

**Ryan White Planning Council (RWPC) of the Philadelphia Part A (Title I) EMA  
Positive Committee Meeting Minutes  
Monday, February 9, 2009  
12 p.m. - 2 p.m.  
Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107**

**Present:** 17(PH), 1(PA), 0(NJ)

**Staff:** Nicole Johns, Michael Milsop, Briana Morgan

**Report of Staff:**

N. Johns stated that Office staff had been unable to get a hold of the co-chairs, so they would have an informal meeting unless the one of the co-chairs arrived.

M. Milsop reviewed information about the town halls, emphasizing the importance of making an RSVP before attending the meetings.

N. Johns reviewed a press release regarding the National Black HIV/AIDS Awareness Day from the CDC (*see – attached handout*). She noted that this day had occurred the previous Saturday.

N. Johns stated that she had mailed out a survey to everyone on the Positive Committee mailing list, and asked anyone that had not already done a survey to fill one out. She also asked those on the committee to brainstorm about what topics they would like to cover in the future.

**Call to Order/Introductions/Moment of Silence/Mission Statement:**

M. White called the meeting to order at 12:30 p.m. Introductions of those present, a moment of silence, and reading of the mission statement followed.

**Approval of Agenda:**

M. White presented the agenda for approval. The agenda was approved by general consensus.

**Approval of Minutes (12 January 2009):**

M. White presented the January 12, 2009 minutes for approval. The minutes were approved by general consensus.

**Report of Co-Chair:**

M. White stated that he had been meeting with staff to discuss locations for outreach. He noted that the town hall and consumer feedback groups were coming up, and that fliers were available. He added that the Positive Committee's educational seminar would occur on February 27, 2009 at St. Luke's Church. N. Johns emphasized the importance of giving an RSVP for these meetings, as lunch would be provided.

**Discussion Items:**

- **Review of Positive Committee Mission and Goals**

N. Johns stated that the group would be discussing the purpose of the Positive Committee as well as brainstorming. She went on to say that she and M. White had gone to Philadelphia FIGHT the previous week to talk to the members of the Project TEACH alumni group. She began her presentation by reviewing the mission of the Positive Committee (*see – attached handout*). She explained that the mission statement would be their guide as they thought about potential activities that the Positive Committee could participate in.

N. Johns went on to review the three core goals of the Positive Committee, as well as the reasons that consumer involvement is important to the planning process. She next discussed various contributions that the Positive Committee has made to the planning process. She concluded by reviewing their next steps as a committee, pointing out that they would be brainstorming in just a few moments.

- **Brainstorming for Committee Activities**

M. White suggested making a list of the most frequently used acronyms. T. Stancil stated that she had discussed outreach with chaplains the previous weekend, and asked if she would be able to get fliers with information about the process. N. Johns replied that the Office does have brochures available on the Positive Committee and the Ryan White Planning Council. T. Stancil suggested going out to Sunday Breakfast at a nearby men's shelter to do outreach. A community member stated that he had previously been a part of a group that had had all of the members go out to the zoo. N. Johns asked if he meant a group outing, and the community member agreed.

T. McCoy stated that it would be important to educate people about what the Positive Committee is, and that they ought to work to get people to attend committee meetings more regularly. N. Johns noted that she would be working to help to train committee members on their purpose as a group. She suggested having people talk about their experiences at full Planning Council meetings at the next committee meeting so they can ask questions and discuss the meetings. She then asked everyone to think of ideas to make new people feel welcome at Positive Committee meetings.

A community member suggested talking about finances, employment, budgeting, and similar topics that affect PLWHA. T. Stancil suggested having a speaker on global AIDS, and the group also requested a speaker on the epidemic in Philadelphia specifically. M. White suggested discussing life insurance. A community member suggested discussing living wills and other estate issues. N. Johns added health proxy to the list as well. M. White next suggested a panel discussion on dental services.

