

Draft

Pennsylvania Department of Health HIV Planning Meeting

January 21-22, 2026

Location: Virtual Microsoft Teams

Wednesday, January 21, 2026

| Time: | Topic/Discussion: | Action: |
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| 9:02AM – 9:04AM | Meeting Call to Order: | Called to order by Michael Tikili, Community Co-Chair |
| 9:04AM – 9:17M | Meeting Reminders/Attendance: <u>HIV Planning Group (HPG) Community Representatives:</u> Tariem Burroughs Kevin Clark Carlos Cornielle Lupe Diaz Deanna DiGiampaolo Carlos Dominquez Nicola D’ Souza Andre Ford Natasha Gorham (Vice Community Co-Chair) Katherine Haar Amanda Hodges Steven A. Johnson Anna Papandreas Justine Resovszky Miguel Rodriguez Jeremy Sandberg Hazell Azzer Carpenter Sauders Ginger Scaife Rachel Schaffer Gary Snyder Teresa Sullivan Michael Tikili (Community Co-Chair)- Sharon Whitebread Donald Yarros | Roll call led by Kyle Fait, Division of HIV Health |

Division of HIV Health Staff

Allison Bauknight
Jacqueline Brenner
Jan Davis
Samantha Eldridge
Stephen Elston
Kyle Fait
Moir Foster (Department Co-Chair)
Jill Garland
Cheryl Henne
Lauren Orkis
Kendra Parry
Michelle Rossi
Savanah Runco
Rob Smith
Jon Steiner
Madison Toney

HIV Surveillance & Epidemiology

Godwin Obiri
Adetoun Asala
Moni Malomo

University of Pitt Staff

Cheryl Choice
Kayla Emrick
Nayck Feliz
Kristen Growden
Ray Yeo

Planning Partners

Jack Eilber (Dept. of Aging)
John Haines (DOH SPBP)
Kris King (DOH TB/STD)
Monica Woodring (DOH HOPWA)
Najia Luqman (Philly Dept. of Health)
Lydia Josette Nieminen (MAAETC)
Kaitlin Salvati (OVR)

Stakeholders

Sarah Carvajal
Aaron Cheney
Liza Conyers
Emily Cunningham
Linda Ross Frank
Nicole Feighner
Chelsea Johns
Casey Johnson

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| | <p>Caitlin Quattrone Shekinah Rose Hannah Reitenbach Michelle Scamuffa Rifaaie Shaheena Stefanie Starinsky Satina Thomas Michael Witmer Isabel Wong</p> | |
| 9:16 AM – 9:17AM | <p>Meeting Recap/Review Rules of Engagement: -Review of past HPG meeting</p> | Led by Kyle Fait |
| 9:17AM – 9:20AM | <p>Approval of Meeting Minutes: -Jeremy Sandberg motioned to approve the past meeting minutes as written. Andre Ford seconded. Donald Yarros abstained. Minutes approved.</p> | <p>Led by Moira Foster</p> <p>Jeremy Sandberg motioned to approve past meeting minutes as written. Andre Ford seconded. Donald Yarros abstained. Minutes approved.</p> |
| 9:20AM – 10:11AM | <p>Agenda/Announcements/Highlights: -Question(Q): HOPWA is fully funded and anticipates up to \$7 million(mill) additional in grants. Housing was rated as the top priority for the HPG during the priority setting. Why are we being told to remove people from Tenet-Based Rental Assistance (TBRA) Housing Opportunities for Persons with AIDS (HOPWA) program? Moira: Behind on funding for program because costs exceeded expectations. Comment (C): Pittsburgh/Southwest region HOPWA has been frozen for 2 years. Hoping that new funds can help this region as well. Monica is the current HOPWA Coordinator. Not sure where \$7 mill number came from as it was not designated for HOPWA only. HOPWA has level funding for 2025 and 2026. Housing and Urban Development (HUD) currently do not increase funds. Currently running at deficit. No projected significant increase for 2026. If additional funding comes in, it is not from HUD. Increasing costs adds to problem.</p> | <p>Led by Michael Tikili and Kyle Fait</p> <p>Katherine Harr motioned that HPG representatives would like to recommend that individuals are not removed from the HOPWA/TBRA program. Andre Ford seconded. Lupe Diaz abstained.</p> |

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| | <p>C: Was referring to keeping people who are currently using HOPWA and allowing them to stay on. \$7 mill figure is that Special Pharmaceutical Benefits Program (SPBP) was projected to receive. Money was pulled from Part B program to fund SPBP. Want to shift money back into programs it was removed from.</p> <p>Moira: Should receive some aid, but unknown how much. Could be as little as \$100K and up to \$7 mill. Will reevaluate program funding once we know award amount. Waiting for Ryan White (RW) awards to get through fiscal year. Concerned we aren't ability to sustain housing long term if we don't reduce costs.</p> <p>C: If able to motion, I would motion that HPG be opposed to removing persons living with HIV (PLWH) from TBRA program. HPG should be able to provide feedback on decisions that impact PLWH.</p> <p>C: TBRA is allocated for long term housing, for those in the aging population or those on disability/limited income. Were too many entered into program? People are unhoused and lost their medications. How long will they remain healthy? Two concerning areas impacted by cuts.</p> <p>Moira: Some areas were overspent in HOPWA/housing in general. Don't want people to be kicked off. Asked regions to cap housing. Don't have funds at this time to sustain. Trying to move people to other resources.</p> <p>Katherine Harr motioned that the HPG would like to recommend that people are not removed from the HOPWA program. Andre Ford seconded it.</p> <p>C: Would like clarification on the motion. Doesn't want people removed but need to figure out how we can get the funds. Voting yes is too simplistic and not a solution.</p> <p>C: Agree with previous comment, we don't have enough information to make a decision on it.</p> <p>Natasha: Would it make sense to motion for HPG to request an update once we heard about AIDS Drug Assistance Program (ADAP), or an ad hoc work session to discuss where the money could go? Giving feedback before money is distributed?</p> <p>C: Supports motion, but at crossroads with funds. Need to be proactive to find alternative housing for clients. Need to put clients on income-based housing list. Lists are long, but will be longer if we wait. Vital to get clients on lists now. Need to look at privately owned income-based housing to see what else is available.</p> <p>C: Thought motion was request on behalf of the people they represent. Didn't think we were making a definitive ask, but understand Natasha's point.</p> <p>Q: Do we have ability to disseminate funds or does it just go to ADAP?</p> <p>Moira: Grant money is earmarked for ADAP, but having this money frees up funds that were going to ADAP from other places. But limits to how much housing we could do. Increased</p> | <p>Motion passed.</p> |
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RW housing because HOPWA wasn't meeting the need. Can't put more money into HOPWA. Some areas in state are overextended. HOPWA being paid for from HOPWA money, rebates, and 5-year spend plan money. Areas being asked to cut back because of lack of funds.

C: Eligibility income guidelines decreased. All clients maintain the same income guidelines.

Q: What happens if we don't get the \$7 mill?

