

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

**Present:** 18(PH), 2(PA), 1(NJ)

**Staff:** Nicole Johns, Briana Morgan

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

M. White called the meeting to order at 12:13 p.m. and read the mission statement. A moment of silence followed. Those present then 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 (8 March 2010):**

M. White presented the March 8, 2010 minutes for approval. The minutes were approved by general consensus.

**Report of Co-Chair:**

None.

**Report of Staff:**

N. Johns stated that W. Walters was not at the current meeting because she had fallen and was currently in the hospital, and that she had given Office staff her phone number so that Positive Committee members could contact her.

N. Johns noted that there were several new RWPC members, some of whom were in the current meeting. She stated that she would be discussing some of the decisions that the Planning Council had made regarding Allocations the previous Thursday. She then explained that the Philadelphia EMA had received an award of \$22,393, 227 for an increase of 3.2599%, and that \$19,145,490 of this represented direct service dollars. She briefly reviewed the allocations percentages across regions, and pointed out that the increase in Philadelphia would be going directly to early intervention services due to cuts in state prevention funding. She went on to say that this would help to prevent gaps in testing and linkage to care, because part of Ryan White involved finding people that did not know their statuses and getting them into care. A. Wunder stated that the PA Counties and New Jersey spread their increase across several services, while Philadelphia had put their entire increase into early intervention services to fill a need. N. Johns added that funding was added to early intervention services based on the recommendation of the grantee, and that they would review this in the future if they received additional funding for the service through Part B.

J. Whitfield asked how funding was divided between regions. N. Johns explained that 71.35% of PLWHA in the EMA lived in Philadelphia, so 71.35% of the funding went to Philadelphia. She stated that this was repeated for each region in the EMA. She added that Allocations planning for the next fiscal year would begin in July, and welcomed those present to attend those meetings.

B. Langley asked where the PLWHA data came from. N. Johns replied that they get this information through the Philadelphia Health Department as well as the state health departments. B. Langley stated that people were getting diagnosed everyday, so the numbers would be constantly changing. N. Johns agreed, noting that the percentage of funding in each region changed every year as the epidemic changed. D.A. pointed out that they were now doing names-based reporting. N. Johns agreed, adding that they would have a guest speaker from the Health Department come to talk to the group about this. She noted that names-based reporting was now required by the federal government. A. Wunder replied that names-based reporting also helps prevent duplication from different agencies.

E. Garcia asked if the \$22,393,227 was an annual award. N. Johns replied that this funding was for one year, and that they received a new award each year. A. Wunder then reviewed the reallocation request from the RWPC meeting.

#### **Discussion Items:**

- **Planning Committee Report**

N. Johns stated that they had not had a planning meeting, but they needed to discuss the newsletter. She went on to say that she knew the group wanted a newsletter, but that they would need content for it. A. Wunder asked who the newsletter would go to. N. Johns replied that they send the newsletter to Ryan White providers, the Positive Committee mailing list, and wherever the Positive Committee members take them. She stated that they use this as a tool for outreach for the committee, and that they tend to include HIV-related articles and news. She went on to say that it would be good to have a newsletter for June due to all of the activities related to AIDS Education Month. She explained that they usually have two pages of content in the middle, with a letter from the chair on the front and a calendar on the back. E. Garcia suggested including prevention messages in the newsletter as well, since it was going to so many people. N. Johns agreed, and asked the group if they had ideas.

A. Wunder volunteered to contribute recipes for better nutrition. He also suggested contacting the AIDS Walk for information and history, and including an article on this topic. M. White suggested contacting the AIDS Thrift Shop for an article as well. N. Johns stated that H. Bennett had suggested including some inspirational quotes, and added that she could also include a short piece about the funding. She agreed that a historical section on the AIDS Walk along with information about what they do with the money they raise would be a good contribution. She then asked anyone interested in contributing to have their articles ready at the May Positive Committee meeting so they could have the newsletters ready before AIDS Education Month.

