persisting despite cuts.	
12:16PM – 12:17PM	**The Garden:** -No topics in the Garden	Led by Kyle Fait
12:17PM	**Summary and Dismissal** -Please complete the survey	Meeting adjourned by Michael Tikili