Meeting Agenda

VIRTUAL:
Thursday, May 13, 2021
2:00 p.m. – 4:30 p.m.

- Call to Order
- Welcome/Introductions
- Approval of Agenda
- Approval of Minutes *(April 08, 2021)*
- Report of Co-Chairs
- Report of Staff
- Action Item:
    - Final Award Allocation FY2021
    - Bylaw Changes
- Presentation
    - 4Q Spending Report – *Ameenah McCann-Woods*
- Discussion Item:
    - PC Budget & Monitoring the Administrative Mechanism
- Committee Reports
    - Executive Committee
    - Finance Committee – *Alan Edelstein & David Gana*
    - Nominations Committee – *Michael Cappuccilli & Sam Romero*
    - Positive Committee – *Jeanette Murdock & Kenya Moussa*
    - Comprehensive Planning Committee – *Gus Grannan*
    - Prevention Committee – *Lorett Matus & Clint Steib*
    - Ad-Hoc Recruitment Workgroup
- Any Other Business
- Announcements
- Adjournment

Please contact the office at least 5 days in advance if you require special assistance.
The next HIPC meeting is
VIRTUAL: June 10, 2021 from **2:00 – 4:30 p.m.**

HIV Integrated Planning Council

VIRTUAL: HIV Integrated Planning Council
Meeting Minutes of
Thursday, April 08, 2021
2:00 p.m. – 4:30 p.m.
Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: Juan Baez, Elise Borgese, Jazzmin Boyd, Allison Byrd, Michael Cappuccilli, Keith Carter, Sharona Clarke, Debra D'Alessandro, Lupe Diaz (Co-Chair), Alan Edelstein, Dave Gana, Meghan Gannon, Gus Grannan, Sharee Heaven (Co-Chair), Gerry Keys, Kate King, Kailah King-Collins, Lorett Matus, Erica Rand, Sam Romero, Clint Steib, Desiree Surplus, Nicole Swinson, Evan Thornburg (Co-Chair), Adam Williams

Guests: Tonya Cooper, Ameenah McCann-Woods, Juju Myahwegi, Monique Gordon, Mike Frederick

Excused: Marilyn Martinez

Staff: Beth Celeste, Debbie Law, Mari Ross-Russell, Sofia Moletteri, Julia Henrikson

Call to Order: L. Diaz called the meeting to order at 2:05 p.m. She asked everyone to in attendance to introduce themselves.

Introductions: E. Thornburg asked everyone who had not had an opportunity to introduce themselves to do so via the chat box.

Approval of Agenda:
L. Diaz referred to the April 2021 HIPC agenda S. Moletteri distributed via email and asked for a motion to approve. **Motion:** K. Carter motioned, D. Gana seconded to approve the April 2021 Planning Council agenda. **Motion passed:** 95% in favor, 5% abstaining. The April 2021 agenda was approved.

Approval of Minutes (*March 11, 2021*):
L. Diaz referred to the March 2021 HIPC minutes S. Moletteri distributed via email. L. Diaz asked for a motion to approve the March 2021 minutes. **Motion:** D. Gana motioned, L. Diaz seconded to approve the March meeting minutes via a Zoom poll. **Motion passed:** 95% in favor, 5% abstaining. The March 2021 minutes were approved.

Report of Co-Chairs:
None

Report of Staff:
M. Ross-Russell said that the online COVID-19 survey for PLWH had already closed. However, OHP also distributed hardcopy surveys to provider locations, and the office recently received the surveys via USPS. The postage was prepaid for the surveys.

There was an addition of 36 surveys which had since been entered into the database. She would review and compile the new information to update Comprehensive Planning Committee. L. Diaz asked if the delay was due to the lag within USPS services. M. Ross-Russell said this was possible and that, additionally, the building recently changed their mail delivery system. OHP now had a mailbox which may have contributed to backup. She said that they would wait a few more weeks for any additional surveys. L. Diaz asked if the new responses would change the results. M. Ross-Russell responded that she would have to review them further, but she recalled there now being a wider range of ages, racial/ethnic groups, incomes, etc. Of the 85 surveys they saw, there were 4 people who tested positive for COVID-19. The vast majority of respondents had a COVID-19 test. There were some service issues, and there were a few respondents who documented issues with housing. Though AACO had their shallow rental program, people were still facing difficulties with housing.

S. Moletteri reported that HIPC would have its first Ad-Hoc Workgroup meeting on Wednesday April 14th from 2:00-4:00 p.m. She would send out an email with a Zoom link later on. She asked that those interested let her know in the Zoom chat box. K. Carter said that participation was necessary for diverse recruitment efforts.

Public Comment:
None.

