Ending the HIV Epidemic Advisory Council Meeting Minutes Lentz Public Health Center 1.16.20

Attendees:

Clare Bolds

DeAnn Bullock, M.D.

Brian Haile

James Hildreth, M.D.

Council Member Sharon Hurt

Sean Kelly, M.D.

Rajeev Mavath, M.D.

Brady Morris

Stephen Raffanti, M.D. Reverend Edwin Sanders

Staff:

Anh Ngo, M.D. Sanmi Areola Judith Byrd Julie Thacker

Welcome:

Interim Director of Health Sanmi Areola welcomed the Ending the HIV Epidemic Advisory Council (Council) and invited around-the-room introductions. Dr. Areola next introduced Metro Nashville Health Department (MPHD) staff member Julie Thacker, who was in December appointed to the role of Senior Health Strategist for the Ending the Epidemic initiative.

Process and Structure

Ms. Thacker provided a brief overview of the Ending the HIV Epidemic plan, including an overview of the 2024 goals and the guiding principles established to guide the implementation process – commitment to health equity, social justice, data-driven decisions, radical inclusion and determining assets and strengths. She further discussed the collective impact model and its benefits in leveraging a common agenda and funding to drive results. As a related activity, Ms. Thacker discussed the future creation of workgroups to support the boots-on-the-ground activity of the Ending the Epidemic Plan. She noted that she will be looking to the stakeholder community to, before the next Council meeting in March, establish an equity workgroup that will ensure implantation of Ending the HIV Epidemic plan is grounded in equity. Council members Rev. Edwin Sanders and Rajeev Mavath offered to participate in the new workgroup.

A robust discussion around how to prioritize the Council's work followed with multiple suggestions that included:

- Focusing on two or three things that can be achieved and managed (Stephen Raffanti);
- Mirror the federal Ending the HIV Epidemic pillars to maximize future opportunity for Nashville to receive funds in Phase II (Dr. Mavath);
- Outline three or four inspiring goals to get behind that are achievable and secure a couple of nice wins early on (Brian Haile);
- Be wary of low-hanging fruit where efforts can mask reality and leave an impression of success
 while those disproportionately affected are left behind. Make sure the metrics and initiatives
 you create don't create a false result (Rev. Sanders);
- Equity metrics are difficult to define and establish but, if helpful, Neighborhood Health has a
 framework that it uses that could be a good starting point. The group should establish outwardfacing metrics for its work to meet clear disparity goals that track specific equity measures (Mr.
 Haile);

- Identify projects that can be tackled initially to attract, build and sustain resources (James Hildreth);
- Perhaps start the Council's work with the communitywide Ending the HIV Epidemic public awareness campaign objective (Sean Kelly).
- Understand and examine the issue of trust, work on building trust with those facing inequity, and ensure that the Council's own leadership translates as worthy of that trust (Rev. Sanders).

Mr. Haile further suggested the equity workgroup might consider defining and building out an aspirational equity goal that the Council can approve and can serve as a baseline for all the work that follows.

Ms. Thacker noted the March Council meeting will further flush out the prioritization discussion with a focus on the individual prioritization matrix exercise that is currently underway.

Approval of Bylaws

Next Judith Byrd led a discussion on governance and the Council bylaws. This included whether meetings should be open to Council Members by phone or video conference. The group agreed that this opportunity should be made available and, if necessary, future meetings can physically move to alternate locations more amenable to video conferencing. The Council also agreed to amend the bylaws to include a standing position on the Council for the Director of Health. Mr. Haile offered a motion to approve the bylaws as amended. Dr. Hildreth seconded the motion, which passed unanimously. MPHD will follow up with the Mayor's Office to request this additional appointment.

Nomination of Officers

Ms. Byrd next informed the Council that nominations for leadership positions had been received for Clare Bolds to serve as the community chair of the body and DeAnn Bullock as the government chair. Mr. Haile offered a motion to adopt the slate of officers, which was seconded by Rev. Sanders and unanimously approved.

Approval of Minutes

As her first order of business as Chair, Dr. Bullock invited discussion on the Council's October 31 minutes. Hearing none she moved for approval. The motion was seconded by Council Member Sharon Hurt and gained unanimous approval.

Funding Overview

Dr. Mavath, Director of the Ryan White Program with MPHD, shared an overview of the federal Ryan White program and funding structure. Nashville operates a \$23 million grant over five years or approximately \$4.3 million in federal funding a year and is about to embark on a new 5-year grant cycle. The new Health Resources and Services Administration allocation is expected very soon.

The Part A program, which MPHD oversees, covers services for persons up to 400 percent of the federal poverty level who are living with HIV. The bulk of funds (65%) are dedicated to core medical services; 25% are directed to support services, 10% to administrative and training services, and 5% to clinical quality management services (which can include improving health outcomes in the community a well as patient outcomes and satisfaction programming). Dr. Mavath noted that core services are contracted out to community groups, some of whom are members of the Council. The Health Department provides early intervention services and plans to launch a pilot medical ride sharing program in the new grant year.

The Ryan White Advisory Council is the body that sets directives for and outlines priorities and resource allocations for the Part A program. The decisions are informed by a community needs assessment. These aspects of Part A can be helpful in informing and collaborating with the Ending the HIV Epidemic work. Dr. Raffanti also noted that Part F of Ryan White, which supports education for medical and services providers, also has strong potential for collaboration.

Ms. Byrd then shared a PowerPoint presentation on non-government funding for HIV/AIDS. Highlights include:

- 80% of non-government funding comes from the pharmaceutical industry.
- In 2017, private funding was \$186 million (40% from Gilead Sciences).
- Global funding, which dropped by 5% in 2017, was \$638 million (Bill and Melinda Gates Foundation is a major contributor).
- Top 10 funders in the US are: Gilead, ViiV Healthcare, MAC AIDS Fund and MAC Cosmetics, Broadway Cares/Equity Fights AIDS, Elton John AIDS Foundation, Johnson & Johnson, Ford Foundation, AIDS United, H. van Amerigen Foundation, California Wellness Foundation.
- Tennessee is not in the top 10 states receiving funds, but there was a 67% increase in philanthropic HIV funding in the South in 2017 (the region gained 26% of all funds).
- The Funders Concerned About AIDS Southern HIV Impact Fund, has made grants in Knoxville and Memphis.

Mr. Haile asked the Council to consider two funding ideas to support priorities: are there creative ways to divert their organization's 340B allocations to support ETE activities which could potentially include a media campaign? Is there an interest in a small group of members getting together to quickly create a funding earmark request to Senator Lamar Alexander for the FY20-21 budget (the appropriations bill will be introduced in September)?

Dr. Mavath added that future discussions around funding could tie into the Tennessee Department of Health, particularly if Ryan White Part B funds could be available to support ETE work. Dr. Raffanti suggested that grant-writers be brought into the process on the front end. He said they are an often overlooked but critical resource in the process. Brady Morris reminded the group that the HIV community and persons living with HIV are also a vital and underutilized resource that can support the ETE's work.

Other Business

Ms. Byrd shared some highlights from World AIDS Day activities and thanked CM Hurt for her support of a World AIDS Day proclamation for the city. She congratulated members Fahad Tahir for the birth of a new baby and Traci Patton for her promotion to COO at Urban Housing Solutions.

The meeting closed at 4.23 p.m.