Moirira: Don't anticipate getting full \$7 mill. We will continue with what we are doing now. Hoping to ease current deficits with these funds. Increase in rebates coming in now since they are delayed. Still in deficit even with increase in money. Hoping to level out over next year. No excess of cash like had in past.

Q: Need to look at alternatives for housing. Housing is healthcare. Housing helps people with chronic illness. What can we do with what we have? What alternatives exist already?

Jill: Funding streams have requirements/restrictions. Try to use money creatively but need to align to funding requirements. Housing is a priority but is a long-term commitment and risky to commit to it because it is so long term. Don't want to add people and then be forced to remove them. Other states are experiencing the same or have it worse. Other states making cuts as well. Strategic cuts now, prevent problems later. Trying to be as efficient as possible. The motion on the table is a recommendation to the department to not remove people from TBRA, correct?

Michael: Yes.

C: Last week at federal AIDS partnership policy meeting discussed housing. Administration in favor of involuntary civil commitment for unhoused individuals. Utah building a facility. Same folks that may be impacted by detention facilities. Medications won't matter if in detention facility. At Save HIV Fundings weekly meeting, celebrating the appropriation bill being approved. Block funding approved.

Moirira: House appropriate passed bill yesterday that matched Senate bill, that was previous passed that leaves RW funding at level funding. Bill has EHE funding, CDC level funding, and HOPWA has a \$24 mill increase to entire program. It won't take effect until 2027. House expected to vote on it this week. Senate should vote next week. May have level funding.

Q: Can we restate the motion?

Katherine: Recommendation that clients not be removed from HOPWA/TBRA housing services.

Kyle: 22 voting members on the call. Lupe Diaz abstained. Several members did not vote on the motion. Motion passed.

-Q: Has there been any staffing changes to Division of HIV health? Prevention and care?

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| | <p>Moira: Continuous Quality Improvement (CQI) Coordinator Michelle Schlegelmilch will leave at end of the month. CQI duties will be split between Sara Reyes and Steven Elston. Steven: Will do monitoring and quarterly data updates. Sara will coordinate the work group.</p> <p>Jill: We were waiting for CDC Prevention Control for Health Department's STD Grant and Disease Intervention Specialist (DIS) Expansion Grant. DIS Grant was set to expire Feb 2026 and was funding 19 positions, though not all had been filled. Grant extended for another year. Since grant extended can continue remaining funds of DIS Workforce Grant. Positions can continue for another year. Effective date March 1.</p> <p>-Rob: New training cycle for MidAtlantic AIDS Education and Training Center (MAAETC) Case Management (CM) and Capacity Building (CB). Email updates pertaining to the training are forthcoming.</p> <p>-Q: What is the year for the STD grant extension? Jill: March 1, 2026-Feb 28, 2027</p> | |
| 10:11AM – 10:20AM | <p>Team Building Activity: HPG Positionality Statements:</p> <p>-Moira: National Alliance of State and Territorial AIDS Directors (NASTAD) provided technical assistance (TA) and this was one activity they suggested.</p> <p>-Kendra: Presented the information on Positionality Statements. Members were urged to work on their positionality statements during the break and send complete statements to Kyle. They will be used in the announcements' slideshows before meetings and during breaks.</p> | Presented by Moira Foster & Kendra Parry, Division of HIV Health |
| 10:20AM – 10:47AM | Break | |
| 10:47AM – 10:58AM | <p>Integrated HIV Prevention and Care Plan Recommendations Discussion:</p> <p>List of recommendations from the current plan was shown to the group.</p> <p>Cheryl: Group may not have recommendations if satisfied with how things are running.</p> <p>Rob: Even when plan is finalized, it is still able to be changed. If activities or recommendations from federal government change, plan can be amended.</p> | Presented by Cheryl Henne, Division of HIV Health |
| 10:58AM – 11:00AM | <p>Introduction:</p> <p>-Kyle asked additional members who joined to introduce themselves.</p> | Led by Kyle Fait |
| 11:00AM – 12:04PM | <p>HIV Friendly Presentation:</p> <p>-Kayla outlined presentation for the group.</p> | Presented by Kayla Emrick, University of Pittsburgh |

-C: Worked with an individual who thought there was a cure for HIV. Presentation needed to dispel misinformation. Indicated Colours Organization will be a Champion organization partner.

-C: 2001 worked for Red Cross. Grants were split by populations. Prevention, CM, and secondary prevention. Red Cross: HIV/AIDS Prevention Education Department had 4 grants focused on prevention. Had AIDS instructor and trainer program that taught others in community about HIV/AIDS. Was similar to this program. Prevention money was taken away and it went to other services. Does this program mean there is more funding for prevention?

Moira: Training not coming from providers. Community members will take it into community. Anyone who takes training can become Champion. This way it has broader reach. Want to expand beyond current sources. No specific funding tied to HIV Friendly. Potentially down the road might be able to provide assistance/funding, but not right now.

C: Glad prevention coming back. Was curious about the resurgence of prevention.

-C: Glad to see peer-led education being incorporated. Was in meeting with staff and guest said something stigmatizing. It needed to be addressed. How you say things/what you say matters. Language justice was important part of presentation. Will reach out for workshop presentations at their site.

-C: Attended training and loved it. This is needed. Very accessible presentation with the right message tone. Question about one statement: "AIDS diagnosis/stage 3 was rare." 22% of new HIV diagnosis is concurrent with AIDS in 2023. Another study suggests 1/3 of all PLWH have concurrent diagnosis. May need to reexamine this stat. Video was great. Team did great job. Kayla: Can look at stats for AIDS diagnosis and concurrent diagnosis for changes to the presentation. Appreciate feedback will look at it.

C: As of 2024, in PA 22% of new diagnosis were late diagnosis. In 2015 it was 26%; not much change to stat.

C: Conversely, 75% of individuals are not concurrent diagnosis. If trying to convey HIV diagnosis is not something to fear, telling people that over half are not concurrent diagnosis is positive. Having quarter concurrent diagnosis is important, but HIV can be managed. Don't want to scare people away from care. Kayla: Can workshop language of what we want audience to take away. Want accessible presentation and want participants to get tested and treated as needed.

-C: Nursing students need this info.

C: They provide pocket guides to nursing staff.