J.W. asked if they could talk about the reduced fare rates on SEPTA and other local transportation issues, including day passes for medical appointments. A community member suggested a topic regarding phone bills. N. Johns replied that this might be covered at the Emergency Resources Event, but that she would add it to the list in case it was not addressed at that point.

T. McCoy suggested training on the funding for core services as opposed to supportive services. J.W. asked if they could discuss access to day care. N. Johns added respite care to the list as well. M. White suggested having a speaker on behavioral health as it applies

to HIV/AIDS. A community member suggested having a pharmacologist come as a speaker. N. Johns asked the group if they would like to discuss both interactions of medications, as well as how to access medications. Those present agreed that they would like to cover both topics.

J.W. suggested making telephone calls to encourage people to attend meetings. N. Johns explained that staff cannot ask for consumers' contact info due to confidentiality issues. J.W. suggested completing a mailing every other month. T. Stancil asked if the Positive Committee could get a website. N. Johns replied that there is a website at [www.hivphilly.org](http://www.hivphilly.org) and that there is a specific section for the Positive Committee.

J.M. asked if paper copies of the epidemiological profile would be distributed anymore, stating that statistics were very important in decision-making. N. Johns explained that the epidemiological profile is a very important document containing information such as HIV rates, income rates, STD rates, how services are being used, and demographic information. J.M. stated that M. White would have to advocate for PLWHA, and that M. White had not advocated for paper copies of the epidemiological profile. He went on to emphasize the importance of PLWHA understanding their epidemic. N. Johns asked what action steps J.M. would like to take in regard to this, and asked if he would like to have a hard copy available. J.M. replied that they ought to be able to take this publication to the various organizations and to other consumers. N. Johns asked if he would like to have a presentation on the epidemic in the Positive Committee. She went on to say that they do make paper copies available on request, and that it is frequently a cost issue, as it can be a large waste of the community's funding to print copies that no one takes. She explained that the epidemiological profile will always be available, though she understood J.M.'s point. She stated that she could break the epidemiological profile down section by section throughout Positive Committee meetings. She suggested looking at the big picture first, and then investigating individual issues and questions.

M. White stated that he is simply a facilitator for the meeting, and that he is not in charge of the meeting. He concluded that his job was to uphold the rules of order, and that he was an activist in the community outside of his role of co-chair of the Positive Committee.

A community member asked if the epidemiological profile was available online. N. Johns replied that the care plan, prevention plan, and epidemiological profile are all available on the Office's website at [www.hivphilly.org](http://www.hivphilly.org) under the documents section. The community member replied that this seemed much more cost-effective. N. Johns replied that she could also burn the files onto a CD-ROM upon request. After committee members expressed interest in the documents, N. Johns volunteered to make multiple CD-ROM copies available for the next meeting.

T. Stancil stated that they were all supposed to be there to support the co-chairs, and that she thought that M. White and S. Hobbs had been doing an excellent job. She asked what they could do today that they would like to talk about at the Planning Council on Thursday's full body meeting. M. White stated that they would have a great deal of things to talk about as they continued to conduct outreach. N. Johns stated that the group would have to identify three topics they would like to discuss over the next six months as well.

N. Johns revisited the goals of the Positive Committee, and suggested doing some skills-building. She explained that many people do not feel comfortable raising their hands and asking questions during meetings. She asked the group if they would like to have a public speaking training, and the group enthusiastically agreed. N. Johns asked if they would also like to receive training on how to read tables and charts and interpret data. The group agreed with this as well. N. Johns explained that this would help them to understand the ways that data is used by the Planning Council.

M. White asked if they could have LEAP Training again this year. N. Johns replied that they would not be conducting the 3-day LEAP Training again, but that she had all of the materials and would be reviewing them with the group.

A community group asked if they would be able to get massages at the Office. N. Johns replied that they could not use funding this way. M. White suggested receiving training on alternative therapies, such as massage, acupuncture, reiki, herbal supplements, meditation, tai chi, and chiropractor therapy. A community member suggested a discussion surrounding depression as well.

