

**Ryan White Planning Council (RWPC) of the Philadelphia Part A EMA  
Positive Committee Meeting Minutes  
Monday, February 8, 2010  
12 p.m. - 2 p.m.  
Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107**

**Present:** 9(PH), 0(PA), 0(NJ)

**Staff:** Nicole Johns, Briana Morgan

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

J. Whitfield called the meeting to order at 12:17 p.m. and a moment of silence followed. Those present then introduced themselves.

**Member Check In:**

None.

**Approval of Agenda:**

J. Whitfield presented the agenda for approval. The agenda was approved by general consensus.

**Approval of Minutes (11 January 2010):**

J. Whitfield presented the January 11, 2010 minutes for approval. The minutes were approved by general consensus.

**Report of Co-Chair:**

None.

**Report of Staff:**

N. Johns stated that three people had attended their planning meeting, and that they intended to reach out to churches and local organizations that work with the homeless. She noted that she had sent letters to several churches regarding this outreach. She went on to say that they had also identified places that they wanted to display Positive Committee fliers at all times. She then stated that they had identified several topics for guest speakers, including aging and HIV, smoking and HIV, and how to use inexpensive foods to make healthier meals. She added that they had also discussed developing public speaking skills.

N. Johns next stated that they would be discussing several topics at the Consumer Empowerment Workshop, including issues surrounding funding, basic information on the epidemic, basic points about the Ryan White program, and group exercises. She also noted that the planning group would be meeting again in the future.

B. Morgan stated that the upcoming RWPC meeting had been rescheduled to Thursday, February 18 due to the impending snowstorm.

T. McCoy asked if there would be any outreach to recruit consumers for the Consumer Empowerment Workshop in the PA Counties and New Jersey. N. Johns replied that they were working with providers to accomplish this, and that they were also hoping to get new applicants for the RWPC.

B. Morgan stated that the new website was online at hivphilly.org. She then explained that she would be able to update the new website calendar from outside of the Office, so anyone planning to attend a meeting in inclement weather should check the calendar online to ensure that the meeting is still on. She added that the Office also had Facebook, MySpace, and Twitter accounts to help connect to the community.

#### **Discussion Items:**

- **Report from Planning Meeting on January 28, 2010**

This topic was addressed during the report of staff.

- **HIV and Drug Users – How to Improve Prevention Services**

N. Johns explained that the information provided in this discussion would be used to help the CPG in their planning, and that they would begin this discussion series by talking about people with substance abuse issues. She stated that they would begin by talking about incentives used in interventions, and asked if incentives influenced participation. S.H. replied that having incentives available would always help, and the others agreed. N. Johns asked if giving an incentive would influence what people say about their behavior. S.H. replied that it would be skewed, because the main motivation for participating in the project would be to get money. A community member agreed that sometimes people do lie to be able to get the money, and that he had also seen people lie to get into programs. T. McCoy stated that it was a difficult balance because they had to wonder what people's motivations for being there were if there was money involved, but that people also should be compensated for their time. S.H. stated that there were also moral considerations, and that some people would not participate in certain things no matter how much money was available. H. Bennett stated that the venue was important as well, because conducting a project at a certain location repeatedly would mean the same people would participate repeatedly.

N. Johns stated that they talk about stages of change in the CPG, including pre-contemplation and contemplation. She asked if the group thought there was a message they could give someone in the pre-contemplation stage to encourage them to at least think about changing their behaviors. J. Whitfield replied that they would need to influence people to get involved. N. Johns asked what would make people want to get involved. A community member replied that storytelling from people who had had these experiences would be helpful, adding that it had to be incorporated into some other type of event like a pride festival or a street festival. T. McCoy agreed. H. Bennett suggested having a two-part program, where a person would get a \$5 incentive for coming the first time, and then a bigger reward for coming back and participating again. S.H. pointed that a person would not necessarily participate, regardless of whether there is an incentive available.

N. Johns explained that they were thinking about ways to reach active users. She asked if having billboards in the city saying, “In this zip code, there are X people living with HIV” would be helpful. A community member agreed that it would be a great idea. T. McCoy stated that fear was unfortunately needed, and that they needed to consider that they could not change people’s risk behaviors, but they could alter the ways they did things in order to protect them. N. Johns replied that this would be a harm reduction model. T. McCoy agreed, adding that people would be more likely to listen if they did not feel like they were being judged. He then noted that the billboard seemed like an excellent way to reach people. H. Bennett stated that using billboards in different zip codes using the data from the epidemiological profile was a great idea. He went on to say that they should also address the myths. N. Johns agreed, adding that it would be important to discuss what HIV looks like in their city.

