PENNSYLVANIA DEPARTMENT OF HEALTH

HIV PLANNING GROUP MINUTES

Park Inn Harrisburg West, 5401 Carlisle Pike, Mechanicsburg, PA
January 14th, 2014

Members: Wesley Anderson, Jr., Alicia Beatty, Dan Campion, Melissa Davis, Doyin Desalu, Wayne Fenton, Sharita Flaherty, Linda Frank, Daniel Harris, Jeffery Haskins, Michael Hellman, Shannon McElroy, Briana Morgan, Michael Myers, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein , Shubra Shetty, Grace Shu, Pamela Smith, Richard Smith, Rob Smith, Tony Strobel, Ann Stewart Thacker, Nathan Townsend, Wayne Williams,

Not Present: Michael Brookins, Ron Johnson, Terrance McGeorge, Principe Castro Rodriquez, Derick Wilson

Dept. of Health: John Haines, Ted Danowski, Kyle Fait, Jill Garland, Cheryl Henne, Sara Luby, Ken McGarvey, Julia Montgomery, Benjamin Muthambi, Lisa Petrascu, Jennifer Poeschl, Robin Rothermel, Jon Steiner

University of Pittsburgh: David Givens, Daniel Hinkson, Dr. Anthony Silvestre

Consultants: Hila Berl, Michael Shankle

Guests: Tammy Kresper, Monica Williams

Welcome & Introductions

Ms. Sharita Flaherty: Welcome, my name is Sharita Flaherty and I'll be serving as temporary Co-Chair for the meeting today, as our past Co-Chair Terry Kurtz stepped down at the end of last year to pursue new career opportunities. We thank him for his service and that of Michael Hellman, who served as acting Co-Chair for the last meeting last year. Now, we'll have everyone go around and introduce themselves.

[Members and Staff introduce themselves.]

Mr. Ken McGarvey: Thanks to everyone for coming. We learned this morning that the heat has gone off here, so while the fireplace may look nice, folks in the back may wish to keep their coats. There was also a problem with rental cars, so some of our members could not travel out here today. Today we are going to have some introductory information about prevention and care, the HPG, and what you will do here. We have great staff to assist us with that, both with our DOH staff, University of Pittsburgh staff, and our consultants.

We usually start with announcements from HRSA [Health Resource and Service Administration] and CDC [Center for Disease Control], an overview of the agenda, and then general announcements.

I will start with some HPG announcements: We received over 25 applications for membership this year and the members – the membership committee- selected 19 new members. Currently we have 14 returning members and 17 new ones. Membership and recruitment is ongoing with rolling membership, so keep that in mind if there are others you think would be good additions to the committee. Also, our meetings are open, so please keep that in mind in regards to confidentiality and inviting other stakeholders. Confidence is expected between members, but anyone can attend and minutes are public.

Members were selected based on requirements set out by HRSA and CDC expectations for categories. This is a factor in why certain people may have been chosen as members and not others. We are an integrated planning group, which is relatively new, so this is a new and learning process for all of us. We are also very fortunate to have such great consultants, Hila and Michael, from our federal HRSA and CDC funders.

We are bound by state travel regulations, but we understand how important travel is for everyone and getting that travel reimbursed, so please talk to our staff if you have questions about that. It will be part of our presentation later in the meeting.

Ms. Jill Garland: Prevention Section update: We attended NASTAD's [National Alliance of State and Territorial AIDS Directors] presentation on HIV Prevention in the age of the ACA [Affordable Care Act]. There were reps from Medicaid and other organizations that provided information about these changes. In other news, our staffing is almost entirely filled, now, we still need a clerk typist but have selected someone to fill that role and then we will be fully staffed. This person will be handling all the travel arrangements, so I'd like now to recognize Lisa Petrascu for all she has done coordinating that in the meantime. Finally, we have received our grant award notice, and I will speak further about that budget we have received later. The technical review is due Feb 1; we did receive some corrective actions around sero-positivity of our testing efforts. Our lead on this item will speak to you about this now.