Presentations:

—Cultural Humility—

E. Thornburg introduced herself as the Special Health Equity Advisor. First, she would define key concepts around equity versus equality, bias, social determinants, and health inequities. She would also offer resources (general resources and resources with intersectional and specific research) along with time for Q&A.

She was offered the position at AACO because the EHE grant was to reduce 75% of new infections by 2025 and 90% by 2030. In order to meet these goals, they needed to focus on social determinants and bias. The most notable connection to "risk," she explained, was inequitable access to service provision, especially case management and prevention services. Poverty was a large factor for inequitable access and something that clients could not control. Additionally, people receiving services may not feel safe accessing them due to historical exclusion or mistreatment by service provision.

E. Thornburg referred to the "Community Agreements" slide, noting that she preferred the term "agreement" over "rules" to emphasize that there should be no judgments during the presentation. She explained that diversity work was an effective tool to properly reach people's needs. She encouraged everyone to ask questions and not judge each other for doing so. Even "inappropriate" questions could be asked during the presentation.

When discussing identity, E. Thornburg would share personal examples and others could also share their personal stories if they felt so inclined. Her stories, she noted, people could feel free

to share outside of the current space; however, participants should not bring others' stories outside of the current space. Any statistics and resources offered during the presentation could also be shared.

She said that on this topic, people may mistake their feelings for fact. It was important to respect feelings, no matter what they were. There were a number of different reactions to the presentation, and all of those feelings are valid. However, feelings did not change the facts, and she would be providing resources, statistics, and research that was newer information and less than 5 years old. These would be facts, relevant to the current culture.

In order to take ownership of your own opinions, she asked that participants use "I think," "I feel," etc. Generalized language which might include marginalized communities should not be used. Instead, she encouraged the use of singular language. She wanted participants to ask, share, and laugh. The tone of the presentation could be highly academic or intense, so she asked that participants not forget to laugh.

E. Thornburg defined Diversity: "the composition of a group – specifically whether different demographics are represented in a group." She noted that there was both inherent diversity and acquired diversity. Inherent diversity could not be changed. Inherent diversity included examples such as race or ethnicity and gender or gender identity. Religion, for some, could be considered an inherent diversity. Inherent diversity did not indicate whether or not people were well versed or educated around the inherent diversity they represented. For example, E. Thornburg explained that she is Black but did not claim to be an expert on Black culture and history.

As for acquired diversity, this indicated that someone strove to know or learn about a culture, language, etc. Typically, a "good blend" of diversity meant that a space was 68% more effective with work and outproduced other spaces with less or no diversity. She explained that both types of diversity were important. Spaces should look to have both inherent diversity, and people should look into acquiring diversity. Aquiring diversity could mean catching up on history, learning ASL or Spanish, becoming more understanding, etc.

E. Thornburg next defined Inclusion: "inclusion is defined as a person or group of people's ability to contribute to and fully participate in a space. Inclusion is also the acknowledgement, celebration, and welcoming of individuals' sense of uniqueness and belongingness." She said that inclusion and diversity should go together. People want to join spaces because they want to be involved in problem solving or addressing issues. Inclusion meant more than single individuals being representatives. Inclusion was more expansive and beyond us/them. It meant reaching out to whole "communities" and allowing communities spaces at tables. Diversity, she said, was useless without inclusion.

Theories around diversity work had expanded, she explained, and some terms were not outdated such as colorblindness and tokenism. She read the definition of both of these. The definition for colorblindness is as follows: "the approach to organizational diversity that intertwines American cultural ideals of individualism, equality, meritocracy." The definition for tokenism is as follows: "the accidental or intentional act of making an individual with a marginalized identity the exclusive representative in a space."

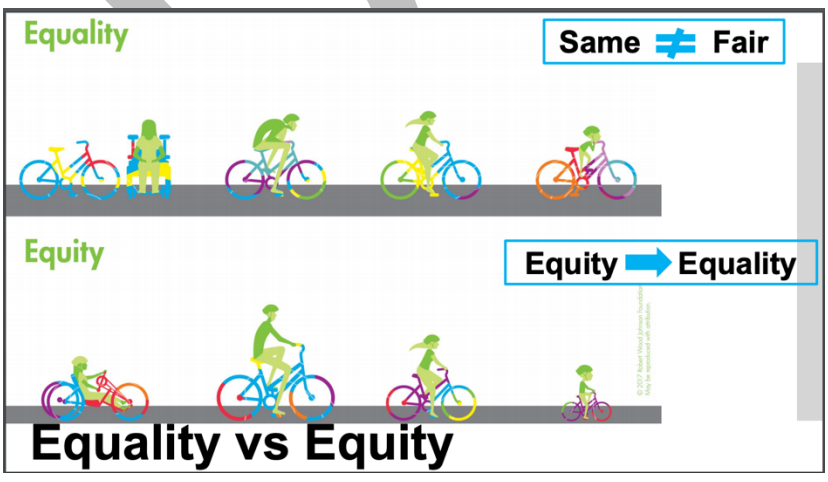
E. Thornburg said that an example of colorblindness was when someone said they did not see color and that people are all human. The problem with this statement, she pointed out, was that it stripped people of the unique ways in which they had experienced the world and how their identity had shaped them. E. Thornburg explained that she would like people to see her for who she is: a Black, queer woman. Her identity as a Black, queer woman gave her a particular experience and lens and formed her passions and personality. She said that marginalized populations might want you to be invested in and celebratory of their identities.