N. Johns next asked the group to suggest places to do outreach. M. White suggested COLOURS as a possibility. T. Stancil stated that safe havens would be important to reach. M. White suggested going to William Way as well. J.W. suggested visiting the women's group at Philadelphia FIGHT.

N. Johns asked if the group had any ideas on how to reach organizations aside from actually visiting them. M. White suggested having a list of resources available. A community member suggested targeting the Metro. M. White also suggested Philadelphia Weekly and Citypaper. J.W. suggested advertising in the Daily News. Other suggestions included the Philadelphia Gay News, the Tribune, and the Inquirer. A community member asked if they would get a discount through SEPTA for advertising. N. Johns replied that they had not previously looked into that, but that she could check. J.W. suggested developing a flier. N. Johns stated that they could possibly redesign the brochure as well.

- **Positive Committee Name Change**

A community member stated that many people were turned off by the term "committee." N. Johns stated that their Positive Committee is aimed toward PLWHA, and that some people have stated that the name might be a barrier. She noted that some people did not want their name associated with anything having to do with HIV. She asked the group if they would be interested in considering changing their name.

The group decided that they would like to think about the possibility of changing the name, and tabled this discussion to the next month's meeting.

### **Old Business:**

T. McCoy asked for more information about the newsletter. M. White stated that they would be publishing the newsletter annually, because there had been issues with getting enough submissions for articles. N. Johns added that it would be more like an annual report where

they could include information about the various activities they had conducted over the year. She stated that she had only had one submission for the newsletter, and that no one else that had volunteered had given her anything. A community member asked if he could see a copy of the fall newsletter.

T. McCoy stated that Valerie Voluntad (a previous Office staff member) had created a newsletter quarterly with various information that she had been able to pull together, and that a newsletter would be a great outreach tool. He went on to say that it was a shame to discuss outreach and look at cutting back on newsletters. N. Johns replied that it would be great for the newsletter to continue quarterly, but that she cannot complete the newsletter by herself, since that would make it the Office of HIV Planning newsletter rather than the Positive Committee newsletter.

K. Mayo emphasized the importance of the newsletter in keeping committee members from the suburbs informed. He stated that Pat Ingham gives the newsletters out in Delaware County. N. Johns stated that the newsletter is a great outreach tool, but that she would need help from the committee members that want to have a newsletter printed quarterly.

J.M. stated that the newsletter ought to contain information and events occurring during AIDS Education Month in June. T. McCoy explained that the newsletter was one of their only tools to keep people active. N. Johns stated that she would work with a small group to determine what should go into the newsletter so she could create one.

A community member stated that he had not seen any fliers for the town hall in New Jersey the previous year at his agency. T. McCoy replied that the Office mails fliers to each agency, and that it is the agency's decision on whether or not to hang them. The community member replied that his agency had not received fliers. B. Morgan confirmed that the agency in question had received fliers in the previous year. N. Johns noted that the fliers for the upcoming town halls had not yet been mailed.

T. McCoy asked if they could have a subcommittee meeting for those that want to work on the newsletter. N. Johns asked if the group would like to discuss the newsletter at 11 a.m. on the day of the next Positive Committee meeting. The group agreed.

T. McCoy asked B. Morgan if she would be able to send out a reminder about the newsletter subcommittee meeting the next month. B. Morgan agreed.

- **Volunteers for 2/27/09 Emergency Assistance Event**

N. Johns asked for volunteers to come early to help set up for the event, or to stay late to help clean up after the event. She stated that the event would begin at 10 a.m. at St. Luke's Church, so she would need help around 9:30 a.m., as well as help cleaning up for approximately fifteen minutes after the event. Several committee members agreed to help.

**New Business:**

None.

**Announcements:**

A community member stated that there was a great deal of housing slots opening up because PLWHA were losing their housing slots. M. White replied that a gap in services would cause this loss of housing, and suggested having these people attend a meeting to discuss why they had lost their housing. The community member replied that many of these people would be impossible to contact. He went on to suggest going into the shelters to find out how those people had gotten there.