Mr. John Steiner: This review is based around the CDC requirement for finding 1 percent sero-positivity – we are under half of one percent, so we are looking at where we are testing, targeting the highest high risk, and possibly reducing low risk areas' testing. We will be talking to providers and looking at how we can focus and scale appropriately to get our testing to positive ratio up.

Ms. Garland: This is for Pennsylvania's grant, which does not include Philadelphia County. The other corrective actions we are working on are the signed letter of concurrence, which has been submitted. We have corrective items under category C, which is competitive funding. For us this Project SILK at Pitt where we are looking at refining some minor points that they are already aware of.

Question: What funding year is this we are talking about?

Ms. Garland: It's both an update on the first half of 2013 and the application for 2014.

Question: Is a one percent rate sero-positivity rate realistic for PA?

Ms. Garland: This is what the CDC expects for non-healthcare, targeted testing sites – the overall percentage is expected to be much lower for health-care sites; 0.1 percent.

Dr. Benjamin Muthambi: We are testing a lot of people – too many people we don't need to be testing. We have many sites that have been operating for years and consuming resources that have never tested a positive person. They are contributing to the denominator of our state's percentage, bringing it down.

Ms. Garland: So we are looking at this issue - we are also to open new sites, too, that target high risk groups.

Ms. Julia Montgomery: Care Section update: Our staff is also filling; we have selected a person to fill our open Project Officer slot. We are waiting to hear about our final award for Ryan White – we do know that we are receiving partial funding awards in the interim until the final award announcement is made. We won't hear what the final numbers will be until the summer after congress sets its budget. We have had technical assistance from a HRSA consultant for Part B, and once our response is complete we will share that info with you.

Ms. Cheryl Henne: SPBP [Special Pharmaceutical Benefits Program] Section update: We sent out new enrollment forms in November; overall the forms have been received well. We have received November's re-enrollments already, which now include viral load information. We have 1/6 of our service population re-enrolling every month. For the Minority AIDS Initiative, which looks for individuals lost to care, those extra efforts are ongoing getting people back into SPBP. We have started our second phase or class with entities working on helping re-enroll people there. We are also writing our progress report to HRSA about how we are with our year so far; it's due at the end of Jan. I'd also like welcome Kyle Fait; he is filling a new position, and he will help with communications for outreach. We also have created an opportunity for data sharing – entities can submit data to link data across the state.

Ms. Flaherty: Thank you. Now we will review the minutes. [Motion to approve moved by Mr. Michael Hellman and seconded by Mr. Wayne Fenton and Mr. Dan Campion.] Motion is approved by consensus.

Mr. McGarvey: Moving along, now we will jump right into the first presentation, which is about the makeup and function of the Division of HIV/AIDS. [Division of HIV/AIDS Prevention presentation by Ms. Garland.]

Comment: Both Partnerships for Health and ARTAS are included in the 25% recommended/discretionary funding the division administers.

Mr. Hellman: We did work on the contract last year for the meetings to try to keep our costs down and facilitation and inclusion up.

Dr. Frank: In regards to the testing initiative, we have also had money over the past few years for training for testing, so AETC should be listed as a partner there [in the presentation].

Ms. Garland: These budget amounts you are seeing are the anticipated funding levels – we only have part of it now, but expect to receive the rest later this year. Our condom line item, for example, was cut since we knew our budget will be reduced and condoms are things we can get in other ways such as through funding from the Division of STD.

[Division of HIV/AIDS Care presentation by Ms. Montgomery.]

Question: Where was HOPE house before it was closed? [Answer: Lancaster.]

Question: For Priority Setting and Needs Assessment, how is that done? Who does that?

Ms. Montgomery: In the past, each regional grantee did theirs individually, but now that HRSA wants a statewide system, that is what this committee will be doing. We will talk more that later today, and about the setup and plan for the PRSA [Priority Setting and Resource Allocation] subcommittee.

