

Monday, April 8, 2019

12:00-2:00pm

Office of HIV Planning 340 N. 12th Street Suite 320
Philadelphia, PA

Mission Statement: The Positive Committee supports and enhances the role of people living with HIV/AIDS to empower their participation in the decision-making process of the Philadelphia HIV Integrated Planning Group.

Call to Order/Moment of Silence
Introductions

Approval of Agenda
Approval of Minutes

Report of Chair
Participation
Acknowledgements

Report of Staff
June Meeting

Discussion Items
Terminology of Inclusion
Meaningful Involvement of PLWH- recommendations

Old Business

New Business

Announcements

Adjournment



AGENDA

POSITIVE COMMITTEE

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

The next meeting of the Positive Committee is
May 13, 2019 from 12:00-2:00PM at 340 N. 12th Street, Suite 320,
Philadelphia, PA 19107. Please refer to the Office of HIV Planning calendar of
events for committee meetings & updates (www.hivphilly.org). **If you require any
special assistance, please contact the office at least 5 days in advance.**

**Philadelphia HIV Integrated Planning Council
Positive Committee
Meeting Minutes of
Monday, March 11, 2019
12:00-2:00p.m.**

Office of HIV Planning, 340 N. 12th Street, Suite 320, Philadelphia PA 19107

Present: 19 (PH), 1 (PA), 3 (NJ)

Guests: David Griffith, Julia Tich

Staff: Nicole Johns, Dustin Fitzpatrick

Call to Order/Moment of Silence/Introductions: K. Carter called the meeting to order at 12:14 pm. The Committee had a moment of silence. Those present then introduced themselves.

Approval of Agenda: K. Carter presented the agenda for approval. **Motion:** D. Gana moved, G. Jakes seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (February 11, 2019): K. Carter presented the minutes for approval. **Motion:** J. Whitfield moved, D. Gana seconded to approve the February 11, 2019 minutes. **Motion passed:** All in favor.

Report of Co-Chair:

K. Carter asked if any of the members were new, he then distributed Positive Committee “chips” to new members.

Positive Committee Newsletter

K. Carter informed members that the Positive Committee newsletter did not have as much participation as they would have liked. K. Carter informed members that they need to commit if they want to do it. K. Carter presented options for the members and stated that they can either use 1 hour of the meeting to work on it or they can extend the meeting time. Members expressed interest in continuing the newsletter and all affirmed that they thought this was important to the community. K. Carter inquired how they are going to go forward. M. Coleman suggested that K. Carter needs to lead them in the right direction and that he is good at leading them. K. Carter informed members content needs to be decided as a group. Guest stated that the community needs to be informed on needs of addictions and needs on housing. She also stated that she has someone who can help translate it into Spanish. M. Coleman inquired if the newsletter would be quarterly or every month. K. Carter responded that quarterly is a possibility. N. Johns suggested the Committee can end the meetings at 1:30 and those who are interested in working on the newsletter can stay longer. K. Carter suggested that they start in April with the goal being that they have something ready to go in June. D. Gana affirmed that it would be helpful to have a newsletter for the Outreach and Prevention Summit in June. N. Johns informed members that if the timeline does not work for them later on, they can always make

changes to fit their needs. The group agreed to start meeting in April after the committee meeting to work on the newsletter.

Report of Staff:

Tips for Successful Participation

N. Johns informed members of the community Listening Sessions, on April 10th and 30th. She stated that these upcoming meetings were for people living with HIV in the suburbs and Philadelphia will have its own later on. She stated that there will be fliers made for the HIPC meeting this upcoming Thursday. She informed members that it will be primarily a discussion on access to medical care. She explained that this meeting will be facilitated. N. Johns stated that if members are interested in attending, they should call her, but there will also be an online RSVP. She informed members that travel reimbursement will very limited.

Meaningful participation

N. Johns explained to members that they can use the agenda to take effective notes in the meeting. She suggested that for notetaking, members should write down any decisions that HIPC or Pos Comm makes as well as key points so they can refer to those points later. She also stated that if members ever volunteer to do a task or follow up that they should write it down so they don't forget. N. Johns shared that she was taught in high school to add a star next to very important points, to help them stand out on a page of notes. Going back to the meeting agenda, she explained that Old Business can be anything that happened in the past that they want to ask follow up questions or further discuss. New Business is the place to bring up a topic that they have not yet talked about. She stated that members can use this to ask questions as well.

K. Carter inquired if anyone had any topics that they want to bring up. M. Coleman stated that he would like to talk about the difference between generic and brand name drugs and why some insurance won't cover things. K. Carter suggested that members look at their meds before they leave the pharmacy to make sure that they get exactly what they need. He informed them that once they leave, they can't bring it back and that pharmacists are not required by law to inform them that they are giving them generics. N. Johns suggested that the committee have a presentation from someone informed about these issues.

K. Carter invited D. Griffith to share about the LGBT Elder Initiative Thrivers meeting on March 30th from 11:00-12:30pm at Church of St. Luke' & The Epiphany. This group will meet monthly to talk about social, emotional, spiritual and personal wellness of people who are thriving, not just surviving with HIV. Register at 215-720-9415

J. Malloy raised a concern about the media talking about HIV being cured and being curable and would like to discuss more about the latest research and its presentation. K. Carter suggested that they table this until a later meeting.