Another community member stated that some people are turned down for housing. M. White suggested that they attend the AACO housing meeting that occurs on the fourth Tuesday of each month.

**Adjournment:**

The meeting was adjourned at 1:50 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

**Handouts distributed at the meeting:**

- Meeting Agenda
- Meeting Minutes from January 12, 2009
- National Black HIV/AIDS Awareness Day Press Release
- Positive Committee Presentation Slides
- OHP Calendar

**RYAN WHITE PLANNING COUNCIL (RWPC)**

**Positive Committee**  
**Meeting Agenda**  
**Monday, February 9, 2009**  
**12:00p.m.-2:00 p.m.**

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Mission Statement- The Positive Committee supports and enhances the role of people with the HIV infection to empower their participation in the decision-making process of the Ryan White Part A Planning Council and the Community Planning Group.

**Call to Order/Moment of Silence**

**Introductions**

**Approval of Agenda**

**Approval of Minutes**

**Report of Chair**

**Report of Staff**

**Discussion Items**

**Review of Positive Committee Mission and Goals**

**Brainstorming for Committee Activities**

**Possible Committee Name Change (?)**

**Old Business**

**Volunteers for 2/27 event – set up and clean up**

**New Business**

**Announcements**

**Adjournment**

*Please turn Phone to Silent or Vibrate*

**Don't forget to sign in if you need tokens. Thanks!**

Please RSVP at 215.574.6760 to ensure that there are enough lunches.

*Please contact the office at least 5 days in advance if you require any special assistance.*

*The next meeting date and time of the Positive Committee is Monday, March 9, 2009, 12-2pm.*

*It will take place at the Office of HIV Planning, 340 N. 12<sup>th</sup> St. Suite 203, Philadelphia PA 19107*

**Ryan White Planning Council (RWPC) of the Philadelphia Part A (Title D) EMA  
Positive Committee Meeting Minutes  
Monday, January 12, 2009  
12 p.m. - 2 p.m.  
Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107**

**Present:** 37(PH), 0(PA), 2(NJ)

**Staff:** Nicole Johns, Michael Milsop, Briana Morgan

**Call to Order/Mission Statement/Moment of Silence/Introductions:**

S. Hobbs called the meeting to order at 12:12 p.m. Reading of the mission statement, a moment of silence, and introductions of those present followed.

**Approval of Agenda:**

M. White presented the agenda for approval. The agenda was approved by general consensus.

**Approval of Minutes (8 December 2008):**

M. White presented the December 8, 2008 minutes for approval. The minutes were approved by general consensus.

**Report of Co-Chair:**

S. Hobbs reminded those present that anyone arriving to the meeting after 12:30 p.m. would be unable to receive tokens, and asked everyone to be respectful of the rules. He also asked anyone intending to attend the meeting to RSVP by the Friday before the meeting to ensure that there were enough lunches. M. White pointed out that the address, phone number, and website for the Office of HIV Planning were included in the meeting calendar.

**Report of Staff:**

M. Milsop stated that the Office was beginning to schedule the annual town halls and consumer feedback groups, and invited those present to participate. He went on to say that there had been a great turnout the year before, and that they would be hosting a new youth-specific town hall this spring. He went on to explain that the Planning Council used the town hall and consumer survey results almost exclusively in determining the priorities for the service categories in the previous year. He encouraged everyone present to attend, and to inform other consumers about the town halls.

**Presentation:**

- **AACO Housing Services Program – M. Bradley Shannon, AACO**

S. Hobbs introduced M.B. Shannon, explaining that he would be discussing the AACO Housing process. M.B. Shannon thanked those present for attending the meeting and distributed packets of information (*see – attached handouts*). He noted that he had also brought a brand-new brochure on the AACO housing program, which included information on rights, responsibilities, and steps to applying for housing (*see – attached brochure*).