[Division of HIV/AIDS SPBP presentation by Ms. Henne.]

Dr. Frank: So people in institutions cannot receive SPBP benefits, correct? And that goes for corrections and state mental institutions?

Ms. Henne: Yes. However, we can work with people who will be transitioning out of correctional facilities; we do have a window to interact with them before they are released.

Question: Out of potential HIV cases in the state, what percentage of those people get SPBP benefits?

Ms. Henne: We don't really have a good way to estimate that, there are so many variables other than having a diagnosis. So it depends on the case manager to work with people to get them connected. Our new outreach position, Mr. Fait, will assist with that too.

Dr. Muthambi: We are aware of that gap with identifying people, and hopefully we will be able to develop in the future a system within our data collection to reach people sooner.

Mr. Richard Smith: Is SPBP addressing the issue of 340B rebates for people who get services from elsewhere?

Ms. Henne: There is a lot of work being done trying to resolve these issues. So we are aware of it, and working on it, but I don't have any answers to that right now.

Question: How is the state working with groups like nursing homes, as they will start to get more people with HIV?

Dr. Silvestre: That is an excellent question – as people with AIDS get older, and as more disabled people contract HIV, more AIDS groups will need to interact with groups serving the elderly and disabled, and vice versa. Hopefully the committee and the state can consider this issue more closely over the coming year.

Question: Is SPBP paying for copays and deductibles in private plans?

Ms. Henne: Yes.

Mr. McGarvey: Thanks to all the Division staff. And this brings us back to the state service model, as we see how these groups all work together to prevent, test, link, treat, and retain. Now we will go to lunch, and the steering committee will tweak the agenda. [Break for lunch 11:55.]

[Meeting resumed at 1pm.]

Ms. Flaherty: Welcome back. Now as we work to catch up on the agenda, we will hear from David Givens with the University of Pittsburgh, and from our consultants, about the Planning Process.

[Mr. Givens leads Statewide Planning Process presentation.]]

Mr. Hellman: We should also note the role that the new NHAS [National HIV/AIDS Strategy] played in the decision to integrate our care and prevention.

Mr. Givens: You are quite right. I actually did have that in the longer version of this presentation along with the recommendations from NASTAD [the National Alliance of State and Territorial AIDS Directors] , and it got cut out as we tried to make up time here, so thank you for highlighting that.

Question: You showed us the requirement that all members attend at least 75% of the meetings over the year… how many is that numerically?

Mr. Givens: The HPG meets every other month for two days each, for a total of 12 meeting days – extra subcommittee meetings do not count – so you have to attend at least 9 full days a year.

[Michael Shankle and Hila Berl deliver the HRSA and CDC Expectations presentation.]

Dr. Frank: The Comprehensive plan and SCSN [State Coordinated Statement of Need] tells us how this documentation process relates to the needs of the state.

Ms. Berl: Part B is in charge of bringing people together, but the state needs to ensure that everyone is brought together to review and have input in the *plan*. States in the past have been allowed to combine documents, and so as you look at all parts of Ryan White, look at how you seen the needs and how you address them. This is different, then, from a real, comprehensive needs assessment, which is what the committee has requested for this and next year.

Question: Will a new, more comprehensive document be developed be replace any of these documents?

Ms. Berl: Maybe. We don't know exactly, but there is a new level of cooperation between the CDC and HRSA for streamlining this, and that's encouraging.

Mr. McGarvey: Thank you to David, Michael, and Hila. That was both informative and succinct! Now we will go through each of the subcommittees' presentations briefly about what they do.

Mr. Hellman: First I'd like to thank all the members of our group from last year – they have done a great job getting all of you here!

We have a document developed over the course of last year, and we will be voting on that tomorrow; that's why I don't have a handout for you today. We had a vision, values and mission hoc subcommittee for that, we looked at gaps in membership, we looked at stakeholder engagement models and now we need to implement it. We drafted protocols, drafted membership requirements for recruiting the best people. As part of that process we assigned mentors, designed this orientation, grievance policy, we will continue recruitment throughout the year.

