

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

Present: 13(PH), 4(PA), 1(NJ)

Staff: Nicole Johns, Briana Morgan

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

W. Walters called the meeting to order at 12:04 p.m. and a moment of silence followed. Those present then introduced themselves.

Member Check In:

None.

Approval of Agenda:

W. Walters presented the agenda for approval. The agenda was approved by general consensus.

Approval of Minutes (8 February 2010):

W. Walters presented the February 8, 2010 minutes for approval. The minutes were approved by general consensus.

Report of Co-Chair:

M. White thanked J. Whitfield for facilitating the meeting the previous month.

Report of Staff:

N. Johns stated that anyone that came to the Positive Committee meetings was considered a committee member, so they could vote and give input. She also asked those present to sign in for their records. She then explained that this committee was a great way to get involved in the Ryan White process, and to network with one another. She went on to say that they would be talking about prevention during the current meeting, and things that work and do not work for prevention with positives. She added that if there were questions about the process, the committee, or the Office they could feel free to ask Office staff. She then stated that they do have transportation reimbursement available, but that they need to have receipts. She next noted that it was important to call to RSVP for meetings so they have enough lunches and materials available.

N. Johns went on to say that the Consumer Empowerment Workshop would be held the next day at St. Luke's. T. McCoy added that it is located in the middle of a block with large white pillars. N. Johns noted that they would be down in the basement, and there would be signs posted as well.

B. Morgan stated that she took the minutes for the meetings and that she also took care of the website. She went on to say that the Office website had recently been redesigned, and that they could now visit it at www.hivphilly.org. She then stated that she had also created Facebook, MySpace, and Twitter accounts for the Office, which all had usernames of “hivphilly.” She noted that she had been posting articles on HIV, meeting reminders, and general information on these sites. She then added that she would be creating Facebook events for the upcoming town hall meetings. She asked those present to look those up if they used social networking sites, and to share them with any friends that might be interested in community planning.

Discussion Items:

- **Reschedule Planning Meeting**

The group agreed to come to their April meeting one hour early to plan activities for the year.

- **Video – Care is Prevention**

N. Johns played a short video on prevention with positives to aid the discussion that would follow.

- **Prevention with Positives Discussion**

M. White emphasized the importance of writing down any health issues to discuss with an HIV specialist at their next visits. A community member asked why a doctor would suddenly switch medications after a patient had spent a long time on the same regimen. M. White replied that he could have built up a resistance, which would be a reason for a change. T.M. added that doctors also sometimes change a medication because there is a new type of medication with fewer side effects.

N. Johns stated that it was important for everyone to have conversations with their doctors about sexual relationships. She then asked if those present had had their doctors ask questions about prevention. The group agreed that they felt comfortable asking their doctor these questions. A community member then stated that it was important for doctors to ask these questions of everyone, because then they might not become HIV+ in the first place. Another community member emphasized the importance of having a good relationship with their doctors. He went on to say that some lubricants were not condom-safe, and that he would not have learned this without having a close relationship with his doctor. T.M. stated that it could be difficult for people to talk to their doctors, and that it was important for people to change doctors if they were not comfortable with theirs. D.S. stated that it was important to advocate for oneself, and to educate oneself about HIV. Another community member agreed, adding that they could not completely rely on their doctors.

W. Walters stated that a lot of people are limited to the number of times they can change doctors, as well as where they can go, because of insurance. She went on to say that anyone that has a doctor they do not like should call the insurance company to tell them there is a problem.

T.M. asked for clarification on “prevention with positives.” N. Johns replied that the CDC had a focus on helping people that are positive to notify their previous partners. She went on to say that people continue to have sexual relationships and continue their risk behaviors, and that this was geared toward helping people protect themselves and their partners. She then stated that the real push from the CDC was now helping people identify their partners, and getting their partners tested. She explained that partner services has someone from the health department notify the partner without identifying the person that tested positive. She asked the group if they had ever had partner services offered to them. T.M. replied that doctors will touch on the topic of sex, but they will not go too deeply into it. He explained that the biggest goal seemed to make it feel like a safe environment to ask questions. He went on to say that he did not think these conversations still happened.

N. Johns asked if those present would be willing to have the health department help them notify partners. J.D. said that he had to make some phone calls when he tested positive, but he would not feel comfortable asking a stranger from the health department to call someone. N. Johns explained that the health department does not give names, but rather make a statement like, “we have reason to believe you were recently exposed to HIV.” H. Bennett replied that this would be good if it were done immediately. He then asked why the CDC was asking for this information now. N. Johns replied that this was not a new conversation, and that partner services had existed in some form for many years. She went on to say that they knew these services were very effective, which was why the CDC was putting emphasis on it. J.D. said that sexual addiction was a huge problem, because a person with this addiction would be more likely to get infected and more likely to spread the virus.

W. Walters explained that a person could use these services after a one-night stand. She stated that this could help preserve a person’s safety. J.M. stated that the Health Department was using this to help trace the syphilis epidemic as well as HIV, and that it was an effort to slow the spread of STD epidemics. The group then discussed the importance of both partners being responsible. M. White stated that they needed to remember that they were speaking of people that made human errors. T.M. stated that everyone should be safe, but that it may be difficult for a woman that has been with her partner for years to speak up if she thinks that he has been on the DL or using drugs.

D.S. stated that the person with HIV had to tell their partners about their status well before they get to the bedroom. He went on to say that they all knew what they were going through with HIV, and they should warn potential partners. He added that prevention would start with them. H. Bennett stated that they were also talking about a change in attitudes in gender roles and behaviors. He went on to say that they needed to teach women that they were in control of their bodies and their sexual health.

N. Johns asked the group if they would like someone from partner services at the Health Department come as a speaker. S.H. stated that she would like to learn more about this. M. White agreed that this would be a good topic for a future meeting.

T.M. stated that most people go to the doctor when they get really sick. He explained that they could catch HIV earlier rather than later if they educated people. The group then discussed the waiting period before tests would show positive. N. Johns agreed that some people never come back for the confirmatory test. W. Walters stated that it was dangerous when people go too soon to get the first test, and never get the second test. H. Bennett asked if the rapid tests get reported to the CDC. N. Johns replied that rapid tests are not reported to the health department because they have too many false negatives and false positives. She noted that they are also anonymous and confidential. The group agreed that they would like to have someone come to talk about confidentiality and reporting at a future meeting.

Old Business:

None.

New Business:

N. Johns stated that there would be two town halls in the PA Counties, two in New Jersey, and two in Philadelphia. She pointed out that fliers were available near the door.

Announcements:

M. White stated that there would be a health fair from 10 a.m. – 2 p.m. on Saturday, March 20th at Temple University.

H. Bennett stated that there would be an LGBT Health Town Hall meeting on March 31st at 15th and Vine Streets. He added that there would also be a Men’s Wellness Breakfast on March 14th.

Member Check Out:

The group mostly agreed that it had been an educational and informative meeting.

Adjournment:

The meeting was adjourned at 1:56 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

Handouts distributed at the meeting:

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

RYAN WHITE PLANNING COUNCIL (RWPC)

Positive Committee

Meeting Agenda

Monday, March 8, 2010

12:00p.m.-2:00 p.m.

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

Community Planning Workshop

Discussion Items:

Reschedule Planning Meeting

Video – Care is Prevention

Prevention with Positives Discussion

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, April 12, 2010 from 12 p.m. – 2 p.m.

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

**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. 12th 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