

Philadelphia EMA Ryan White Part A Planning Council

Thursday, December 8, 2011 2:00-4:00 pm

Call to Order/ Moment of Silence

Introductions

Approval of Agenda

Recap of Previous Meeting

- *Priority Setting Triggers* – The RWPC approved a list of “triggers” to initiate the priority setting process. In October, the RWPC had voted to change its priority setting cycle.
- *Where We Live Matters* – Nicole Johns and Mari Ross-Russell (OHP) conducted a presentation on the social determinants of HIV.
- *The Affordable Care Act and Ryan White* – Nicole Johns (OHP) conducted a presentation explaining basic information on the Affordable Care Act (ACA) and how it may affect Ryan White.

Approval of Minutes (*from November 10, 2011*):

Public Comment

Report of Co-Chair

Report of Staff

Presentation:

- **Membership Satisfaction Action Plan – Nominations Committee**

Points of Integration Update

Report of Committees

- Finance Committee – Alan Edelstein, Chair
- Needs Assessment Committee—Christine Ambrose, Co-Chair
- Comprehensive Planning Committee—John Churchville, Co-Chair
- Positive Committee—Wendy Walters, Co-Chair
- Nominations Committee—Michael Cappuccilli, Co-Chair

Old Business

New Business

Announcements

Adjournment

PLEASE TURN ALL CELL PHONES AND PAGERS TO SILENT OR VIBRATE.

The next meeting of the Planning Council will be on Thursday, January 12 from 2 p.m. – 4 p.m., and will be held at 340 N. 12th Street, Suite 203, Philadelphia, PA 19107.

Please refer to the Office of HIV Planning calendar of events for committee meetings & updates (www.hivphilly.org/calendar.html). If you require any special assistance, please contact the office at least 5 days in advance.

**Ryan White Part A Planning Council (RWPC) of the Philadelphia EMA
Meeting Minutes
Thursday, November 10, 2011
2 p.m. - 4 p.m.
Office of HIV Planning 340 N. 12th St., Suite 203, Philadelphia, PA 19107**

Present: Christine Ambrose (Co-Chair), Naseem Bazargan, Henry Bennett, Lorna Best, Candace Bogatz, Kevin Burns, Michael Cappuccilli, John Churchville, Ted Danowski, Lupe Diaz, William Gray, Peter Houle, Kevin Huang, Andrena Ingram, Gerry Keys, Richard Lampkins (Co-Chair), Michael Myers, Ann Ricksecker, Emery Troy, Wendy Walters, Leroy Way, Melvin White

Excused: Carmell Bolden, William Brawner, Karen Coleman, Alan Edelstein, Amy Eusebio, Princess Graham, Sandra Thompson

Absent: Tim Barlow, Alicia Beatty, Desiree Cunningham, Mamadou Doumbia, Dawna Edwards-Watson, Marcelo Fernandez-Viña, Pamela Gorman, Mildred Grant, Tyrone Johnson, Roberta McLean, John Oliver, Joseph Roderick, Nurit Shein, Kevin Smith, Jacqueline Whitfield, Deanne Wingate, Vincent Wynn

Guests: Robert Breining, Chris Chu (AACO), Ricardo Colon (AACO), Carly Linda, Joseph Malloy III, Noel Ramirez, Ann Williams

Staff: Nicole Johns, Debbie Law, Briana Morgan, Mari Ross-Russell, Nishika Vidanage

Call to Order/Moment of Silence/Introductions:

C. Ambrose called the meeting to order at 2:09 p.m. The group then started the meeting with an icebreaker activity and introductions.

Approval of Agenda:

C. Ambrose presented the agenda for approval. **Motion:** G. Keys moved, M. Myers seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes:

C. Ambrose presented the minutes from the October 13, 2011 meeting for approval. **Motion:** G. Keys moved, M. White seconded to approve the minutes from the October 13 meeting. **Motion passed:** All in favor.

Public Comment:

None.

Report of Co-Chair:

None.

Report of Staff:

D. Law announced that the RWPC would be holding a happy hour at Tazia from 4 p.m. until 6:30 p.m. C. Ambrose noted that this would be the RWPC's first happy hour. A. Ricksecker then commended the Nominations Committee for setting up the event.