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| | <p>Kyle: Need everyone’s help to reach new stakeholders. Want to develop new relationships with those we don’t reach. Advertising and recruitment most important piece of presentation.</p> <p>C: Need to reach out to colleges and pair session with a testing event to see if can reach new audience.</p> <p>-C: Wonderful video. Try to add a younger person to video.</p> <p>Kayla: We wanted to add a younger perspective but haven’t found someone willing to participate in video.</p> <p>C: Could add a dandelion perspective as well.</p> <p>Chat dialog suggested some people may have contacts for younger people willing to participate in video. Moira will get info to Kayla/Pitt team.</p> | |
| <p>12:04PM – 1:02PM</p> | <p>Lunch</p> | |
| <p>1:03PM – 1:48PM</p> | <p>Provider Spotlight: PAAR (Pittsburgh Action Against Rape):</p> <p>-Jenny and Megan presented information to group. Jenny: Supervisor of the First Steps program. Megan: Director of the Victim Response Team.</p> <p>-Based in Allegheny County but Rape Crisis centers across PA are similar and helpful to learn about their services. Agency was involved in development of Rape Shield Law. Executive Director in 1990 was held in contempt of court when they refused to turn over client records. Almost all states have form of this law now. They try to stabilize individuals after destabilizing events.</p> <p>-To save time, questions emailed to Kyle. Jenny and Megan will answer them and disseminate information back to group.</p> | <p>Presented by Jenny Hempen & Megan Schroeder</p> |
| <p>1:48PM – 3:00PM</p> | <p>HPG Subcommittees:</p> <p>Evaluation (Eval):</p> <p>-Reviewing current plan rather than strategies and activities. Prior to today’s meeting, Gary, Rachel, Lupe, and Natasha reviewed past strategies and activities in conjunction with Pitt. Pitt archives the discussions of strategies and activities at each meeting. Plan has 5 pillars and pillars are different colors. Activities within the strategies show existing activities with modifications and additions to plan. Will review new and changed items and discuss. HPG will decide tomorrow which items to pass on to Division.</p> <p>C: None of the documents has been presented to the state, correct?</p> <p>Gary: Correct. Small group held two meetings and reviewed line by line to develop this document.</p> | |

-Gary: 1A3: Originally said to “Expand across the state...”
Language changed to “Maintain and improve...”
New item: “Develop a Data to Care (D2C) process that identifies and establishes a continuum of care for PLWH that exit the correction systems within PA.” Those who were incarcerated get lost in follow-up care. No program to ensure they have for the community.
C: Works with folks reentering communities after being incarcerated and like this addition.
Gary: Is this already being done but maybe not being reported?
C: Not sure if it’s being reported. Trying to do what we can for them as Federally Qualified Health Centers (FQHC).
C: Do we have a rep from Department of Corrections?
Kyle: We’ve reached out and want a rep, but don’t have one.
C: Knows a Social Worker (SW) at SCI Way Mart in Northeast. She asked for resources when there were PLWH reentering the community. They do not have system in place for PLWH. Will ask if SW knows anyone in Dept of Corrections who could participate in HPG. Kyle will contact them about this matter.
Gary: On PDF document, dark fields with white text are modified or new items. If there are no numbers, it is a new item.
Godwin: Dept has been implementing (D2C) for 5 years and have done good job of stabilizing the project. Adding second requirement for dept to develop may be difficult. Don’t know if dept will be able to design separate program for this population since not getting more funding. Project currently addresses all populations in PA. Adding second requirement, dept will need to make supplementary project to identify these individuals and follow them.
Gary: Currently under D2C in Prevention. But also under Surveillance/Treat. Individuals being lost to follow-up. May be irrelevant to D2C, but that’s why discussing.
Maira: Group should make recommendations and full HPG will make official recommendations tomorrow. DOH to take all recommendations from HPG and determine what is feasible. If recommendation fits in another area, it can be moved. Can determine D2C aspect later.
Godwin: Maybe encourage Dept to not forget this population rather than make new process.
Cherl H: Can recommend ways to improve reconnections, then Division looks at possibilities. Don’t have to state exactly what you want done, just that individuals are being lost in reengagement. Can be a generic request.

-Gary Under 1D16: New Recommendation: Continuing and enhancing the condom distribution program. Establish and maintain a process for PADOH condom supplies to be re-distributed across the commonwealth. Supplies may be close to expiring. Some recipients didn’t know if they can be

redistributed. Jeremy offered that Penn State might be able to take them. Goal is to ask if groups need them rather than be disposed of.

C: As Participating Provider Agreement (PPA), condoms should be distributed among those that have PPA for sexual health and STI clinics. Currently ordering condoms through private vendor.

Gary: Condom distribution program through state: form is publicly available based on available supply from state without cost to providers. Providers don't have to be PPA.

Michelle: Condoms can go to any organization/school that serves people. Order form on website. Want PPA's to have supplies.

C: If state sent communications that they have condoms about to expire, never received that communication. The agency would have taken them. Will talk with Michelle about getting condoms from state.

Kris: On bottom of med order form, there is link to order condoms.

-Gary: 1G21: "Conduct needs assessment for PEP.." changed to "Conduct biennial needs assessment for PEP." Wanted specific time period for reviews.

-1G22: "Develop initiative to address gaps in the provision of PEP including capacity, education, and resources; including a focus campaign for service providers across the Commonwealth." Front line medical personnel may not be aware of providers in regions. Add this to education and resource materials.

Under 1H: New Recommendation: "Develop and maintain communications for notices of perinatal prevention services between Dept of Drug and Alcohol Programs (DDAP) and Division of Health." Want to enhance relationship between them. "Recommendation for client facing toolkit with timeline of services needed during pregnancy for prevention of HIV and related conditions." Those who are pregnant may not be aware of expectations and testing recommendations. Want to make sure providers are educating clients. Want to give clients paperwork that tells them the timeline of what to do for their health and health of fetus.

Kris: Field staff give cards for patients and providers on recommendations for testing for syphilis and HIV. Also send out recommendations for testing pregnant individuals. This goes to all providers, not just PPA's. Inform providers to utilize their website and suggest patients use it as well.

C: Misconception from people leading the SCA clinic that condoms received from state, have cumbersome reporting process.

Michelle: Ordering form asks who they will be distributed to. 3

categories listed. State keeps track of them going out, but don't need to know after the fact.

Ike: Is there a specific concern about drug and alcohol recommendation concerning perinatal prevention?

Gary: During review of activity, recommendation made for Maternal Health, DDAP, and Division to collaborate since people not getting care they need. Possible collaboration of HIV and STI messaging.

Natasha: Could reword statement to make it "maintain and enhance" since some activity already ongoing.

Kris: Congenital syphilis testing requirement: how can we get messaging to those most vulnerable? Of 13 congenital syphilis cases, 6 didn't have prenatal care. Challenging to test when not getting care.

Gary: Diagnose Pillar

2A28: Continue and expand HIV testing: added "toolkit showing providers via categories; such as brick and mortar sites, nonclinical sites and mobile sites." Knowing about mobile site options in rural areas can help nonhealthcare providers. Can help with collaboration as well.

-2C37: "Continue to support and monitor PPA agreements throughout the commonwealth include TA opportunities with the Division contracted services." PPA should be informed of the AIDS Education Training Centers (AETC) clinical trainings to better reach priority populations. Already ongoing, so TA is only piece to be implemented.

-E: Strategy/Activity was crossed out because grant ended. Was combined with activity 55.

Treat Pillar

-Under 3A51: New recommendation: "Track and increase participation of Black, Indigenous and People of Color (BIPOC) led grant recipients to improve awareness within BIPOC PLWH populations of available services to maintain their care continuum." Unclear how many grant recipients of Minority Aids Initiative (MAI) are BIPOC. They may not be aware of opportunity.

-3A52: "Develop and maintain a state Ryan White Part B (RWPB) handbook." If handbook is fully developed, then could be to maintain it.