M.B. Shannon explained that AACO processes housing applications for PLWHA in Philadelphia. A community member asked if AACO helps consumers find housing, or if they only pay rent. M.B. Shannon replied that AACO pays rent, and that 90% of housing slots are tenant-based, where consumers find their own housing. He noted that the other 10% of housing slots are project-based, where the consumer has to move into a particular space. He went on to say that housing slots are permanent, and that PLWHA can only lose them housing slots through things like eviction and incarceration. He added that the AACO housing program is funded exclusively by HUD, and does not receive any funding from Ryan White.

M.B. Shannon next explained the qualifications for housing (*see – attached handout*). He noted that low-income referred to anyone making less than \$41,000 a year. He continued on to review those that are not qualified to receive rental assistance through the AACO housing program. A community member asked how they know whether a consumer is actively using substances. M.B. Shannon replied that a consumer has to get documentation from his or her doctor. He went on to explain that anyone with serious mental health issues or substance abuse problems must be in active treatment to qualify for the housing program.

M.B. Shannon continued on to review the documents needed to apply for AACO housing, as well as policies specific to drug and alcohol issues as well as mental health issues. A community member asked what steps a consumer that had already completed a program could take. M.B. Shannon replied that most programs issue a certificate of completion, which could be submitted with the application. He next reviewed the rights of PLWHA applying to the program, including confidentiality. H.B. asked how long it would take for a consumer to get into housing. M.B. Shannon replied that the typical wait was 18 months, though Section 8 had a wait of approximately 6-8 years. A community member asked if there was priority for homeless people. M.B. Shannon replied that there is.

A community member asked how incarceration would affect a consumer's place on the waiting list. M.B. Shannon replied that incarceration over 30 days would take a person off the wait list.

M.B. Shannon reviewed the responsibilities of PLWHA on the housing wait list. A community member stated that it was important to see a case manager, because they keep spare copies of important documents. M.B. Shannon continued on to review the waiting list information, noting that the wait is about 18 months long. He pointed out that the homeless have a wait time of seven months. A community member asked how long the wait list is for a consumer that was recently released from prison. M.B. Shannon replied that this is a special case, and the recently incarcerated have a priority level between that of a regular person and a homeless person.

A community member asked for the definition of homeless. M.B. Shannon replied that the term refers to a person without a roof over his or her head at night, but pointed out that this term does not apply to someone sleeping on a friend or family member's sofa. G.T. clarified that "homeless" meant that one was in the street or the shelter.

M.B. Shannon went on explain that a person in the program would pay 30% of their income toward his or her housing. He noted that there was a maximum rent of \$700 for a one-bedroom apartment. R. Hayward asked if two consumers could get an apartment together as roommates. M.B. Shannon replied that this is a possibility, but that the other person needs to be included on the application just as a spouse would be. R. Hayward asked what would happen if someone were already in housing and relapsed. M.B. Shannon replied that once the consumer was in the program, it would be up to the housing sponsor. A community member asked if a person in treatment that was on the waiting list would be removed if he or she relapsed. M.B. Shannon replied that they give the person one month to get back into treatment before removal from the waiting list.

T. Kaba asked if a client could stay on the housing list if they switched case management providers. M.B. Shannon replied that this was possible so long as the client remained in case management. H.B. asked how they determine if a person is homeless. M.B. Shannon reviewed the actual application, noting that shelters can certify that a person is homeless, and that a homeless outreach agency could provide documentation as well. A community member asked what would happen if a person could not get documentation that they were homeless. M.B. Shannon replied that they do not have a perfect system in place.

A community member asked if consumers could fill out applications and mail them in themselves. M.B. Shannon replied that they would need a case manager or a housing specialist to do it for them.

#### **Old Business:**

- *Winter 2009 Newsletter*

N. Johns stated that she had only received one of the articles that committee members had agreed to do, and requested others to submit articles.