Action Item:

- **Priority Setting Process**

M. Myers directed those present to review the timeline for priority setting (*see – attached handout*). He explained that the Comprehensive Planning Committee was proposing that they conduct priority setting on an as-needed basis with a maximum term of three years. He further explained that, as previously discussed with the RWPC, the Comprehensive Planning Committee had worked to establish a set of triggers for a priority setting process. He then stated that, while allocations and priority setting were different, dramatic shifts in the award would trigger a priority setting process. He also explained that the Comprehensive Planning and Needs Assessment Committees would become aware of changes in the community through its epidemiological data, service utilization, town halls, and other needs assessment activities results.

Motion: The Comprehensive Planning Committee moved to approve the timeline for priority setting as outlined in the meeting packet.

Discussion on the motion:

M. White stated that there had been a spike in cases amongst youth in Philadelphia, and asked how they would address this demographic. M. Myers replied that the CPC would investigate this through data, and that he was not sure whether this would affect priority setting.

W. Walters then asked if the town hall meetings would continue. N. Vidanage replied that annual town halls would continue. C. Ambrose noted that they were also gearing up for the consumer survey in the current year. She went on to say that the Needs Assessment Committee had reviewed at young African-American MSM as a population, and would continue to do so. M. Cappuccilli then asked if the Comprehensive Planning Committee would identify specific triggers for the priority setting process. C. Ambrose stated that OHP or AACO might inform the group when they saw areas of concern, or it could come through another committee. She noted that any significant changes pertaining to the ACA would also be a catalyst for priority setting. M. Cappuccilli then asked when the next priority setting would be if there were no changes. J. Churchville replied that this could happen at any time, and that it would most likely be sooner than the three year maximum.

Motion passed: 19 in favor, 0 opposed, 0 abstentions.

Presentation:

- **Where We Live Matters: Social Determinants of HIV**

N. Johns began her presentation by explaining that everyone has a metaphorical house (*see – attached handout*), which includes demographics, income, environment, and social/political/economic factors. She noted that where people live and work is not

always their own choice, and the factors affect one another. She then reviewed the association between health and socioeconomic status before discussing a graph of social drivers for HIV and STDs. She also discussed how the composition of social networks impacts HIV risk, noting that this would be important to keep in mind as they reviewed the maps.

M. Ross-Russell then presented a map of zip codes in the city of Philadelphia. She explained that case rates could be falsely inflated in areas with low populations, such as parks. She moved on to discuss racial segregation in Philadelphia before reviewing information from a Robert Wood Johnson Foundation study on racial and ethnic disparities. She explained that crime and other environmental factors were included as a part of determining unstable neighborhoods. She also reviewed the maps by race, and went on to say that a good deal of information that appeared to be based on race was actually based on income.

M. Ross-Russell next reviewed family composition, including female-headed households. She additionally discussed poverty, chronic stress, income, and HIV. N. Johns noted that the CDC measured prevalence based on income and found that incomes at or below poverty level was 2.3% and the prevalence for those above poverty level was 1%.

M. Ross-Russell moved on to review median household income before discussing educational attainment. N. Johns noted that they often heard a great deal about racial differences in educational outcomes, which could be boiled down to segregation in schools since schools were frequently funded by property taxes. She then stated that the parents' educational attainment affected the children's health throughout their lives. M. Ross-Russell next reviewed maps for various degrees of educational attainment. N. Johns also reviewed ways that neighborhood characteristics impacted each other and health. She then stated that the true impact on the health of children may not be known until they were adults.

N. Johns then discussed links between violence and health, explaining that violence could affect health-related behaviors. She noted that violence could also make people feel. M. Ross-Russell explained that people were less likely to get exercise if they were afraid to go outside, and that mothers would not send their children out to play. M. White stated that this would particularly affect the aging population.

M. Ross-Russell next reviewed crimes against people by census tract, as well as narcotics violations and homicide rates per 100,000 people. She also discussed death rates, noting that if minorities had the same outcomes as the wealthiest 20% of whites they would have avoided 14% of premature deaths among Whites and 30% of premature deaths among Blacks. She noted that death rates for cancer, diabetes, and heart disease were relatively constant across the city.