- **Outreach Discussion**

N. Johns stated that several people had approached her about trying to encourage attendance from younger people, as well as those that would not be able to attend a meeting in the middle of the day. She asked the group how they would feel about conducting their meeting at a different time or place every few months. B. Langley agreed that it would be good to have a nighttime meeting for people that work. Most of the group agreed that they would like to try this. D.A. suggested having meetings at different locations so they could get more involvement from the community. H. Bennett suggested asking people that are not at the meetings why they are unable to attend. He explained that many people were not able to attend due to school or work schedules, and asked those present to speak with consumers they know that do not attend to find out what their barriers are. E. Garcia asked how they would get the information out to those that do not want to attend these meetings. N. Johns replied that the number one barrier they had heard was that those that wanted to come would not be able to attend due to the time. She suggested trying to do two meetings in the next eight months at different times to see how it worked.

A. Wunder suggested making these alternative meetings more of an introduction to the Positive Committee, because a full meeting could be overwhelming for those that had not been able to attend regular meetings. He suggested getting feedback after these meetings to help them determine how to proceed. E. Garcia asked about the town hall meetings. N. Johns replied that the Office had had their first nighttime town hall meeting the previous week, and that it had seemed to work out well. She went on to say that they were trying to make this group accessible to as many people as possible. She then stated that they had had several suggestions to have meetings in different communities. A. Wunder questioned how they would advertise these meetings in different locations. N. Johns replied that this could be a difficulty, and that they could use online advertising to help with this.

N. Johns asked the group if they would like to have a short survey to find out what the conflicts are, and if they thought people would take a short four-question survey. The group agreed. N. Johns stated that W. Brawner, the new RWPC co-chair, worked with youth and had brought this topic up before. She went on to say that she would ask him to attend their next meeting so they could work on this. **Motion: A. Wunder moved, D.A. seconded to develop a strategy for outreach by going to different neighborhoods and different organizations to determine what was needed to get people to attend the meetings.**

*Discussion on the motion:*

A community member asked how they do outreach now. N. Johns replied that they have a Positive Committee mailing list and send fliers out, and that they also mail fliers to service providers. She went on to say that they now use Facebook, MySpace, and Twitter as well as Craigslist. She then stated that she was at all of the major events during AIDS Educations Month to let people know about the Positive Committee. She added that they also rely on Positive Committee members to get the word out. R. Hayward stated that Positive Committee members had to reach out to those in their communities to encourage them to come to meetings and participate in the process. He then suggested that those present let the Office know when there were events coming up. J. Whitfield replied that this was a good idea, but that some people were not comfortable with their status.

E. Garcia stated that support groups and organizations were a good place to start with outreach, and he said that he would tell his support group about the meetings. N. Johns stated that they do have a Positive Committee brochure that were an excellent tool for support groups, and that those present could take some with them and pass them out. She went on to ask the group to let her know if there were any groups out there that should know about the Positive Committee so she could reach out to them. She stated that Office staff tries to target support groups that would be more open and willing to partner with them.

R. Hayward stated that the positive people needed to take initiative, and that they needed to spread the word to other positive people. He went on to say that those that could stand, and were ready to stand, should talk to others.

**Motion passed: 12 in favor, 1 opposed, 0 abstentions.**

N. Johns stated that she hoped to bring at least one or two people to the next meeting that had raised this issue, and that they could talk about potential locations at their next meeting as well. She asked the group to try to think of places in the meantime. A. Ingram stated that her church was always open for this purpose. A. Wunder that he did not want anyone to feel uncomfortable with coming to the meetings where they would be discussing this.

N. Johns next stated that she would not be able to do outreach during June. She went on to say that she would need volunteers that were willing and able to help with this. She stated that the Office would reserve the table, and that they would need people to pick up fliers at the Office, attend the event, and talk to people during the event. She said that one such event would be the Community Picnic on June 5 and the other would be the Trans Health Conference. She noted that someone from the Office would also be at the Prevention Summit. A. Wunder asked what the hours would be for this. N. Johns replied that the Community Picnic would be from about 12pm – 4pm in Fairmount Park, and the Trans Health Conference would be at the Convention Center from June 3 – 5 but that she did not have times yet. H. Bennett, A. Wunder, M. White, J. Whitfield, C. A. and B. Langley volunteered to help with these. H. Bennett stated that he would pick up the materials. A. Wunder volunteered to help Thursday, June 3 for the Trans Health Conference.

The group then took a break to get their lunches.