As for the term "tokenism," this was used when someone had a friend with a marginalized identity, using it as a pass to use contextually offensive language, make culturally insensitive jokes, etc. The problem with this, she explained, was that the one friend in this scenario was not representative of a whole community. Touré wrote a book about post-Blackness saying, "if there are 47 million Black people in the United States, there are 47 million ways to be Black." This was why inclusive work needed more than one person of every group.

E. Thornburg read the definition of "Intersectionality." The definition is as follows: "the concept that people with a multitude of marginalized identities are having a specific and unique experience directly related to the overlapping of these identities, and that no one identity is being experienced or engaged with an exclusion to the others." She explained that all of her identities had shaped her and overlapped throughout her life experiences. She experienced all of her identities at the same time as well as a variety of -isms. Kimberlé Crenshaw coined the term, Intersectionality, in 1989, but she made reference to a group of radical, Black feminists that discussed the idea that identities were intersecting and interlocking.

E. Thornburg read the definition for "Equity." The definition is as follows: "the centering of creating opportunities and changes to a space or system so that marginalization doesn't unjustly predict one's success, and ultimately improves outcomes for all." Equity was different from equality. Equality, she said, assumed meritocracy which assumed that people were "competing" in the same race. Alternatively, equity was about leveling out the playing field so people could "compete" fairly.

E. Thornburg brought up the following graphic for equality vs. equity:



She asked everyone to identify the problem with the first lineup, or the "equality" lineup. M. Ross-Russell responded that one size did not fit all, and the equality lineup showed how unreasonable "one size" was. C. Steib agreed. E. Thornburg asked who the group assumed would win. L. Diaz said that the second person in line would win. D. D'Alessandro said that this reminded her that what works for you might not work for another, and everyone was not like you. You had to look outside yourself. E. Thornburg said that this graphic did not necessarily mean that the other people in the lineup could not win. D. D'Alessandro agreed, adding that the other individuals would have to work a lot harder to win the same race. E. Thornburg agreed, saying that working harder could cause a significant amount of stress. Women of color, she said, reported higher numbers of experiencing stress and feeling constantly "on guard." She said that stress could cause heart disease which was the leading cause of death for women of color in the United States.

E. Thornburg said that people could often make what they have work for them, and in general, people were adaptable when necessary. However, requiring adaptability when in need had many costs. She asked what people were required to give up?

On the equity line, E. Thornburg noted the specific bikes based on each person's need. S. Heaven said that everyone had a bike that fit them for their size and ability. E. Thornburg said that equity focused on providing people the tools they uniquely needed. This, in turn, leads to equality. E. Thornburg reminded everyone that this did not need to only be viewed in a competitive lens, and this image could even represent a group of individuals enjoying a bike ride together.

E. Thornburg pulled up the equity/equality image where individuals were standing on 1-2 boxes, depending on their height, to better view a baseball game behind a fence. E. Thornburg asked why the image was problematic. M. Ross-Russell said that the fence might represent separation, and that the people viewing the game were still on the outside. G. Grannan said that this also presumed that people could stand. E. Thornburg asked why they were accommodating a fence in the first place. The image gave people the wrong impression about resources. This image suggested that this was about distributing more or less resources depending on the person. However, the focus was not on the amount of resources—it was more about distributing the appropriate tools.

Within the bike image, E. Thornburg noted, they were not giving people more or less of a resource, they were only trying to retrofit resources. Bikes may cost a different amount of money, but every person in the image only received one bike. One of the major reasons for not hiring individuals with disabilities, she reported, was the perceived cost of accommodations on the hiring manager's side. However, she explained that the typical accommodation cost for individuals with disabilities was around $150. In total, this was not a lot of money.

E. Thornburg explained that every person engaged in equity every day without realizing it. She asked for examples from the group. K. Carter responded, handicap accessible walkways. A. Williams responded glasses and grates at crosswalks. S. Moletteri responded lowered sinks with slanted mirrors. E. Thornburg responded baby changing stations or breastfeeding rooms. A. Edelstein responded large print signage.