- *Educational Presentation on 2/27/09 – Emergency Assistance*

N. Johns stated that the event would be held at St. Luke's Church on Friday, February 27. She went on to explain that they would be discussing emergency assistance, DEFA, food banks, and utility grants. She added that she was also looking into emergency housing subsidies, and that there were already three speakers lined up for the event. She noted that the event would take place from 10 a.m. – 2 p.m., and that she would send a flier out to the Positive Committee mailing list.

#### **New Business:**

R. Hayward stated that the RWPC meeting had taken place on the previous Thursday, and that he had brought up the topic of testing in emergency rooms at hospitals. He explained that he had previously suggested that AACO train PLWHA to do testing in the ERs. He went on to say that this would empower PLWHA, give PLWHA jobs, and help test more people. He concluded that it had been suggested that he present this to the Positive Committee so that they could present the idea to AACO as a group. M. White thanked R. Hayward for his suggestion, and went on to say that he was not sure if the Planning Council would be able to do this. He noted that he would investigate the issue. R. Hayward replied that AACO works for PLWHA, and that they should be able to get training from AACO. M. White replied he would have to look into the topic and get back to him.

J.M. stated that SEPTA would be holding a public meeting at 5 p.m. that night regarding future plans, and that it would be important to let them know that there were PLWHA in Philadelphia that were dependent on SEPTA.

**Announcements:**

N. Johns stated that the Planning Council was currently looking for consumers to apply for membership for spring appointment, and applications were due by February 6. She added that the CPG was also looking for new members, clarifying that the CPG was only for those in Philadelphia. M. White stated that those present could attend all committee meetings, even if they were not RWPC or CPG members. R. Hayward asked how many terms a person could serve on the RWPC or the CPG. N. Johns stated that there was a limit of three terms for each. B. Morgan clarified that the RWPC rule was new, so the six years started from the date that the rule was passed several months ago.

S. Hobbs stated that the next Positive Committee meeting would be on February 9, and asked everyone to RSVP by the Friday before the meeting to ensure that there were enough lunches.

R. Hayward stated that it was very encouraging to see so many people at the current meeting at the start of a new year. He went on to say that the voice of consumers was vital to the process, and emphasized the importance of participation. N. Johns asked anyone wanting to be added to the Positive Committee mailing list to see her after the meeting.

M. White stated that the newsletter was open for submissions from anyone in the room. He noted that consumers could submit articles, poetry, biographies, or anything else they would like to write for the newsletter. N. Johns stated that she would need submissions for this newsletter in the coming week, but that any submissions received after the deadline could be put in the spring newsletter.

**Adjournment:**

The meeting was adjourned at 1:24 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

**Handouts distributed at the meeting:**

- Meeting Agenda
- Meeting Minutes from December 8, 2008
- Housing Handouts
- OHP Calendar



**For Immediate Release: Contact:**

January 30, 2009 National Center for HIV/AIDS,  
Viral Hepatitis, STD and TB Prevention  
404-639-8895  
NCHHSTPMediaTeam@cdc.gov

**National Black HIV/AIDS Awareness Day:  
February 7, 2009**

**Hope Amidst the Crisis**

**Media Statement by Dr. Kevin Fenton  
Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Centers for Disease Control and Prevention**

National Black HIV/AIDS Awareness Day is a day to focus attention on the staggering toll HIV continues to take on the black community. It is also a day of hope – a day on which we recognize the progress we continue to make towards ending this epidemic in our communities.

Today, African-Americans continue to face the most severe rates of HIV infection in the nation. The latest estimates indicate that while blacks make up just 12 percent of the U.S. population, they account for nearly half of new HIV infections and almost half of the more than one million Americans estimated to be living with HIV. The harsh reality is that 1 in 16 black men will be diagnosed with HIV at some point in their lifetime, as will 1 in 30 black women.

Black gay and bisexual men and black women are particularly hard hit by HIV. Sixty-three percent of new infections among black men occur among men who have sex with men (MSM). Further, there are troubling signs of a worsening epidemic among young black MSM, as HIV diagnoses in this population have increased dramatically in recent years. Black women are also disproportionately affected by HIV, with infection rates 15 times as high as those of white women.