EA55: "Develop and distribute toolkit to HIV providers focused on integrating Hepatitis (HEP) testing and treatments into their settings including client facing materials for education awareness." Providers would have information to give to clients. Is already happening in most areas.

-3A56: “Review RW Program Standards at least once per year and update as necessary.” Was modified to say “at least once per year” to make sure that it is ongoing.

-3A57: Similar language change from “annually” to “at least once per year” since there had been a gap.

-3F58: Develop call standards for SPBP, “update website to assist end users finding FAQ’s info to reduce reported higher call volume...” Could also incorporate into Activity B withing Pillar 3: Treat. Doesn’t need to be its own strategy.

Respond Pillar:

-4A63: New recommendation: Coordinate with grantees annually to review current Cluster and Outbreak Detection Response Plan or CODRP for jurisdictions to assure comprehensive understanding across Commonwealth of grantee expectations and outcomes.” There are specific standards for outbreak response. Want those who don’t work directly with state agencies to know what their role in outbreak response will be.

-B: New recommendation: “Develop and maintain an ongoing webspace that makes HPG and IHPCP work publicly available with continuous updates on activities, meetings, and projects.” Want info publicly available. Already occurring on website and ensuring it continues.

-C: New recommendation: “Consistently educate stakeholders on data security and confidentiality policies to meet current technological standards.” Tech changing rapidly and opportunity for those involved to know what’s happening.

-5A New recommendation: “Engage stakeholder with lived experience to assure alignment within current and newly established messaging...” People with lived experience are the subject matter experts and need to be involved.

-5B New recommendation: “Ongoing training for all funding recipients made available annually to assure staff are compliant to new and current policies with evidence based research...” Already ongoing. Want people who receive funding to be aware of policy changes. Status Neutral Navigation and Linkage Program (SNNLP), HIV Navigation Services (HNS), and Anit-Retroviral Treatment and Access to Services (ARTAS) blended together.

-5C82: Modified: "Ensure that the HPG meetings are inclusive of representation of relevant planning partners and agency from associated/intersectional services (Example agencies include Viral Hep, STD, Departments such as Education, Aging, DDAP, Corrections, Medicaid, etc.); should a statewide partner be unavailable, regional representation may be utilized as a substitute." Some representation is better than no representation.

-New total: 100 activities, previously 91 activities.

Gary: What happens during discussion tomorrow?

Cheryl H: All lists from Eval, I & I, and work groups will be combined. That list will be given to whole committee. Can address HPG as to why Eval has these recommendations. List can be added or subtracted to. HPG needs to make official list for plan. Needs to be finalized tomorrow. Will start creating plan because time needed for approval process. Plan needs to be completed by mid-May and group may give comment on it once it's finished. Since it is fluid document, recommendations can be made later.

Made changes to 2-3 activities based on recommendations in the past, but nothing major.

Several members recommended reading plan in its entirety to better understand the process.

Cheryl H: Goal is to simplify plan and make it easier to read and understand.

Intersectional and Innovation (I & I):

Attendance:

Kendra Parry, Allison Bauknight, Liza Conyers, Deanna DiGiampaolo, Donald Yarros, Jack Eilber, Nicole Feighner, Ginger Scaife, Michael Tikili, Lauren Orkis, Anne Papandreas, Jeremy Sandburg, Sharon Whitebread, Robert Smith, Jon Steiner, Victoria McKinzey-Gonzalez, Monia Woodring, Steven Johnson, Michael Witmer, Moira Foster

-Liza provided group with an overview of the history of HPG subcommittees. Past I & I group topics included assessment, stigma, aging population LWH including Dandelions, and conducting a survey. Last meeting discussion of ICOPE in New York DOH assessment for aging population. PA starting to implement with RW. Employment work group has been working with I & I. Starting survey to assess employment needs of PLWH. Results can be reviewed with I & I.

Michael: Last year aging working group melded with I & I. Had ICOPE presentation in Nov. Asked Kendra to share benefits of ICOPE with group to talk about how it can be implemented in PA. Wants updates on PA Pilot program and how it compares to New York.

Kendra provided an update from Sara who was not able to attend today.: New York did not implement ICOPE into CAREWare, so there is no generalizable takeaways. Each provider collects data in their own way. So far, most referrals are for vision and support groups/psychological support.

C: If there is data that's been collected it might not be possible to assemble it for tomorrow.

Rob: Program paused because of holidays. Still in early stages of implementing it into CAREWare, so no data to report.

Q: Is program we're trying to build for collecting data about the services that are needed for aging populations? Or is this program to help the transition of aging population to the services that they need?

Rob: Both; it asks about their health and services they need.

What services do they need and do we currently have those services available. Informs us what person needs and helps in referral process.

Q: Want to know how this is different from a generic aging population questionnaire. How does HIV care come into it? CM referrals get lost, and this helps to be proactive to get people services they need.

Rob: Also identifies services people need that are lacking. Services under RW that haven't been used as much, that may be utilized more once we identify needs.

C: Some services cannot be realistically done because of a lack of funds even though they are technically available.

C: Payor of last resort comes up as problematic for clients. ICOPE could identify unique needs of clients. How are they being met? How can they be incorporated? With ICOPE tracking, way to see if referrals were successful.

Rob: Don't want to create a burden for providers using it. If agencies are already using similar system, will work with them to gather usable info and learn how their processes work. Those that don't have an assessment tool can use this.

Q: Are there regions doing this so well that it can't be improved upon? Is the ability to disseminate this systemic for regions? Problematic when people leave/retire and others are not familiar with the process.

Rob: Came out of MCM work group which encompasses all regions including Philly's Part A. Once running, can determine if people using it and is it working? If it works well, will be incorporated fully into CAREWare in all regions. If too difficult for clients to complete, then won't use it. Payor of last resort is complicated. If agencies not accepting new clients and/or unable to help at this time, don't make client go through with it.

Michael: Also used Epi presentation from Moni focused on late diagnosis in the aging population. I & I decided to explore topic. Want to find tools to implement to improve numbers.

Rob: Has spoken with Cheryl H about incorporating ways to intervene with aging population into next plan. ICOPE could be included as part of plan.

Liza thanked DOH for working to integrate ICOPE into existing systems. Liza provided group with an overview of context of Employment ad hoc work group. Survey is partnered with OVR and Temple University to understand employment needs of PLWH. OVR wanted to know more about needs of PLWH. They complete needs assessment every 3 years. Latest iteration includes those that are immunocompromised. Results from survey will be incorporated into their needs assessment. Could also influence OVR planning. PLWH don't often use OVR, as stigma keeps them from identifying themselves as having disability. Resources online and can access centers for independent living. Can get access to independent living services and vocational training.

Michael: OVR expanded services during Covid when they received additional funding.

Liza: OVR funding has varied from being underfunded, to generously funded. Caution to avoid overextending costs. Need to have disability and barriers to employment. Survey aims to see what proportion are eligible for OVR and need other services. OVR also helps those with disabilities that are employed that may lose their job due to disabilities. Temple asked Penn State to take over survey administration as they are having personnel issues. Possible some people may be afraid to answer questions and answers today might have been vastly different 6 months ago. May be positive that it was paused. Also want to increase people's awareness of services they qualify for. Most people not aware of services. Resources listed at the end of survey.