M. Ross-Russell then reviewed social determinants for sexually transmitted infections. N. Johns stated that the CDC had identified prevalence for HIV as higher for those that

had had a previous STI diagnosis. M. Ross-Russell next stated that STD rates were concentrated in certain areas in Philadelphia, unlike cancer, diabetes, and heart disease.

M. Ross-Russell then reviewed a map of the percentage of PLWHA by census tract, noting that the highest rate was 3.22%. She noted that the 3.22% area included the prison complex.

N. Johns stated that they had been talking about disparities in income as a driver of health, and that between 2005 and 2009 the average net worth of white households fell by 16% while the average net worth of black households fell by 53%, and Hispanic households fell by 66%. A. Ricksecker then asked what area this information covered, and N. Johns replied that this was national data.

- **The Affordable Care Act and the Ryan White Program**

N. Johns began her presentation with a brief overview of universal coverage (*see – attached handout*). She then summarized the Patient Protection and Affordable Care Act (ACA), noting that all health plans would be required to provide an essential benefits package although they were not yet sure what this would include. She also reviewed the individual mandate, and noted that each state would have a health benefit exchange. She then discussed cost-sharing subsidies, explaining that tax credits were advanceable so the government could write a check directly to the insurer at the beginning of the year. She noted that there would not be much of a difference for those with employer-offered health plans. She next stated that the expanded Medicaid eligibility would help to remove barriers for many who were eligible.

N. Johns noted that the Kaiser Family Foundation had a great deal of information available on its health care reform portal. She then discussed the idea of “no wrong door,” explaining that there would be a single form for enrollment for each type of insurance. M. White asked if a person that was recently incarcerated would be eligible for Medicaid. N. Johns replied that she had not yet found this out. M. White added that it would be very important for this population to get into care.

N. Johns then reviewed insurance type and income for the general population before reviewing insurance status and income level for Ryan White clients. She pointed out that 78% of Ryan White clients were below the poverty line. She then stated that the Comprehensive Planning Committee would be looking at gaps between Medicaid and Medicare and the standards for HIV care. She next provided income estimates for PLWHA in the Philadelphia EMA, and concluded the presentation by providing her resources. A. Ricksecker stated that this was one of the clearest presentations that she had heard on the ACA, and that this would be why they had to readjust how they were doing their planning. She went on to say that they all needed to plan for 2014 now, and that they would have to watch for shifts and trends for allocations and priority setting. She explained that these processes would drive the RWPC’s process. She then thanked N. Johns for her presentation. P. Houle replied that they also needed to consider that they were facing an election year, so part of the ACA could change if the administration changed. He explained that it would be important to have as many

people as possible to help the Comprehensive Planning Committee plan for this. C. Ambrose stated that this had been a rich discussion, and that they had a lot of work ahead of them.

Points of Integration Update:

None.

Report of Committees:

- *Finance Committee – Alan Edelstein, Co-Chair*

No report.

- *Needs Assessment Committee – Christine Ambrose, Co-Chair*

C. Ambrose reported that the committee had discussed the consumer survey at its last meeting. She went on to say that the group had also discussed ways that the Comprehensive Planning Committee's work would affect the Needs Assessment Committee.

- *Comprehensive Planning Committee – Michael Myers, Co-Chair*

No report.

- *Positive Committee – Melvin White, Co-Chair*

M. White reported that the Positive Committee had re-elected W. Walters as co-chair at its last meeting.

- *Nominations Committee – Michael Cappuccilli, Co-Chair*

M. Cappuccilli stated that the Nominations Committee would present the membership survey action plan at the December RWPC meeting, and that they would also present the results from the follow-up survey. He added that the committee co-chairs would be holding their next joint meeting in December.

Old Business:

None.

New Business:

None.

Announcements:

C. Ambrose announced that the first annual fundraiser for her organization would be held at the City Tap House in University City that evening.

Adjournment:

Motion: A. Ricksecker moved, M. White seconded to adjourn the meeting at 3:52 p.m.

Motion passed: All in favor.