Ms. Flaherty: So these three groups are *subcommittees* this year, which are different from the *workgroups* the IWG [Integrated Working Group] had developed before. Those groups also still exist, but we currently and primarily for now working under subcommittee model as things are still being developed for the HPG. Anyway, for needs assessment, we have determined that this will be an ongoing process for assisting the development of the plan every year. What do we want to achieve, and how do will fill the gaps that are in our way? This is needs assessment – looking at what we have and what we need. We do this through surveys, interviews, literature reviews and data collection. We support the systematic collection and analysis of this data. The University of Pittsburgh actually carries out the implementation of this process, and we are very thankful for that. So as we think about this, it helps us give good recommendations for what needs remain; this will help the other committees, too.

Ms. Melissa Davis: Our committee works to start and fuel a data driven process that will feed into the states system for setting priorities and resources. This past year, we identified which presentations and information will be most important to help members make good, informed decisions. We developed a list of questions that will help guide presenters. Before the actual setting in November, we will develop and then use a ranking system. We worked on conflict of interest policy, which you'll hear more about tomorrow. We will be running – with Pitt – a town hall style regional perspective process for getting feedback. That data will be bolstered by stakeholder data we are coordinating with that committee to gather, so we will have multiple collection methods to reach consumers and providers. The accompanying list outlines the major tasks for the year and beyond.

Ms. Ann Thacker: Now, what if everyone wants to join the same committee? Apparently some are much smaller than others.

Ms. Flaherty: Well, if you see a very full committee, please consider making that thoughtful move if you can fit somewhere else, too. Thanks to the subcommittee chairs; all new members will have the opportunity to meet with and pick a committee tomorrow morning. Now, if there are no more questions about the committees, we will have an introduction to epidemiology.

[Ms. Sara Luby leads the FUNdementals of Epidemiology presentation.]

Ms. Flaherty: With all the incidence and prevalence data the state collects, why is there no incidence data about HIV specifically?

Ms. Luby: That is a great question, and will be answered by Benjamin tomorrow!

Mr. McGarvey: While we are setting up for the business part of our meeting, I would like to invite Dr. Silvestre to talk about Pitt and their role here.

Dr. Silvestre: The health department approached Pitt in the early 1990's, as we were- and still are -the only university in the state with a school of public health, to assist with utilizing the money they had been given for HIV Prevention. Due to the way state was limited in its hiring, we serve essentially as staff for the planning committee and for the state. So we can answer technical questions, do literature reviews, gather needs assessments, or reach stakeholders, for example, to answer queries and support the committee. In addition to staffing the committee, we do other things – we run stophiv.com, which was developed for prevention and now includes care; we do prevention outreach work online, with a presence in Spanish and English speaking chat rooms and sites for MSM; we run the SILK demonstration project in Pittsburgh, which is, I think, the first African American LGBT youth outreach programs in Pittsburgh; we run the HASP [HIV/AIDS Service Provider] Registry; have faith-based outreach and training programs; we are developing an anti-stigma campaign linked to SILK; we run the Box; and have capacity building that is available statewide.

Mr. Givens: One thing we need to briefly elaborate on is the Box. All current members have access to the Box, and all new members will be sent email invitations over the coming week or so. This service is a secure cloud-storage system that allows all HPG members and staff to instantly access, from any computer or device with internet access, documents and data forms that are uploaded there. It is where we keep the minutes and presentations from the meetings, for example, and each subcommittee uses it to store and share their work documents. So, if you have a different email address or have updated your email address, please let me know so we can get you connected. Of course, any member can request paper copies of meeting materials on a one-time or recurring basis as well.

[Ms. Lisa Petrascu then reviews state travel guidelines and requirements for HPG members.]