Outlined general topics of questions. Group can distribute link.

Q: Do you expect funding to be scaled back?

Liza: Unclear. Currently falls within Dept of Education, could be moved to Dept of Labor. This debate is not new. After survey, participants given option to volunteer for interviews. Funding to interview 18 people. Want diverse population. Penn State doctoral student will complete interview process. Both quantitative and qualitative results. Survey to go live later this week or next. Liza can send to members of group if they want survey. Will also be distributed though DOH.

C: Works with population that could use info about OVR. Liza will send info.

Michael: Is OVR's reach limited by offices? Pittsburgh has OVR office, but unsure how many other offices across PA.

Liza: 26 offices statewide with many counselors working from home. Every county is covered, but staff need to travel or use virtual visits to meet client needs.

C: Lack of info about benefits and eligibility. Some people would like to work but afraid of losing benefits.

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| | <p>Liza: This has been problem. In past was wider criteria for receiving benefits. Changes to CD4 counts narrowed the definition. Access to benefits used to be more secure. People now trying to find work with benefits. Aging population also affected. Those near retirement age worrying about losing benefits. Shift in policy and improved medication management means some people may not be eligible. Complicated problem: some people unable to work, some people able to work and want to work but can't get access, so no unified message. Clients need to consult with someone to make sure they're not losing benefits. Medical Assistance for Workers with Disabilities (MAWD) also important to know about. People need access to information to thrive. A community and a way to give back can also be helpful.</p> <p>Q: Could we distribute info to CM to help clients understand about work and benefits? You can work "x" amount and still have benefits? Want clients to understand other supports available besides RW services. Giving clients this info may give clients hope.</p> <p>Group discussed possibility of creating 1 page fact sheet from OVR to help clients.</p> <p>C: AIDS Law Project has CM training on benefits.</p> <p>Rob: MAATEC training available to talk about benefits. Able to take back possibility of making a fact sheet.</p> <p>Liza: Need to facilitate connections between service providers and clients.</p> | |
| <p>3:00PM – 3:15PM</p> | <p>Break:</p> | |
| <p>3:15PM – 3:45PM</p> | <p>HPG Meeting Structure Discussion:</p> <p>-Maira presented material on meeting structure. Steering Committee discussed changing format since currently running 100% virtual. Previously we ran two-day meetings to make travel worthwhile for participants.</p> <p>Regardless of schedule picked, can be changed if needed. Can also add additional meetings if needed.</p> <p>C: Liked option 2 but not sure if day 1 as all presentations will take away time for discussions.</p> <p>Maira: Can adjust/will still have flexibility within schedule.</p> <p>C: Liked option 2 but suggests having subcommittees day 1 and split current day 1 agenda allowing it to run into day 2.</p> <p>C: Liked option 2 and focusing only on subcommittees on day 2. Future agendas won't have icebreaker every time, so will have more time on day 1.</p> <p>Maira: Could do subcommittee on day 1 as a half day. Then do full business portion on day 2.</p> <p>Participants expressed liking option 2 and having the subcommittees on day 1.</p> | <p>Led by Maira Foster</p> |

C: If there are long breaks between meetings, group may lose momentum. Members may need extra time to catch up with topics.

Natasha: Ok with either, but with opt 2, liked subcommittee on day 1. Agreed that longer gaps make it difficult to remember material. Could we have an hour or 2 to touch base/connect?

C: Proposed schedule of meetings has same length of time between meetings as they are now.

Natasha: Were extra meetings in May and Sept since they accompanied the Townhalls.

C: Members used morning or night before HPG to meet/discuss.

Q: Instead of every other month, are we moving to meeting quarterly?

Moira: HPG has always been quarterly but extra meetings accompanying Townhalls meant group met more often. These extra meetings were newer addition to schedule. Planned on holding those extra meetings this year because subcommittees need them.

C: Liked suggestion of informal meetings between HPG's.

Natasha: Suggested having topics to discuss.

C: Could have a breakout room during meetings to get to know what others are doing. Not mandatory to attend but once closed, return to regular meeting.

Gary: Concerned we will need to alter meeting schedule for Feb. as it will be too difficult to hold another meeting so soon.

Kyle: Schedule off now because we didn't start in Jan. Jan. is quarterly for SPBP Advisory Council. Next week is their meeting. If go Feb, May, Aug, and Nov then off months of SPBP. In March, have Regional Grantee meetings as well. This schedule fits in with SPBP and Regional Grantee meetings. We would have a large gap until May before next HPG so would have a smaller filler meeting.

Gary: Dates from option 1, would have conflicts?

Kyle: Yes, would have more days we'd be getting together with this schedule and more potential conflicts.

Moira: Don't have to decide what months, just need to know what option. Can adjust if not fully on quarterly schedule. 2027 would line up. Wouldn't wait until May for next meeting.

Kyle: Meetings would be March, May, Aug, Nov for 2026.

Gary: Need to know by tomorrow when we are meeting, even if don't know rest of 2026 schedule.

Moira: Want everyone to have opinion heard but option 2 seems to be favored. Meetings generally scheduled year in advance.

Kyle asked Community Members to raise their hands in favor of Option 1 or Option 2. Votes were as followed:

Option 1: 2

Option 2 with Days' Agendas switched: 11

Three abstained.

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| | Moira: When we are able to return to in person, we will do so. Will decide next meeting date before tomorrow. | |
| 3:45PM – 3:55PM | The Garden: -Jeremy: I & I discussed the Employment Survey. Penn State is not receiving any funds to complete/help with the survey. -Please forward recommendation lists to Cheryl H. -Please take the survey today if you are not returning tomorrow. | Led by Kyle Fait |
| 3:55PM – 3:56PM | Summary and Dismissal: | Dismissed by Michael Tikili |

Thursday, January 22, 2026

| Time: | Topic/Discussion: | Action: |
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| 9:01AM | Meeting Call to Order: | Called to order by Moira Foster |
| 9:01AM – 9:04AM | Attendance: Meeting Reminders, Past Meeting Recap HIV Planning Group (HPG) Community Representatives: Tariem Burroughs Kevin Clark Carlos Cornielle Lupe Diaz Deanna DiGiampaolo Carlos Dominquez Nicola D' Souza Andre Ford Natasha Gorham (Vice Community Co-Chair) Katherine Haar Amanda Hodges Steven A. Johnson Anna Papandreas Justine Resovszky Miguel Rodriguez Jeremy Sandberg Hazell Azzer Carpenter Sauders Ginger Scaife Rachel Schaffer Gary Snyder Teresa Sullivan Michael Tikili (Community Co-Chair) Sharon Whitebread Donald Yarros | Roll call led by Kyle Fait |

Division of HIV Health Staff

Allison Bauknight
Jacqueline Brenner
Samantha Eldridge
Stephen Elston
Kyle Fait
Moira Foster (Department Co-Chair)
Jill Garland
Cheryl Henne
Lauren Orkis
Kendra Parry
Sara Reyes
Michelle Rossi
Savanah Runco
Michelle Schlegelmilch
Rob Smith
Jon Steiner
Madison Toney