Respectfully Submitted,

Briana L. Morgan, Staff

Handouts Distributed at the Meeting:

- Meeting Agenda
- Meeting Minutes from October 13, 2011
- Where We Live Matters Slides
- Timeline for Health Reform Implementation: Coverage Provisions
- Affordable Care Act and Ryan White Program Slides
- OHP Calendar

DRAFT

MEMBERSHIP
SATISFACTION SURVEY
ACTION PLAN
PROPOSAL

Prepared by the RWPC Nominations Committee
May 2011

ACTION PLAN FOR RW PLANNING COUNCIL, FROM THE MEMBER SATISFACTION SURVEY

DRAFT

**(from Nominations committee, to be reviewed and finalized by joint committee in
May 2011)**

Overall concepts:

(See attached).

Overall Timeline for plan adoption:

(See attached).

DRAFT OF PLAN

I. Buddy/Mentor Program:

Job description *(see attached for review).*

Timeline:

- Begin one round in April (Spring), and one in October (Fall).
- Nominations committee members will volunteer for April (2011 only) / other committee members for October.

Notes:

- Does not have to be added to bylaws.
- Commitment for mentors: 1 year.
- Voluntary for mentors.
- Optional for mentees. To be assigned by OHP Staff.
- Volunteered mentors from Nominations Committee: Kevin, Daphne, Mike C., Will B., Lupe start in April. Other volunteers Christine, Alan and John C.

II. Orientation II:

Nominations Committee will institute a follow up (Part II) orientation for all new members (seated within the past 12 months).

Timeline:

- In general, this will take place 3 months after their first orientation.
- To be held twice/year. January and July.
- Begin in July 2011, before the RWPC meeting. 1PM.

Notes:

- “Loosely mandatory”

- Staff, Chairs/Co-chairs from committees participate.
- Also allows new members who have not already done so to pick their committees.

III. Annual training for all RWPC members on confidentiality/disclosure

Timeline: Once/year.

Staff does this – 15 min.

IV. Quarterly meetings of all committees, hosted by Nominations committee.

Timeline:

- February/May/August/November
- At least one member from each committee to be present.

V. Clarification meetings for RWPC members or attendees, with members of Committees:

- RWPC will sharply begin at 2p.m. so that there can be an informal open forum 10-15min after the meeting. At least one member of each committee should be available for this.
- During the committee report section, Co-chairs should include that they can stay after the meeting to address some questions.

VI. Clarification of specific questions - anonymous:

- Anonymous questions cards from suggestion box are to be address by Co-chair at the next meeting.
- Office to contact appropriate person (email or in person) to be addressed at next meeting – during “Public comment” portion of the agenda.

VII. RWPC Chair does a recap of last meeting’s business, at the beginning of each meeting – *brief* recap.

Additional Agenda Item “Recaps of Previous Meeting”, reviewed by Co-Chair

Timeline: Monthly

VIII. Positive Committee newsletter:

Have an update on the other committees in the Positive Committee newsletter.

Timeline:

- Done on a loose quarterly basis.

Notes:

- Will try to get a brief (250 words or less) paragraph from each committee quarterly. Not just a description of the committee, but news.

IX. Increase membership of Positive Committee members on all the other committees:

How?

- Encourage through the mentor program.
- Have people from other committees participate in positive committee meetings.
- It will not be mandatory for positive members to participate on other committees.

X. Ice breaker at RWPC meetings:

Timeline: Beginning of each RWPC meeting.

Format:

- “Tell us something we don’t know about you”...or Rich to choose from random cards that ask “table topic” questions.....will go through these cards at joint meeting.

XI. Members to sit next to someone they do not know, at each meeting.

Timeline: Immediately, and at each meeting.

XII. Orchestrate some social event in conjunction with recruitment:

Timeline: Try for twice/year. Summer and holidays. After RWPC meetings.