N. Johns then asked what barriers a person with IDU issues who does not address HIV could face. H. Bennett replied that anonymity was an issue. N. Johns agreed that stigma was still an issue as well. A community member stated that there was a program called Take it Into the Streets, where people go out and just talk to those in the city and direct them on where to go. T. McCoy stated that they would need to think about how to empower women to not feel obligated to have sex with their partners if they think the partners are using. N. Johns asked about differences between women and men in terms of prevention messaging. S.H. stated that they needed to use as many avenues as possible to get the word out. She explained that there would always be a stigma, because there are only so many ways to contract HIV. She went on to say that they needed to continue telling people how they can contract it, and what to do if they have it. N. Johns asked if there was a different stigma for people who contract HIV through sexual contact as opposed to those that contract HIV due to drug use.

A community member stated that a person’s partner might tell them that they do not need an HIV test if they are in a committed relationship. He explained that this could be a problem for women in particular, and that it was important that everyone get tested at least once a year. T. McCoy stated that people are going to think that a positive person got HIV in a certain way no matter how they actually contracted it, and that people have a hard time finding a place to turn. He went on to say that newly diagnosed gay men are encountering stigma because people feel as though “they should know better.”

T. McCoy stated that some of the current participants in the discussion were used to having support around them, but that they had to take themselves away from that for the sake of the discussion. He explained that some people have no support at all. S.H. stated that the stigma would always be there, because they live in a society that judges everyone constantly. She went on to say that it was to society’s benefit that PLWHA were happy, healthy, and safe, but that they were not there yet.

H. Bennett stated that several churches have an HIV ministry, but that some church members feel that HIV is a sign of God's wrath. He explained that some people still feel as though HIV is a plague against sinners, and that it would be important to reach these groups. N. Johns stated that she was hearing a consensus that having a support network for people would make them more willing to face risks and get tested.

A.W. stated that Circle of Care had previously held an event in West Philadelphia with a stage in the middle of the street where people shared their stories. S.H. agreed that it was important to reach people through as many avenues as possible to remind them of HIV. She went on to say that reaching anyone at all would be better than reaching no one. N. Johns then thanked the group for their participation.

- **Video Lecture – Regan Hofman on Stigma and HIV**

N. Johns played a video of a lecture from Regan Hofman, editor of Poz Magazine, on stigma surrounding HIV. After the video, T. McCoy stated that two things in the lecture paralleled his own story. He went on to say that it was hardest to tell his mother, and that it also made a large impact when the people in his life made small gestures to show that they were not afraid of his HIV status. N. Johns stated that it was important that she talked about her story, because people think they know who have HIV and who does not have HIV. A community member stated that testing positive meant that you had to live in a whole new world, and people are afraid of that. S.H. stated that she learns about an epidemic before she judges it, but that many other people do not. H. Bennett stated that he sees gay males or drug users talking about their status, but it is unusual to see a woman do the same thing. He said that this lecture was very different from a man telling women to get tested.

S.H. stated that she had not heard anything about HIV in Haiti. T. McCoy agreed that he had not seen anything about this in the news. N. Johns asked the group if they thought this was out of the news because of the stigma surrounding HIV. T. McCoy agreed. He then stated that a lot of men are promiscuous, and that some of these people will declare that they will not sleep with someone that is positive. He went on to explain that there are a lot of gay men that will not have sex with someone that says that they are positive, but they will still sleep with others anonymously. N. Johns stated that people assume that others are negative unless told that they are positive.

T. McCoy stated that "barebacking" was incredibly popular in gay pornography, even though it had been taboo for years. He then said that people were acting like HIV was no longer an issue. A community member replied that anyone having sex without using protection was crazy. T. McCoy stated that sometimes sex without protection could be an issue of power. S.H. stated that using condoms is also a taboo for some people. N. Johns stated that she had talked to many women whose doctors had told them that they did not need an HIV test. T. McCoy added that some people have a personal relationship with their family physician, and they are afraid to ask certain questions.

**Old Business:**

None.

**New Business:**

None.

**Announcements:**

None.

**Member Check Out:**

None.

**Adjournment:**

The meeting was adjourned at 1:57 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

**Handouts distributed at the meeting:**

- Meeting Agenda
- Meeting Minutes from January 8, 2010
- OHP Calendar

RYAN WHITE PLANNING COUNCIL (RWPC)

**Positive Committee**

**Meeting Agenda**

**Monday, February 8, 2010**

**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**

**Member Check In (*voluntary*)**

**Approval of Agenda**

**Approval of Minutes**

**Report of Chair**

**Report of Staff**

**Discussion Items:**

**Report from Planning Meeting on January 28, 2009**

**HIV and Drug Users – How to improve prevention services (group discussion)**

**Video Lecture – Regan Hofman on Stigma and HIV**

**Old Business**

**New Business**

**Announcements**

**Member Check Out (*voluntary*)**

**Adjournment**

*Please turn Phone to Silent or Vibrate*

**Don't forget to sign in by 12:30pm 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 8, 2010. 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 EMA**  
**Positive Committee Meeting Minutes**  
**Monday, January 11, 2010**  
**12 p.m. - 2 p.m.**  
**Office of HIV Planning, 340 N. 12<sup>th</sup> Street, Suite 203, Philadelphia, PA 19107**

**Present:** 11(PH), 2(PA), 2(NJ)

**Staff:** Nicole Johns, Briana Morgan, Mari Ross-Russell

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

M. White called the meeting to order at 12:16 p.m. and a moment of silence followed. W. Walters then read the mission statement. Those present introduced themselves.