To turn the tide, we all must continue to confront the realities of this disease in African-American communities. While race itself does not increase risk, high prevalence of HIV and other sexually transmitted diseases in black communities means African-Americans face a greater risk of HIV infection with each sexual encounter than other groups. Stark realities of some African-Americans' lives – including poverty and limited access to health care – increase the likelihood of HIV infection. Stigma and homophobia also contribute to keeping HIV alive in black communities.

While these statistics paint a dire picture, they do not predict the future. In fact, now there are more opportunities than ever to stop the devastation of HIV in African-American communities. For example:

- *The black community is mobilizing.* National leaders – including heads of major civic organizations and African-American celebrities, as well as Congressional, faith, business and community leaders – are speaking out about the need for action.
- *Recent evidence shows we are making progress towards ending this epidemic.* In a promising sign that prevention efforts are working, a major CDC study recently found that new infections among blacks have remained roughly stable for more than a decade – despite the growing number of people living with HIV who can potentially transmit the disease. New infections have also declined among several transmission groups in which African-Americans are disproportionately represented – babies born to HIV-infected mothers, intravenous drug users, and heterosexuals.

But nearly 25,000 blacks still become infected with HIV every year. We cannot allow this crisis to continue. We must all play a role in fighting this disease. Everyone and every action counts.

At CDC, as well as other agencies in the U.S. Department of Health and Human Services, addressing the HIV crisis in African-American communities is among the highest HIV prevention priorities. In 2007, CDC spent \$300 million – more than half of its domestic HIV prevention budget – on fighting HIV in African-American communities. And through the Heightened National Response to the HIV/AIDS Crisis among African-Americans, CDC is working with black leaders and public health partners to expand the reach of existing prevention programs, develop new interventions and research, increase testing, and mobilize black communities.

As a nation, we must recognize the HIV epidemic for the crisis that it is. In our communities, we must work to confront the stigma that prevents too many of those at risk from seeking testing, treatment and support. Individuals have a critical role to play as well, by getting the facts about HIV, getting tested, and taking action. Call CDC's hotline, 1-800-CDC-INFO, or visit [www.hivtest.org](http://www.hivtest.org) or [www.aids.gov](http://www.aids.gov) to find a testing location near you.

Reducing the toll of HIV among African-Americans will require hard work and courage from all of us. Today, however, we have more opportunities than ever to stop HIV. There is reason for hope and continued work amidst this crisis.


###

## POSITIVE COMMITTEE




**Focusing on Our Mission:  
Positive Participation in Planning**

## OUR MISSION . . .




The Positive Committee **SUPPORTS** and **ENHANCES** the role of people with HIV infection to empower their participation in the decision-making processes of the Planning Council and the CPG.

### Three Core Goals




- ★ *To increase* the skills of people with HIV to enable their participation in the decision-making processes of the planning Council and CPG.
- ★ *To reach out to* the community to increase the number of people with HIV participation in the process.
- ★ *To advocate* for policies and practices that will encourage and sustain the involvement of people with HIV.

### PLWH Participation **DOES** Matter



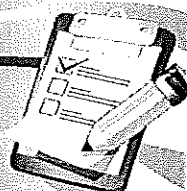
- ❖ HRSA membership requirement for Planning Councils (33% non-affiliated)
- ❖ **Benefits of Participation**
  - *Consumer Perspective*
  - *Providing a reality check*
  - *Improving Needs assessments*
  - *Identifying barriers to accessing care*
  - *Increased outreach effectiveness*
  - *Enhanced quality control*
  - *Ongoing community liaison*

### Positive Committee's Contributions to Planning Council



**Town Hall Meetings (2001-Present)**  
**Assistance with Needs Assessment Activities**  
**Educational Presentations**  
**Outreach Events**  
**Recruitment**

### Next Steps



- **Brainstorming**
  - New activities and projects
  - Training needs
  - Special presentations/educational events
  - Outreach activities
  - Community Education