- Staff to help find information for the first one.
- It could rotate among committees after this to research a venue and possible sponsorship.
- Ask members to “bring a friend” for potential recruitment

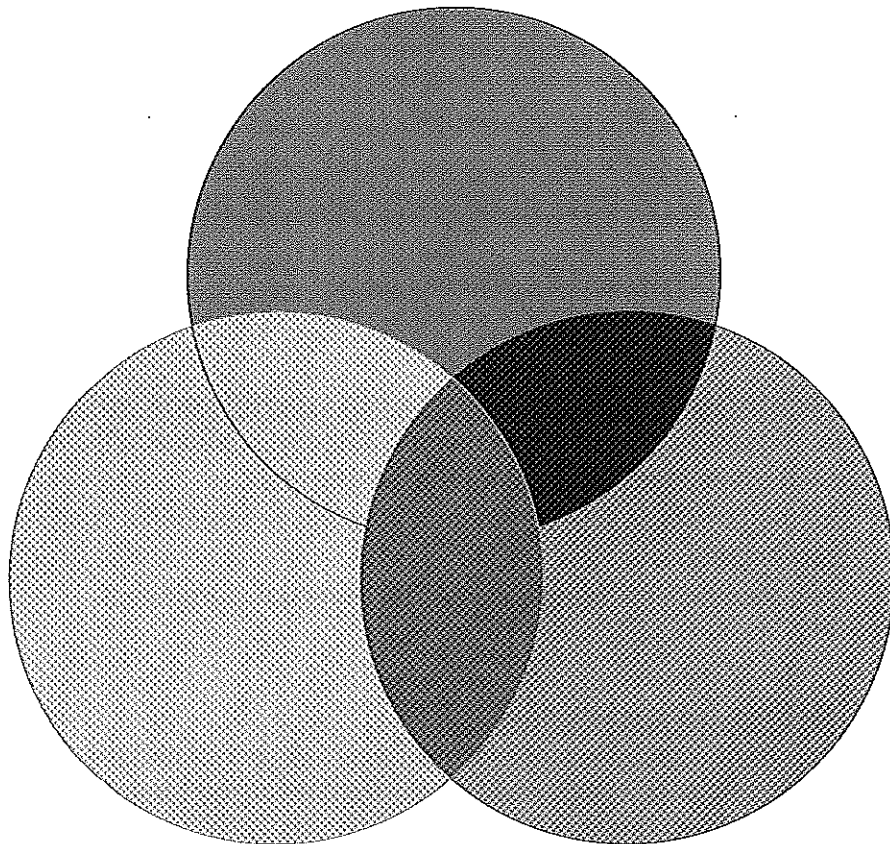
XIII. Follow up survey tool.

Timeline: For new members after about 1 year. A shorter tool that specifically targets key areas of deficiencies. Also will do a different version for any old members who want to participate in this.

Nominations committee to create this tool.

ACTION PLAN

INFORMATION

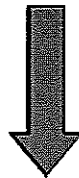


**CONSUMER
INVOLVEMENT**

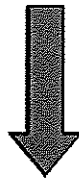
**COMFORT /
TRUST**

TIMELINE

**DISCUSS DRAFT OF ACTION PLAN AT NOMINATIONS MEETING
(MARCH / APRIL)**



**PRESENT DRAFT AND FINALIZE ACTION PLAN AT COMBINED
MEETING OF CHAIRS / CO-CHAIRS
(MAY/AUGUST)**



**PRESENT ACTION PLAN AT RWPC MEETING
(DECEMBER/JANUARY 12)**

JOB DESCRIPTION:

MENTOR FOR NEW RWPC MEMBERS

Description: RWPC Mentors are responsible for working with new Planning Council members for the first year of their term on the Planning Council. The goal is to work with the new member to engage them in the processes of the RWPC, to establish a collaborative relationship, to assist the new member in selecting a committee to work on and to maximize the new member's ability to contribute to the process. Mentors check in with the new RWPC members before and after each meeting to answer any questions the new member may have and to briefly review the meeting with the goal of increasing the new members' understanding of the process. This is an opportunity for both the new member *and the mentor* to increase their understanding of the process and to increase communication among RWPC members.

Specific Responsibilities of Mentor:

1. Briefly check in with the new RWPC member before and after each meeting to discuss any questions regarding the content of the meeting.
2. Talk with the new RWPC member to explain the function of each committee and assist the new member in selecting a committee to join.
3. Discuss with the new member what help they may need to become successfully oriented to the RWPC.
4. Provide assistance with any written material the new member may need to increase their knowledge of the planning process.
5. Introduce new members to other Council members, especially Committee Chairs.
6. Follow up with the new member if they miss a meeting, to inform the member of what happened at the meeting and to increase engagement of the new member with the council.
7. Provide support and encouragement to the new member to offer their insights and opinions and to participate in discussions of committee and full council meetings.
8. Refer the new member to appropriate council members and staff to resolve any challenges.
9. Commitment of mentor – 1 year. Either April-April, or October-October.
10. If Mentor leaves RWPC during the year, and mentee still wants a mentor, another mentor will be asked to “double up.”