Discussion Item:

Meaningful Involvement of PLWH – Recommendations

N. Johns referenced the MIPA findings handout and explained that the highlighted text represented what the members agreed on for the answers to the questions. She explained that multiple organizations, such as the World Health Organization, use this as a way to determine how PLWH are involved in different decision-making processes and programming. She explained that the Y is yes, N is no, and NI is needs improvement. N. Johns asked the committee to discuss possible recommendations to the HIPC to address the areas that need improvement. Members were given some time to read over the MIPA handout to see if they had any questions arise. D. Gana stated that the next step is to talk about how to address what they decided needs improvement in HIPC. N. Johns agreed and noted that there are some ideas that are concrete on the sheets, such as increasing the diversity of PLWH on the HIPC and the Committee. Members did not feel ready to deliberate on solutions, so the matter was tabled to the April meeting.

Old Business:

Positive Committee Newsletter

See Co-chair Report.

New Business:

M. Coleman asked if there could be presentations on Undetectable=Untransmittable and cure research. N. Johns noted that OHP can work on inviting speakers.

Announcements:

April 19th - 2nd Annual Anal Health Conference. It is full day conference on maintaining good anal health. <https://fight.org/event/philadelphias-2nd-anal-health-symposium-making-your-bottom-a-top-health-priority/>

March 16th – Service for Don Carter, a community leader, memorial 1 -2 pm at the William Way Community Center.

May 14th – Penn CFAR is having 2019 AIDS Symposium:
<https://www.med.upenn.edu/cfar/symposium/>

June 11th – Prevention and Outreach Summit at the Pennsylvania Convention Center:
<https://fight.org/aids-education-month-events/>

Adjournment: The meeting was adjourned by general consensus at 1:26p.m.

Respectfully submitted by,
Nicole D. Johns

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from February 11, 2019
- Positive Committee’s MIPA Findings – January 2019

PARTICIPANT HANDOUT

understanding Transgender Terminology

Read each of the definitions below, and match them with the correct term from the top of the page.

A: Cisgender	H: Transgender woman
B: Gender Non-Conforming	I: Transgender
C: Biological Sex	J: Transgender man
D: Gender Dysphoria	K: Sex Assigned at Birth
E: Medical Transition	L: Pubertal Suppression
F: Sexual Orientation	M: Gender Expression
G: Heterosexual	N: Gender Identity

1. F *A person's sexual, emotional, physical and psychological attraction to other people.*
(Example)
2. _____ A person's combination of genitals, chromosomes and hormones.
3. _____ The sex that someone is labeled at birth, usually based on the appearance of their genitals.
4. _____ A person's deep-seated internal sense of their own gender.
5. _____ A term used to describe a person whose biological sex and gender identity are congruent, or "match."
6. _____ A term used to describe a person whose biological sex and gender identity are incongruent, or do not "match."
7. _____ The gendered way that a person dresses or presents themselves.
8. _____ A term used to describe a person whose gendered appearance does not conform to traditional masculinity or femininity.
9. _____ The affirming way to refer to a person who identifies as a woman but was assigned male at birth.
10. _____ The affirming way to refer to a person who identifies as a man but was assigned female at birth.
11. _____ The approved medical process of changing one's body to be more aligned with their gender identity.
12. _____ An approved medical process used to delay puberty for transgender children.
13. _____ The medical diagnosis for being transgender, formerly known as Gender Identity Disorder.

Representation:

Need more PLWH on HIPC

Need diversity in PLWH – including racial/ethnic, gender identity and age (more youth)

Need more participation from substance use/recovery communities, LGBTQ communities

Systemic and institutional racism persists.

Transgender and gender non-binary PLWH are not adequately represented

The system isn't designed to allow participation from the most marginalized communities including people experiencing housing insecurity, substance users.

Programs/Services:

More peer educators and outreach workers are needed in the systems overall – particularly in substance use/recovery

Access/Resources/Assistance:

Language access is a need for non-English speakers.

Sometimes the language used in documents and meetings is a barrier to participation. Things need to be explained in plain language.

Too much paperwork

People have an opportunity to explore different levels of leadership/participation but more support is needed for their success

Positive Committee, HIPC and community members need a better understanding of their roles in the work of the HIPC and how to best share information with the community.

Mentoring is needed at all levels

Outreach/Recruitment/Community Engagement

Not currently supporting immigrant and refugee networks.

Positive Committee and HIPC should offer resources and support to other PLWH and affected groups/communities

Information about the HIPC and services are needed where PLWH congregate – doctors' offices, support groups, CABS.

Outreach is happening but not always effective.

What specific 3 actions can the HIPC take to address these concerns?

1.

2.

3.

Who should we ask about this issue? Who is a leader in this community? Who has the expertise we need?

How will we know when we are succeeding in addressing these concerns? What does improvement look like?

Additional ideas or concerns for the Executive Committee