**Member Check In:**

None.

**Approval of Agenda:**

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

**Approval of Minutes (14 December 2009):**

M. White presented the December 14, 2009 minutes for approval. The minutes were approved by general consensus.

**Report of Co-Chair:**

W. Walters stated that they had talked about the 50+ population, a volunteer activity, and possible activities for the upcoming year at their previous meeting. She noted that they had also discussed having a subcommittee for long-term planning. M. White added that there would be a special educational presentation on March 9. He then noted that there would be a minority HIV summit in February as well.

**Report of Staff:**

N. Johns reminded everyone to RSVP for Positive Committee meetings in order to have enough lunches available. She pointed out that she had only had four RSVPs for the current meeting.

N. Johns then stated that there would be a special planning meeting for the Positive Committee on Thursday, January 28 from 11 a.m. – 1 p.m. She asked everyone to RSVP if they planned to attend.

N. Johns stated that there would be a guest speaker, Matthew McClain, at the upcoming RWPC meeting to talk about changes to the Ryan White CARE Act.

N. Johns added that there would be a consumer empowerment workshop on March 9, which would be an all day event with training around community planning.

B. Morgan stated that the Office was in the process of redesigning their website, and that they now had Facebook, Twitter, and MySpace pages. She then wrote the contact information for these profiles on the whiteboard. (Twitter page: @hivphilly, MySpace page: myspace.com/hivphilly, Facebook page: facebook.com/hivphilly)

#### **Discussion Items:**

- **Skills Building: How to Read and Understand Epidemiological Data**

N. Johns stated that the group would be discussing how to understand data. She explained the difference between quantitative and qualitative data, and defined terms like cumulative, prevalence, and incidence (*see – attached slides*). M. White asked what the difference between an epidemic and a pandemic is. N. Johns replied that a pandemic is international, and must spread across a certain number of countries.

N. Johns next went over a table containing demographic information on the general population in the Philadelphia EMA. She explained that “n” represented the number of people. She then reviewed a bar graph with the cumulative AIDS cases in the EMA. W. Walters stated that it was possible that, while Philadelphia had a high number of cases, other counties in the EMA could have a comparable percentage of PLWHA as compared to their general populations. N. Johns then began to review the cumulative AIDS cases in the counties. T. McCoy asked why there was a jump in Delaware and Montgomery counties in 2005. N. Johns replied that she would look into this. She noted that it was possible that reporting changed that year, or the health department may have been more active that year. H. Bennett replied that it was also possible that some new people had moved into the area.

N. Johns moved on to review living HIV/AIDS cases by age in the EMA, Philadelphia AIDS cases by race, and Philadelphia HIV incidence by age. She pointed out the sharp incline in the 20-29 age group, noting that this could be related toward targeting in testing. She continued on to discuss HIV incidence by exposure category, pointing out that the 2008 numbers only included half the year. She then discussed a map with PLWA by zip codes, pointing out the zip code where the prison was located.

H. Bennett stated that he had compiled information from the epidemiological profile to determine how many PLWHA were living in each congressional district. W. Walters noted that the data was approximately two years behind, since it took time to gather the information.

N. Johns continued on to discuss mortality for Philadelphia from 2002 – 2006. She noted that she would be asking Dr. Kathleen Brady if the numbers included only those that died from AIDS-related diseases, or if it included everyone with AIDS that passed away that year. She then briefly discussed leading causes of death, pointing out that homicide was the leading cause of death for young people. She next

reviewed median income by gender across the counties in the EMA. The group discussed their surprise over the wealth of Chester County.

N. Johns asked the group what they thought of the data, and the way it was presented. W. Walters stated that tables were harder to read. A community member then asked if people were moving away or dying at certain ages, which would impact their numbers. H. Bennett stated that the only way that they would get certain information would be to track individual people. T. McCoy stated that sometimes people over 50 are more likely to make more responsible decisions. The group then discussed incidence by risk behavior, and T. McCoy pointed out that incidence leveled out at 2005-2006. The group next took a short break to get their lunches.