Mr. Wesley Anderson: That mileage reimbursement requirement is for 100 miles per trip, or one way?

Ms. Petrascu: It's 100 miles per day. So if you only come for one day it's a round trip, otherwise it's essentially 100 one-way.

Ms. Montgomery: Note that you can choose to take your own car, but you will get the lower reimbursement rate if it's more than 100 miles away from Harrisburg. Also, you can note multiple forms of travel onto the form, like driving from home to the train station, for example.

Ms. Flaherty: Lisa really means what she says – she is here to work with you and will work with you to make your travel work, because we do really want you here around this table. And these are not Ken's processes or rules, they are the state's, so bear with them as we all work through this process.

Mr. McGarvey: So thank you for everything today, we are back on track to finish our agenda on time, and we hope to see everyone from 4-6 at the reception downstairs and then again tomorrow!

[Meeting adjourned at 3:51.]

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January 15th, 2014

Members: Wesley Anderson, Jr., Alicia Beatty, Dan Campion, Melissa Davis, Doyin Desalu, Wayne Fenton, Sharita Flaherty, Linda Frank, Daniel Harris, Jeffery Haskins, Michael Hellman, Shannon McElroy, Briana Morgan, Michael Myers, Daiquiri Robinson, Tamara Robinson, Susan Rubinstein, Pamela Smith, Richard Smith, Rob Smith, Nathan Townsend, Tony Strobel, Shubra Shetty, Grace Shu, Ann Stewart Thacker, Wayne Williams, Derick Wilson

Not Present: Michael Brookins, Ron Johnson, Terrance McGeorge, Principe Castro Rodriquez,

Dept. of Health: John Haines, Ted Danowski, Kyle Fait, Jill Garland, Cheryl Henne, Sara Luby, Ken McGarvey, Julia Montgomery, Benjamin Muthambi, Lisa Petrascu, Jennifer Poeschl, Robin Rothermel, Jon Steiner

University of Pittsburgh: David Givens, Daniel Hinkson, Anthony Silvestre

Consultants: Hila Berl, Michael Shankle

Guests: Monica Williams

[Mr. McGarvey calls the meeting to order at 9am.]

Ms. Flaherty: Well we had a great day yesterday; I hope everyone is ready to get going! Are there any questions from yesterday? Does everyone have an idea of which group they might like to join?

Comment: I thought the presentations and info yesterday were great.

Ms. Flaherty: Thank you! If there are no others, we'll do introductions and announcements.

[Introductions of members and staff commence.]

Announcements:

Dr. Frank: The Mid-Atlantic AETC [AIDS Education and Training Center] will be holding an evening HIV education event downtown March 20th or 24th. We will be inviting a well-known HIV researcher and an ACA [Affordable Care Act] speaker. I will send out an invitation via email and hope everyone will join us.

Mr. Anderson: We are working with clergy in Philly and the Philadelphia Health Department to have an event for expanded testing and signing up people for the ACA next month.

Ms. Montgomery: One announcement I forgot yesterday, for persons working on enrolling people in ACA, if you are a Ryan White Part B entity, you must put that info you collect into CAREWare. Just so that the committee here knows and can share that with others, info put into the insurance marketplace will need to be tracked.

Ms. Petrascu: If you didn't get my amazing presentation yesterday, please remember to turn in your travel itineraries ahead of the next meeting; we need to have as exact a head count as possible to keep our costs down.

Mr. McGarvey: Ok. One item we will do now that had been pushed back from yesterday is the election of a co-chair. I'd like to thank Sharita for standing in today and yesterday, after our previous chair stepped down at the end of last year. University of Pittsburgh staff will lead this discussion and handle the vote, and you can see the job description in front of you. After that we will proceed with our agenda as listed.

Dr. Silvestre: As we begin, does anyone need a copy of the job description? Alright, now this document came from a number of documents from HPG protocols, from members who have had a lot of experience with committee leadership, like Ken, and from the old CPG [Community Planning Group] description. There are many responsibilities of a co-chair, which you can see on the handout. He or she will need to attend all the meetings, calls, steering committee work, and know what's going on with all the activities of the HPG and what the state is doing, too.