RWPC New Member Follow-Up Survey 2011

1. At my first RWPC meeting, I felt: *(please circle one)*

Very comfortable 2 (25%)	Comfortable 4 (50%)	Not sure	Somewhat comfortable 2 (25%)	Not comfortable at all
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2. At my last recent RWPC meeting, I felt: *(please circle one)*

Very comfortable 7 (88%)	Comfortable 1 (12%)	Not sure	Somewhat comfortable	Not comfortable at all
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3. I felt comfortable with the information given to me at my last RWPC meeting. *(please circle one)*

Strongly agree 3 (38%)	Agree 5 (62%)	Do not know	Disagree	Strongly disagree
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4. The RWPC meetings are facilitated by the co-chairs in a way that allows open discussions. *(please circle one)*

Strongly agree 4 (50%)	Agree 4 (50%)	Do not know	Disagree	Strongly disagree
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5. If I had a question, I would feel comfortable asking other RWPC members for assistance. *(please circle one)*

Strongly agree 3 (38%)	Agree 5 (62%)	Do not know	Disagree	Strongly disagree
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6. My understanding of the overall role of the RWPC has been: *(please circle one)*

Very clear 2 (25%)	Clear 5 (62%)	Do not know	Somewhat clear 1 (12%)	Not clear at all
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7. My role as a member of the RWPC has been: *(please circle one)*

Very clear 3 (38%)	Clear 4 (50%)	Do not know	Somewhat clear 1 (12%)	Not clear at all
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8. To make informed decisions, I have: *(please circle one)*

More than adequate information 7	Adequate information 7	Not sure	Somewhat adequate information 1 (12%)	Not enough information at all
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9. I feel that I understand the planning process: *(please circle one)*

Strongly agree
1 (12%)

Agree
6 (75%)

Do not know
1 (12%)

Disagree

Strongly disagree

10. If you are a PLWHA, do you feel your voice is being heard? (*please circle one*)

Yes=3 (38%)

No

Not applicable =5 (62%)

11. In your opinion, does the RWPC address the needs of PLWHA? (*please circle one*)

Yes =8 (100%)

No

12. Which committee(s) have you joined: (*please circle all that apply*)

Comp Planning

Finance

Needs Assessment =4

Nominations =1

Positive =3

None =2

13. What, if any, changes could be made to improve the way that the RWPC functions?

- Make the calendars for the next 2 months instead of current and next
- Better orientation of new members w/ timeline of planning process
- Advertise more to the NJ community
- Send out agenda ahead of time
- The staff performs an excellent job in administering the council meetings. It's hard to see any room for improvement.

14. What have you found confusing or hard to understand at RWPC meetings?

- nothing, everything is explained very well
- terminology and overview of planning process w/ timeline of sequence of events in planning process
- funding of last resort, what other resources are there?
- Allocations vs priority setting

15. What has made you retain your RWPC membership (stay on the Planning Council)?

- The difference we can make for HIV patients in care and other service they can obtain
- The education that I am given x2
- Great people (network), great training and I feel I can have a possible impact
- Learning more and wanting to be an asset
- Willingness to learn and to help others
- Relationships, information learned, knowledge of funding process, learning about strengths/needs of the HIV community
- My work association along with a desire to provide input in the bigger picture of helping those who need care.

16. Please provide any additional comments or suggestion regarding your experience as a RWPC member

- My experience has been very enjoyable and education about what the RWPC does for PLWH
- The members are friendly
- Have senior members mentor new members was great. This survey and the new members orientation, check-in was also great
- It's clear you want to make the on-boarding process smoother.
- I am wondering about being on the RWPC and if I should get a full-time job how should I handle that?
- I appreciate how hard the office works!
- The challenge of informing members who help to make these big decisions in such a short window of time is tremendous and has been done very well at the RWPC.