- **Update on Community Planning Activities of CPG and Planning Council**

N. Johns stated that they would be talking about the changes to the Ryan White legislation at the RWPC meeting on the coming Thursday, and invited those present to attend the meeting. M. Ross-Russell stated that Office staff goes out to talk to consumers during the year to get feedback. She noted that they had heard concerns around prevention education, particularly around youth. She explained that they wanted to know what consumers thought about prevention messages in order to make them more effective. She went on to say that the CPG was reviewing populations and prevention messaging, and that they wanted to get information about those populations from the Positive Committee. She asked the group if they would be interested in participating in this process, since it would require them to dedicate part of their meeting time each month to discuss these populations. T. McCoy asked how much time this would take out of each meeting. M. Ross-Russell replied that it could take 30-45 minutes, depending on the discussion. T. McCoy asked if they would be doing this monthly for an undetermined amount of time. M. Ross-Russell replied that there were five main populations to discuss, and that they could have a sixth meeting to review any additional populations. N. Johns explained that they might know where to find the population, but that they needed to discuss what they could say or do to reach those populations. She went on to say that providers needed to hear from those infected and affected by HIV to help them to create prevention messages. M. Ross-Russell cited an example where a van that said "City of Philadelphia Health Department" would be doing HIV testing. H. Bennett replied that he would not go to the van. M. Ross-Russell agreed that most people would not, which would be the reason they needed to talk to consumers about interventions that would help them.

T. McCoy asked when they were thinking of starting this process. N. Johns replied that they would begin the next month. M. Ross-Russell stated that they had narrowed down a list of interventions, and that they would want to talk to the providers as well as the populations they were trying to serve. T. McCoy asked if they were planning to target people that were a part of the population they would be discussing for the meeting. N. Johns replied that, for a discussion about women, she would contact women's groups and women that had previously participated in the Positive Committee. She explained that they would also know what population they would be talking about in advance. T. McCoy stated that this could be a great way to market

the Positive Committee meeting in general, to try to get more regular participation. H. Bennett agreed. The group then agreed to have the prevention discussions during their regular meetings. M. Ross-Russell stated that they would begin these discussions at the next committee meeting, and that they would notify the group about the population they would be discussing.

- **Brainstorming Ideas for 2010**

M. White asked the group if they would like to have a guest speaker this year. W.C. suggested having a speaker on mental health and HIV. J.M. stated that he had spoken with someone from COHMAR that would be an excellent guest speaker. N. Johns replied that the Office had a good relationship with COHMAR, so she would contact this person. H. Bennett stated that they would be meeting about activities for the upcoming year at their special planning meeting on January 28. He went on to say that he would be interested in doing collaborative work with others outside of the HIV field. He also suggested doing an Easter egg hunt for those with children and grandchildren.

M. White asked how they could get more participation from New Jersey. T. McCoy replied that they had had a liaison from New Jersey that encouraged participation in the past. He went on to say that the RWPC or OHP should work on identifying such a person. M. White stated that it would also be helpful to have people from the PA Counties. N. Johns replied that transportation could be an issue, and that it was also a greater time commitment. W. Walters added that it was expensive, and that they had to put the money out initially even though reimbursement is available.

H. Bennett suggested having a representative of the Hyacinth AIDS Foundation in New Jersey for a guest speaker. He also suggested finding a way to support immediate seating. He then suggested getting involved with ACT UP as well. W. Walters agreed that they should have someone from ACT UP come to their meeting speak about advocacy. N. Johns stated that ACT UP historically had a tenuous relationship with the Office. She added that she would invite them, but they may not choose to attend. W.C. then suggested conducting an activity of some kind with SILOAM. T. McCoy stated that ACT UP is an activist organization. He went on to say that immediate seating had gotten pretty slim, but they always had tickets for immediate seating. He suggested trying to get tickets for a museum through the Office. He went on to say that representatives from New Jersey participate in the RWPC, but that they are mostly providers rather than consumers. W. Walters suggested approaching the providers to help find consumers. T. McCoy replied that he would see what he could do about this.

H. Bennett asked about having Positive Committee meetings in New Jersey a couple of times each year. N. Johns stated that they had also had a suggestion to have meetings in the evening once or twice a year, which they would discuss at their planning meeting. J.M. stated that he would like to have public officials speak either at the RWPC or Positive Committee meeting. He went on to say that city council

should have some idea of who they were, and that he thought it was time to broaden their reach.

**Old Business:**

None.

**New Business:**

None.

**Announcements:**

None.

**Member Check Out:**

The group agreed that it had been a good, informative meeting.

**Adjournment:**

The meeting was adjourned at 2:02 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

**Handouts distributed at the meeting:**

- Meeting Agenda
- Meeting Minutes from December 14, 2009
- How to Understand Epidemiological Data Slides
- OHP Calendar