So obviously only voting members can vote, and now we will take nominations, which need seconds, and the person must accept. We will put each name on this board, and then people will vote and we'll collect and count the vote. Each nominated person will speak a little bit about themselves and answer questions from the other members.

Dr. Grace Shu: What happened to Terry? Did we get a written letter from him? He was a great man.

Mr. McGarvey: Yes, Terry informed me personally and in writing that he had accepted a new position – he was moving into a new field and a new part of his life, and he felt he wouldn't be able to serve out the end of his term last year. He was indeed a great member and leader of our committee.

[Nominations: Sharita Flaherty, seconded. Accepted nomination. Michael Hellman, seconded. Accepted nomination. Susan Rubenstein nominated, declined.]

Ms. Flaherty: Thank you. I started working with CPG and have been a part of that process since, I guess, 2005. I worked with the interventions committee there and that led to steering committee work and then the integration process with Mike [Hellman]. I work at the medical center in Bucks County, and am now the HIV program director for the Dept. of Health for Bucks County. I like Wonder Woman… and I really would work closely with everyone; my view is that I would represent this body, but would need to be connected with all of you to understand the committee's needs. I have been working in the field of HIV care for ten years now. I have been fortunate enough to be in this field with so many great leaders and experts for that time.

Mr. Hellman: I have to say, Sharita and I have worked together for many years now, and so this is not like a political election one against the other; it's simply a preference since we are all on the same side. I have been a consumer for many years, am a survivor, and have had many, many years in HIV prevention and advocacy. I would be honored to represent you as co-chair and work with all of you.

[Members vote by closed ballot, which are collected by Pitt Staff.]

Ms. Davis: Ok, I am here today to give an overview of the PSRA process, and Dr. Muthambi's presentation up next is actually the first in the series of speakers our committee has asked to come and help us understand the issues involved in priority setting. So the presentations at each meeting are towards that end; that list of speakers was one of the things we created last year. We do have guidelines for the presentations to make things smoother and give each speaker specific questions we expect them to answer that will help us with the process. Everyone will have the answers to these questions, then, and that can help both with the presentation at hand but also the final priority setting process in November. In September we will start the priority setting process. Each member will fill in priority setting rankings based on the presentations we have seen all year, and we will collect them at the end of that meeting. Just as important is the rationale behind your ranking, so we can best discuss the priorities everyone has picked. We will also aggregate town hall and stakeholder data, discuss all this in November, and then vote on our final recommendations to the state.

One thing that will be important for this process is conflict of interest; everyone here either receives or provides services, so we will need to be careful staying in line with that. You can see that policy in your second handout. This is a crucial part of the process – we have to manage it appropriately. We do have a disclosure form, which is best practice to be filled out today at the beginning of the year. We will also have a refresher in November. It's just to make sure everyone is aware of where everyone else is coming from.

Question: This form refers to specific organizations, not types of services. Why are we being asked that specifically?

Ms. Davis: The priority setting categories are very specific, too. If your group provides specific services like, say, case management, then it's important that everyone knows that when we talk about funding case management over other priority categories.

If there are no other questions, please just keep in mind we will go over this again for everyone in November. It is a required component of this process, so we'll do our best to run it appropriately. Thank you.

[Conflict of Interest forms are collected.]

Mr. McGarvey: I'll now announce our new co-chair – please join me in welcoming Sharita Flaherty as the next Co-Chair. And thank you, too, to Mike for all that you do. I should also note that there was one write-in vote… for Wonder Woman. It's almost 9:40 now, so we are basically still on time to embark on

our priority setting and resource allocation process, which will begin with a presentation from Dr. Benjamin Muthambi, to whom we gratefully turn to for all our epi data.