- **HIV Prevention Needs of Women Discussion**

N. Johns reminded the group that they had been talking about prevention needs for different populations over the past few months. She explained that these conversations helped the CPG to make decisions about prevention services. D.A. asked what the most highly impacted part of the city was. N. Johns replied that North Philadelphia, Southwest Philadelphia, and parts of West Philadelphia had the highest case rates. She explained that HIV follows a lot of health disparities and social injustices, so they find HIV in areas where there is little access to health care, and where there is poverty. H. Bennett stated that the area around Calcutta House was also highly impacted, but that people leave their area to get services.

R. Hayward stated that whenever they had one more HIV+ person in any area, it was one more person than there had to be. He went on to say that they needed to ensure that women could get health care. D.A. stated that, in order to reach positive women, they had to know where they are.

N. Johns explained that they were looking at prevention messaging in particular. E. Garcia asked why there was such an increase in HIV among women. A. Wunder replied that this is what they were asking. R. Hayward then stated that the highest rates of teen pregnancy were in 19139 and 19143, so they knew that these people were having unprotected sex. He suggested having information in doctors' offices so that people would know that the Office was here.

D.A. said that it was difficult to educate younger people because they could not go into schools. E. Garcia stated that younger generations think that they are invincible. N. Johns asked if this was a female-specific issue. E. Garcia replied that this applied to everyone, and that there are many women having children before they are even 18 or 21. N. Johns asked the group what ideas they might have to address these problems. A. Wunder replied that they needed more PSAs with younger people, particularly with young celebrities. He explained that most materials involve middle-aged people rather than young people.

E. Garcia suggested working with Planned Parenthood. A. Wunder stated that they needed to have doctors talk about prevention with their patients. A community member stated that they could use town hall meetings to figure out how they could reach the schools, but that there are also issues like knowing where your children are. N. Johns noted that the Philadelphia epidemic is younger than the epidemic in other areas. The community member then stated that there were constantly riots with youth because they were not paying enough attention to the youth. He then asked how concerned these youth were about these issues. H. Bennett emphasized putting responsibility on the entertainment industry, because they have a great deal of power. He suggested encouraging prevention messaging in the entertainment industry. N. Johns replied that she heard him talking about social norms, and that these played a big part in what people chose to do. A community member stated that they were now doing things differently than they were 30 years ago, and that they were having different conversations. He went on to say that everyone now is health conscious and wants to stay in shape. He then stated that it was important for neighbors to communicate with each other about what their children were doing and what was going on across the street.

N. Johns then asked why the prevention needs for women might be different from those of men. A. Ingram stated that women needed to get educated, and protect themselves no matter who their married partners are. She went on to say that many black women were being diagnosed because their husbands were on the DL. D.A. stated that condom negotiation could be a problem with women as well. H. Bennett stated that women would also have problems when their partners were IV drug users. He went on to say that it was about women taking control over their men.

N. Johns stated that infection because of husbands/partners on the DL was an issue that was discussed more than it happened, but there were problems with women not thinking

that they were at risk with their partners when they actually were. She then asked the group how they could address potential risks with women. A. Ingram suggested having a personal witness come to talk to women's groups. E. Garcia stated that he was surprised that there was a high incidence with females, given all of the information that has been put out. He went on to say that they needed to educate parents so they could educate their children. C.A. stated that many people had not been approached. A community member emphasized the importance of making a strong impression on them with how serious HIV is. A. Wunder stated that HIV is not talked about in public anymore. He stated that breast cancer is everywhere, and they need to do this with HIV as well.

**Old Business:**

R. Hayward said that the two Philadelphia town halls were already held, and that they were well-attended. He then emphasized the importance of having Positive Committee co-chairs at the town halls.

**New Business:**

R. Hayward stated that the Positive Committee co-chairs needed to attend the other town hall meetings.

**Announcements:**

None.

**Member Check Out:**

The group agreed that it was a good, interesting meeting.

**Adjournment:**

The meeting was adjourned at 1:58 p.m. by general consensus.

Respectfully Submitted by,

Briana L. Morgan, Staff

**Handouts distributed at the meeting:**

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

RYAN WHITE PLANNING COUNCIL (RWPC)

**Positive Committee**

**Meeting Agenda**

**Monday, April 12, 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**

**Discussion Items:**

**Planning Committee Report**

**Outreach Discussion**

**HIV Prevention Needs of Women 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, May 10, 2010 from 12 p.m. – 2 p.m.*

*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, March 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:** 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](http://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.