HIV Surveillance & Epidemiology

Godwin Obiri
Adetoun Asala
Moni Malomo
Ikechukwu Onukogu

University of Pitt Staff

Cheryl Choice
Kayla Emrick
Nayck Feliz
Kristen Growden
Sarah Krier
Teagen O'Malley

Planning Partners

Jack Eilber (Dept. of Aging)
John Haines (DOH SPBP)
Kris King (DOH TB/STD)
Najia Luqman (Philly Dept. of Health)
Lydia Josette Nieminen (MAAETC)
Kaitlin Salvati (OVR)
Monica Woodring (DOH HOPWA)

Stakeholders

Liza Conyers
Nicole Feighner
Stefanie Fukang
Casey Johnson
Elizabeth Klusman
Victoria McKinzey-Gonzalez

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| | <p>Caitlin Quattrone Shekinah Rose Hannah Reitenbach Michelle Scamuffa</p> | |
| <p>9:04AM – 9:07AM</p> | <p><u>Announcements/Highlights:</u> - Eval accomplished what they needed to yesterday. I & I and Eval agreed they only needed to meet for 40 mins. Subcommittees will meet until 9:50AM.</p> <p>- 10 min break will take place then groups will return for subcommittee summaries.</p> | <p>Led by Kyle Fait</p> |
| <p>9:07AM – 9:52AM</p> | <p><u>HPG Subcommittees:</u></p> <p><u>Eval:</u> - Eval reviews strategies and activities of the plan. Almost everything completed. Going to vote today on what to include.</p> <p>- Prevent Pillar: - 1A3: Take and implement across the state and maintain.</p> <p>- Develop Data to Care Process... Want to maintain follow-up after people are released from incarceration. Yesterday discussed moving to Treat Pillar.</p> <p>- 1E: Continue and enhance condom distribution: Allow expiring condom supplies to be redistributed across the commonwealth rather than waste them. Asking Division to notify Commonwealth if anyone needs them before they are disposed.</p> <p>- 1G: Continuing the Post Exposure Prophylaxis or PEP. Asking for reassessment to be completed every other year.</p> <p>- 1G22: Develop initiative to address gaps in provision of PEP including capacity, education, and resources. Medical personnel may not be aware of PEP or options in their area.</p> <p>- 1H: Develop and maintain communications for notices of perinatal prevention between the DDAP. Address any gaps in understanding about prevention and recommendations.</p> <p>- A client facing toolkit with a timeline of services needed during pregnancy... Could provide pregnant individuals info explaining schedule of testing and treatments available.</p> <p>- Diagnose Pillar - 2A28: Continue to expand HIV Testing: Already exists but want people to understand resources in their region. Want them to know about mobile or nonclinical sites.</p> | |

-2C37: Under PPA: Continue Technical Assistance opportunities within Division across PPA's.

-Treat Pillar

-3C: Increase the participation of BIPOC lead grant recipients to improve awareness within BIPOC PLWH. Want to ensure they reach priority populations.

-52 & 55: Maintain RW Part B handbook and develop a toolkit to integrate Hep testing and treatment into settings like client facing materials for educational awareness.

-3E: Modified RW program standards updated at least once per year.

-3F 58: SPBP: Modified to update website to assist frequently asked questions that can be answered shortly. Can be moved up in Treat Pillar.

-Respond Pillar

-A: Maintain PA cluster and outbreak detection and respond plan or CORDP. Coordinate with grantees each year to review current outbreak detection response plan with to assure they understand what expectations and outcomes are. Want them to know what they will do.

-B: Facilitate monitoring statewide stakeholder bodies. Make work publicly available.

-4C Continue and enhance HIV surveillance: Educate stakeholders on data security and confidentiality policies to meet current technological standards. Assuring HIPAA and ACT 148 apply to not only state, but others as well.

-Support Pillar:

-5A: Expand capacity and education messaging: engage stakeholders with lived experience to assure alignment within current and newly established messaging campaign. Want people with lived experience as experts.

-5B: Ongoing training for all funding recipients made available annually to assure staffer compliant to new and current policies with optional Continuing Educational Credits.

-5C82: Modifying: Should a statewide partner be unavailable, regional representation may substitute. Some voices better than none. They can't speak to the whole Commonwealth, but can speak to their area.

-Previous plan had 91 activities under 27 Strategies. Removing 1 because state opioid grant no longer in place. 11 modifications and 10 original items, 100 activities total.

-C: The strategies and activities are for Participating Providers?

Gary: These are strategies and activities for statewide plan.

Cheryl: Federal requirement for funds that Division receives.

Need plan to receive those funds. Integrated plan of prevention and care to make sure optimizing funds.

Kyle: This meeting different from other Eval meetings.

Completing broad overview of what we reviewed in past. Kyle explained typical activities of the Eval subcommittee.

Gary: HIVhealthPA.com has link to dashboard. Available to public, showing what was covered at each meeting.

Showed IHPCP Goal Evaluation Worksheet and talked through procedures at typical meetings.

Q: Who is a planning partner?

Gary: Anyone at Division of HIV Health, other bureaus, and contractors for state who deliver tasks or services.

Natasha: Worksheet has space for notes. Could make a section that lists final recommendations of group. Can help when compiling them.

Cheryl C taking over compiling Dashboard component. Wanted to standardize notes, so good idea to add section of recommendations. Adding numbers to the questions would be helpful. Ideas for changes to dashboard, can be incorporated.

Kyle: Trying to make this form a PowerPoint to make the presentations easier to understand. Want to make this process more user friendly.

I & I:

Attendance:

Kendra Parry, Allison Bauknight, Deanna DiGiampaolo, Jack Eilber, Nicole Feighner, Ginger Scaife, Michael Tikili, Lauren Orkis, Anne Papandreas, Jeremy Sandburg, Sharon Whitebread, Robert Smith, Jon Steiner, Steven Johnson, Hazell Azzer, Godwin Obiri, Sara Reyes, Shekinah Rose, Moira Foster, Phone Participant

-Michael reviewed yesterday's meeting and history of group.

Asked Sara if there was any additional data to share with group.

Sara: No data as pilot paused in Dec. Needed to give regions and providers time to work/finish on other projects without feeling rushed. MCM will begin monthly meetings next week.

Then monthly meetings. Will discuss who will participate in pilot and how to restart pilot. Most referrals are for vision and social groups/psychosocial support. Vision referrals were surprising as top result. New York thought using CAREWare was good idea, as their providers each have their own system. New York's pilot runs for 5 years and do not have data yet. Will obtain all data at

end of pilot to compare for the state. New York is two years into pilot.

Michael: Last year's focus on cognitive decline. To combat cognitive decline need engagement and movement. Gave suggestions to get people involved and this also suggests people want social groups. This is need that isn't typically part of provider's services.

Sara: Plan to use same 10 question screening tool as New York. Want question around employment. Concerned about people losing jobs and benefits. How can we address this? Will bring up to work group for their suggestions.