Dr. Muthambi: Good morning. I should note that in the past we have done two separate types of Epi presentations for care and prevention, and this presentation – combining them – has been challenging. So my aim here is to show the real data, but perhaps not the detail that we have in the past.

[presentation]

Mr. Wayne Fenton: Isn't comparing trends in new infections and trends in the means of infection, which don't change, like comparing apples and oranges?

Dr. Muthambi: Good question – I will end my presentation with a discussion of that.

Ms. Davis: Looking at the time we have left, I was wondering if you could address the questions the committee has posed?

[Presentation continues]

Ms. Alicia Beatty: Are you going to cover any of the areas described on the PSRA handout?

Dr. Muthambi: May I have a time check from the co-chairs? I feel I started my presentation late, so do I have the amount of time I was allocated, or would you like me to stop? Otherwise, I calculate I have until 11:20.

[Presentation continues]

Ms. Beatty: Is it unusual for a state to not have incidence data?

Dr. Muthambi: It is unusual for a state with an epidemic as large as ours to not have incidence data. This, however, is somewhat neither here nor there; you can more easily address the epidemic in smaller settings, like Philly or southwest PA, each sub-epidemic is moving at its own rate and has its own properties, which are not applicable to other parts of the state.

Mr. Derrick Wilson: How do other large states with similar disparities like Florida look different than PA?

Dr. Muthambi: They have statewide surveillance but also watch smaller pockets closely. In 2004, we at PA were awarded money to do HIV incidence-surveillance, but there were changes in our department, and I was no longer there, and so the project collapsed and we have not had that funding restored.

Ms. Daiquiri Robinson: So, to get to the questions on the sheet… what are the most effective planning and surveillance strategies for our state?

Dr. Muthambi: I hope the next few slides will address that.

[Presentation continues]

Dr. Muthambi: Ah, well, I am out of time, but I am here at all planning committee meetings, so please come to me at any time with questions.

Ms. Beatty: On the previous slide, on the hetero reservoir ratio, our ratio there is very large compared to national trends and national rates of funding, which are almost gone. What does this mean for us, if we are only being funded for MSM and IDU pathways?

Mr. Anderson: I find it conflicting, too, that when you gave the projections of PA, at least three different types of incidence, between Pittsburgh, Philly, and the corridor, how are we supposed to integrate these trends and geographic areas?

Dr. Muthambi: Good questions. So we have maps that show epi growth, and I did not include that here. That will give you an idea of what is happening in each part of PA with different dimensions of transmission.

Mr. Anderson: That doesn't really answer our questions.

Dr. Muthambi: Well, I honestly do not think that the way I have been asked to present is feasible, so I have done what I can here today.

Dr. Frank: As far as regional planning, it seems we have not been able to get data about modes of transmission to coordinate planning and prevention. What are the major modes of transmission the data show? That could really help us plan and target, like the form we made suggests.

Dr. Muthambi: It is not hard for us to pull that out – in fact it is in the current epi profile for PA. We also now have mini-profiles, and we can get that information from our current profile. We are working on combining the profile into one large document, and then we can have that available to you. Right now you could take the smaller documents and look at regional epi data. But you will soon have that larger document.

Question: Where can we find the most recent epi profile?

Ms. Garland: It is available on the state DOH website and on the Box.

Dr. Muthambi: I don't believe that the old profile is an effective document to use, but it is what we have for now. We hope to be able to post the more updated smaller segments soon.

Mr. McGarvey: As soon as that is ready let me know and we will make that available to the committee.

Ms. Davis: I feel compelled to comment as a member of both the Steering Committee and PSRA about the reasonableness of the request for the presentation's structure. On behalf of the committee that requested this format, I feel that this was absolutely a reasonable request and there was very specific information that we had asked for - that we need - that we did not get.

Mr. McGarvey: I would note that this is the first time we have tried this new format, and this will be a learning year again for us. So we will need to keep in mind and be flexible as we try to get what we

need from both sides. I think Alicia's comment is appropriate that there is other information we may need as we look at the data and how PA may differ from national trends and what that means for funding and prevention. So we need to take these times here as lessons learned and revisit them in committees or at the steering committee.

Dr. Shubra Shetty: Is there a process for gathering feedback? I really appreciated all the presentations and would like to know how we can help reinforce the good things we have experienced here over the last few days.

Mr. Fenton: As a member of the PSRA, I have to say we spent a lot of time developing this list of reasonable, important questions, and I don't understand how that was so… pushed aside with the presentation.

Mr. McGarvey: Sometimes things don't work out as planned, and it is also a balancing act between what the committee has asked for and what the speaker, in this case, thinks should be included.

Mr. Nathan Townsend: So will there be another presentation from Benjamin to actually answer these questions?

Mr. McGarvey: We will need to talk about that moving forward in our planning on the Steering Committee.

Dr. Muthambi: There are two competing views here. There are established members who have set this agenda, and new members who need new information. If I just answered these advanced questions, we would not all understand the key underlying epidemiological factors, and the established members should not be wanting to just get the data and run with it and possibly leave some other members behind. Perhaps there is room for improvement. But you cannot just put in an order and expect everyone to understand. I have never met a new member that understands these concepts right away in the eighteen years I have been working here. The committee and the presenters must each ensure that everyone is on the same page, and what I have presented here today ensures that everyone knows the fundamentals, since they were not included before now.

Mr. Wilson: As far as understanding the context of our meeting, the new members here are not new to HIV. They have joined us because they have all have years of experience with HIV in various capacities; while we do need a level playing field, everyone here at least is ready for HIV 301 instead of 101. Plus, we just got a great overview of the basics yesterday.

Mr. McGarvey: It's almost noon, now, so we are going to take a break and have lunch, and then we will meet back here at 12:45.

[Lunch from 11:51 – 12:46.]

Chairwoman Flaherty: Thank you, everyone, for returning promptly. The subcommittee groups will now meet for a half hour – until 1:30 – and then we will all reconvene.

Mr. McGarvey: This will essentially be a new member orientation for subcommittees. New members, please feel free to bounce around between groups to choose one.

[Full meeting resumes at 1:40]

Mr. McGarvey: Now we will hear briefly from the subcommittees.

Mr. Hellman: Our new co-chair with me for the Stakeholder and Membership group is Shannon McElroy. We passed out the workplan draft, we have a conference call set up for February, and we need to look at the stakeholder input, so Dr. Silvestre's group will be presenting that to us remotely in either February or March.

Ms. Davis: PSRA discussed the basics of the committee's goals, the fact that we are doing focus groups, not town hall data collection, and we talked about linking up with the Needs Assessment committee so that we can reach more people and use multiple approaches to reach consumers and providers. We planned for the March meeting to look at what questions we will be asking, the details of the groups, and how the tool will function.

Chairwoman Flaherty: For Needs Assessment, we will elect a new co-chair in March; we have a note taker; we got started with the workplan; we needed to choose literature reviews to request based on the epi presentation for today, but we couldn't do that because of the presentation today, so we will look through the mini profiles on our own and be ready to set those reviews during the conference call.

Mr. Richard Smith: We at PSRA wanted to suggest to Needs Assessment that they consider the MAI [Minority AIDS Initiative] to reach difficult-to-contact people.

Ms. Montgomery: Perhaps some presentations for workgroups could be recorded or otherwise made available online.

Ms. Thacker: Are the committees relatively even now? Does everyone have enough members?

Answer: Yes!

Ms. Thacker: I just want to say that I am very happy with how things have gone over the last two days – I love being able to go somewhere, learn something, and come away with goals and a view of where we are going. What a great way to start this group!

Chairwoman Flaherty: Well that concludes our full committee meeting for today. Thank you all for coming. Travel safely and we will see you all in March, if not sooner in subcommittees!

[Meeting adjourned 1:53]