Sara showed group ICOPE and list of questions.

C: What were the lack of resources for aging population? Large gap in resources for aging population: no support groups, only one provider focuses on aging population.

C: Agree; lack of support programs for aging with HIV. HPG ad hoc employment group has employment survey ready to be stated. Might be helpful for this.

Sara: Didn't know about survey. Showed survey that New York uses. Simple survey to complete in 10 mins. Most of our survey is same. For questions wanted 'Yes' to signal there is a need, 'No' no need. Nothing about employment yet, so wanted work group feedback on wording.

Michael: Can our group contribute to ICOPE survey?

Sara: Yes, want collaborative approach. Able to participate in work group next week as well. Reason tool is successful is because it's simple.

C: Learned about funding opportunity for housing for Southwest and Northwest PA. Email in chat for more info.

Sara shared the document.

C: Mobility 1: Do you have difficulty walking or moving around? Yes/No. If person has cane, already know mobility is problem. Should ask, "Do you have difficulty walking or moving around on your own?" This is different than original question.

C: Like question, "Do you need help choosing healthy foods?" Some people don't know how to cook.

Sarah: Looked at New York's survey word for word to see how we wanted to phrase ours. Will make a note about Mobility 1 question and talk about it in work group.

Michael: Nothing about cost of living. Most seniors on fixed income and rent and food keep going up. Interested to see if costs have impacted quality of life.

C: Looking at questions reminds you how marginalized you are. May be difficult for people to answer. What are we giving people in return for answering them?

Moira: Intention of ICOPE is to understand where people are and connect them to services they need. Should be talking with CM about this. Do you have suggestions for ways to ask this info?

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| | <p>C: CM could talk to client before taking it. Why being done? Explain it without the clinical aspect.</p> <p>Sara and Moira both felt was a good idea and took note of it.</p> <p>Michael: Asked Kendra to relay ICOPE questionnaire outside of this session. Would also like to see question about cost of living: food, rent. Worry about those that have lost SPBP coverage.</p> <p>C: SPBP partners with Medicare Advantage and Medicare Drug Plans. Those plans offer the best deals: copays on meds. Want to find out partner plans if those would be most cost effective way to help people who lost SPBP.</p> <p>Michael: Possible solution but may have to wait until the Medicare open enrollment period.</p> <p>C: Keeping up with inflation good idea to ask, most likely will answer no. But nonbinary questions aren't suitable. Should be "yes" or "no" possibility.</p> | |
| <p>9:52AM – 10:00AM</p> | <p>Break:</p> | |
| <p>10:01AM – 10:13AM</p> | <p>Subcommittee Summaries:</p> <p>Eval:</p> <p>-Reviewed worksheet used for discussions. Made changes to form. Reviewed potential changes to plan strategies/activities.</p> <p>I & I:</p> <p>-Reviewed purpose of I & I and how it relates to HPG in general. Topics last year focused on ICOPE, aging population, and late stage diagnosis. Want to find tools and ways to address this. New York uses ICOPE assessment tool. Their ICOPE project is not integrated into CAREWare, but PAs will be. Pilot paused. Allows us opportunity to provide recommendations. I & I connected to ad hoc Employment group. Employment running a survey and will provide their outcomes/reports back to I & I. Would like HPG to participate and share survey for more robust feedback.</p> <p>Jeremy: Farbod Pour is a PhD student assisting with project.</p> <p>Michael: Yesterday there was a suggestion to create a one-page resource for clients about OVR.</p> <p>C: Wanted to create fact sheet for Social Security Disability (SSD) with generic info: how many hours you can work, how much money you can make, etc.</p> <p>C: Attended webinars about Medicare, Medicaid, and SS aimed for RW but can be used for others as well.</p> <p>Moira: Was it part of MAAETC?</p> <p>C: Not sure, but within last 5 years.</p> <p>Rob: CM training has been expanded. Will be having new series again for CM. Use info from AIDS Law Project. Webinars also available from MAAETC.</p> | <p>Presented by Michael Tikili and Gary Snyder</p> |

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| <p>10:13AM – 10:40AM</p> | <p><u>Integrated Plan Discussion:</u></p> <p>-Cheryl H: Compiled list of recommendations. I & I did not have any recommendations. Will go through Eval recommendations list.</p> <p>Gary: Between yesterday’s meeting and today, has explained all updates to reps already. Planning partners that did not attend Eval may not know.</p> <p>-Cheryl H: Cheryl C put all recommendations into Word file. Will go through document and see if group agrees to forward recommendations to Division.</p> <p>Cheryl C: Italicized items were changed activities and non-italicized items are new.</p> <p>Gary: If it’s new, there is no activity number.</p> <p>-Prevent Pillar: No questions or edits</p> <p>-Diagnose Pillar: No questions or edits</p> <p>-Treat Pillar: No questions or edits</p> <p>-Respond Pillar: No questions or edits</p> <p>-Support Pillar: No questions or edits</p> <p>-C: Are these recommendations coming from Eval, so it doesn’t need a second for the motion?</p> <p>Cheryl H: This is a list from Eval, but it is also time for HPG as a whole to add any recommendations.</p> <p>Andre: This is coming from the subcommittee, so doesn’t need a second.</p> <p>Lupe: Technically the motion is already set since list is coming from Eval. We had opportunity for discussion and now we can vote.</p> <p>Moira suggested a verbal vote.</p> <p>-Reps voted orally to accept the recommendations as written to be forwarded to the Division for the upcoming plan. No opposed or abstentions. Vote passed.</p> <p>Cheryl H: New 2027 IHPCP out for review. Received some comments. Tried to adjust language to make sure it met 12th grade reading level standards as suggested. Had to make significant changes. Will be coming out shortly.</p> <p>Kyle opened recommendations Word doc that showed overview: CQI no recommendations, HRSA no recommendations, but Aging and Disability under Part 3 had recommendations.</p> <p>Q: Does HPG need to discuss these before giving to Division?</p> <p>Cheryl H: This list was part of previous recommendations. This doc has recommendations that were already reviewed and voted on, and approved, but not used, so forwarded to new plan. If HPG needs to review and vote again, it is your call.</p> <p>C: If this was discussed, voted on, and rolled into this plan, for sake of time, fine to keep as is.</p> <p>Michael: Could use this as teachable moment for new HPG members. We can advocate for things that aren’t easy to fix but need fixed. MAWD income limits are too low. We are trying to</p> | <p>Presented by Cheryl Henne, Division of HIV Health & Cheryl Choice, University of Pittsburgh</p> <p>Group voted to accept the recommendations as written to the Division of HIV Health. Motion passed. No opposition or abstentions.</p> |
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| | <p>advocate for individuals to have greater asset limit. 10k in savings is not enough in today's economy.</p> <p>Q: Is there any discussion of making Workers with Job Success program (extension of MAWD) a smoother transition for people living with disabilities?</p> <p>Moira: Asset limits are outside our scope. Can advocating for change but no guaranteed to make change. No Department of Human Services (DHS) rep on HPG but can work towards getting one. Having rep opens conversations. Not going to put this into plan, but we understand that this is important to HPG and can work on it.</p> <p>Cheryl H: Division looking at recommendations to see what can we do/accomplish. May not be able to address issue now, but how can we move towards addressing it.</p> <p>C: Understand income requirements under DHS not Division, and may not be able to put in plan, community reps can advocate for change other ways. HPG good networking resource. Advocate and tell your story/their story to raise awareness of problem. Still worth discussion at HPG even if Division can't add to plan.</p> <p>Cheryl H: DHS representation is first step to address this.</p> | |
| <p>10:40AM – 11:26AM</p> | <p>Late HIV Diagnosis Presentation:</p> <p>-Moni presented “An Overview of Late HIV Diagnosis in PA at Year-End 2024.</p> <p>-Chat: How does PA data compare to national data? Does it have lower HIV acquisition rates?</p> <p>Moni: Last data from CDC shows late diagnosis around 22% in US. PA is 9th in terms of new diagnosis.</p> <p>Chat: Need to increase PrEP awareness and education on HIV in PA.</p> <p>Chat: Slide 15: Is Hispanic/non-Hispanic analyzed separately from race?</p> <p>Moni: If you state you are Hispanic, you are not categorized with any other race.</p> <p>Obiri: Late diagnosis problem nationally. Education and areas of recommendation needed to correct course. Have made progress from 1990's-2000, as late diagnosis was 30-40%.</p> <p>Chat: 5-year trend shows slow decline in late diagnosis for 50+ population.</p> <p>C: Early diagnosis correlated with long, healthy life. CD4 count and immune system declines as we age. No way to get it back once lost. Longer undiagnosed, longer have chronic inflammation and could expect non-HIV illness. Diagnosing early directly tied to how easy their life will be in future. Late diagnoses are occurring in people we don't typically associate with HIV. 27% PLWH in PA are female at birth. PrEP studied with men who have sex with men (MSM), but hard to get script for women who have sex with men.</p> | <p>Presented by Monisola Malomo: HIV Surveillance and Epidemiology</p> |

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| | <p>Moni: Outreach for MSM and injection drug users (IDU) but may neglect other groups. PLWH in aging population disproportionately impacted by late diagnosis. Should test everyone regardless of risk perception and PrEP in all communities.</p> <p>Cheryl H: For older folks, HIV wasn't a concern, so don't realize it is concern. Would educate assisted living communities about it, and they didn't realize they needed to be concerned about it.</p> <p>Moni: Clinic health practitioners need to extend testing to older adults. Perceived as low risk and not testing them.</p> <p>C: Stigma around getting testing for HIV. Awareness and education needed.</p> <p>C: You shared everything in a way that a variety of people could relate to. Need to have all voices at the table contributing.</p> <p>C: Able to educate senior group in area and they were thankful for the info.</p> <p>C: Excited for HIV Friendly outreach to inform providers about sexual health conversations.</p> | |
| <p>11:26AM – 1:00PM</p> | <p>Lunch:</p> | |
| <p>1:00PM – 1:31pm</p> | <p>Work Group Updates:</p> <p>Employment:</p> <p>-Updated provided by Liza Conyers. Email Liza if interested in participating in employment workgroup.</p> <p>Q: How long will interviews be?</p> <p>Liza: 50-60 mins. If there is interest in a follow-up can do one. Payment for interview comes through Temple's OVR Needs Assessment process.</p> <p>Q: What demographic are you requiring?</p> <p>Liza: Only requirement is a PLWH in PA. When we think about employment, unemployment comes to mind, but it's for everyone. Trying to get as many PLWH to respond as possible. Will follow up to see if someone receiving CM vs no CM. If you are a PLWH, you can complete it and forward it. Has been discussed in I & I and will report out results once we have them. Can share with whole HPG if interested in results. Results will be included in OVR's state's Needs Assessment.</p> <p>Protocols:</p> <p>-No updates</p> <p>Membership:</p> <p>-Kevin, Donald, Hazel, and Marla are new HPG members. Rachel, Miguel, Lupe, and Ginger returning members. Taking a short break from meeting and will resume in April. Will review application and make needed changes. Will see what needs we will have for new members next year. New members welcome to join.</p> | <p>Presented by: Liza Conyers, Penn State University</p> <p>Lupe Diaz, AIDS Care Group</p> <p>Michelle Schlegelmilch, Division of Health</p> |

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| | <p>Continuous Quality Improvement (CQI):</p> <ul style="list-style-type: none"> -Michelle presented performance measure outcomes data on Oct 1, 2024 - Sept 30, 2025. -Michelle thanked everyone has worked with over the years. Originally, information was in one large group that was difficult to pull RW data out of it. Proud of Regional Grantees and CQI work group over years. CQI looks at what currently exists and how it can be improved. -Stephen and Sara taking over responsibilities of CQI. -Members expressed their thanks for Michelle building the program up to where it is now. | |
| <p>1:31PM – 2:13PM</p> | <p>Stakeholder Engagement/Conversation Café</p> <ul style="list-style-type: none"> -Will present two activities as part of the HIV Prevention and Care Project (HPCP). Partner with Division and HPG on maintaining HIVhealthpa.com website, perform stakeholder engagement, and conduct Capacity Building trainings. -Cheryl presented information about the status of Stakeholder Engagement plan/Conversation Cafes. -Teagen O’Malley presented a high-level overview of the Statewide Coordinated Statement of Need (SCSN) survey. Teagen indicated she could return to provide another update. Q: Who at Pitt is facilitating the Conversation Cafes? Sarah: Cheryl Choice is coordinating it. Cheryl C: No future dates scheduled at this time, but would like to brainstorm new ideas for stakeholder engagement. C: Participated in Conversation Café a year ago and it was very meaningful. Got so much more out of it than expected to. Cheryl C: We are available for questions or comments about these and other programs. | <p>Presented by Cheryl Choice and Teagen O’Malley University of Pittsburgh Staff</p> |
| <p>2:14PM – 2:20PM</p> | <p>The Garden</p> <ul style="list-style-type: none"> -Please complete and send Positionality Statements to Kyle. -Please complete survey. Feedback is incorporated into future meetings. -Moira: Will have a 1-day meeting: March 18. Small agenda. Full HPG agenda in May. First day will be a half day with subcommittee meeting only then second day a full business meeting. Kyle: Will have steering committee on Monday to finalize the agenda. -Nayck: At Spanish session of Conversation Cafe. Had one person that was previously incarcerated. Would like a future focus group of people who were incarcerated. Would like HPG’s help putting together a group of these individuals. | <p>Led by Moira Foster and Michael Tikili</p> |

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| | <p>-Chat: Will DHS partners be informed of Conversation finding related to insurance? Moirra: Will get comments that were made in Conversation Cafes and try to filter them to the appropriate areas. Cheryl C: Will pull info related to insurance and get it to Moira. C: Looking for info specific to Viral Hep and insurance.</p> | |
| 2:21PM | <p>Summary and Adjournment -Contact Michael or Moira with any questions. -Group dismissed by Michael Tikili.</p> | Dismissed by Michael Tikili |