She read the definition for Health Inequity. The definition is as follows: "differences in health between population groups related to unfair, unjust, and avoidable socioeconomic or environmental conditions, public policy, or other socially determined circumstances."

She also read the definition for Health Equity which can be found below:

> "the absence of systematic disparities in health and its determinants between groups of people at different levels of social advantage. To attain heath equity means to close the gap in health between populations that have different levels of wealth, power, and/or social prestige. For example, low-income persons and racial/ethnic minorities generally have poorer health relative to people who have more economic resources or who are members of more powerful and privileged racial groups. Health equity falls under the umbrella of social justice, which refers to equitable allocation of resources in society. Eliminating health disparities and health inequities between racial and ethnic populations moves us toward our goal of health equity and social justice, and a significant focus of this effort is to address social determinants of health that influence our priority public health outcomes."

She explained that this longer definition emphasized the need to "bridge the gaps" between different groups of people, especially around the poor distribution of wealth, power and social prestige. Though the definition specifically named race, they could also include disability and ability, immigration status, gender, etc.

E. Thornburg defined explicit bias. The definition is as follows: "the overt and conscious belief that an individual or group based on their identit(ies) is unequal, undeserving, doesn't belong, or is less than." Examples might include hate crimes.

E. Thornburg next defined implicit bias. The definition is as follows: "the insidious and unconscious belief that an individual or group based on their identit(ies) is unequal, undeserving, doesn't belong, or is less than." This was based on misinformation people were taught about groups and included microaggressions. Broad generalizations and microaggressions dehumanized another group whether the person was conscious of their implicit bias or not. E. Thornburg said that when she was in college, she had a group of four friends with a fifth who was not able to live/room with the rest of the friends. The fifth friend was assigned a double, so her and her friends visited the fifth friend on the first day of school. As they hung out, the roommate of fifth friend—who was a white woman arrived. She lived in a sundown town. A sundown township is a township that is 92% white or more privileged class. The roommate, though very kind and excited to meet everyone, expressed that it was great that "they all found each other" and managed to get in on scholarships.

E. Thornburg said that, because they were a friend group of Black and Brown girls in college, the white roommate was taught that they could not afford college. It her own way, it was a compliment to say they were hardworking. In reality, it was a harmful microaggression. In that moment, the roommate would not have understood if they called her remark racist, because implicit bias was often harder to see and unpack.

E. Thornburg next read the definition of "Affinity Bias." The definition is as follows: "the preference for those that look like or identify similarly to you." For marginalized individuals, this could be a safety mechanism and for privileged individuals, it was often default. This could be thought of as "safety in numbers" in a way. For privileged groups, this meant not interrogating decisions made by referring to default. For example, affinity bias from a privileged group could surface while promoting people. For example, in E. Thornburg's past, she witnessed a white woman from the suburbs often promote other white women from the suburbs who were getting their masters and PhDs. Her reason for doing this, she said, was she could "see herself" in them. She was using affinity bias to make her decisions, and she could not "see herself" in other employees and did not deem them qualifiable. She resonated only with someone who had the same story or experience as her.

E. Thornburg read the definition of "Confirmation Bias." The definition is as follows: "the process of searching for and cherry-picking proof in information that supports what we believe exclusively." She said that when Black advocates discuss police brutality, people often counter by asking about Black-on-Black crime. E. Thornburg asked about the problem with this response. D. D'Alessandro said that was a "yes, but" that dismissed the main point. E. Thornburg agreed, also adding that crime was high intra-racially (same race-on-race crime). Additionally, the response ignored the disproportionate brutality from police on POC and BIPOC. She said that white-on-white or Latinx-on-Latinx crime existed as at the same rate as Black-on-Black. Intercommunity violence was an issue, but this was not a specifically Black issue. It was only a mechanism to deflect and detract from the issue at hand.

E. Thornburg noted the "breakdown of bias." Bias was a belief or an idea. It was important, she noted, for people to understand the role the law played regarding bias. For example, when people report discrimination, they may hear that their work "cannot legally do anything about it" and end up feeling discouraged that their work was not addressing an issue. An example of bias, she said, was the belief that people with schizophrenia are dangerous. This was a consistent trope or stigma and was not based in fact.

Bias, she said, leads to prejudice, or positive or negative attitude, judgment, or feeling based in bias/belief. For example, the bias that people with schizophrenia may lead to the prejudice that those with mental illness should not be around children.

Discrimination eventually comes from prejudice, with discrimination being the actions or behaviors that one takes based on feelings/belief. For example, if an employee comes to work recently diagnosed with bipolar disorder, discrimination would be the act of firing them because the employer did not believe they were safe at work.

E. Thornburg explained that the law did not address prejudice or bias, just discrimination. People have to engage in an act of discrimination. Bias and prejudice, she said, could be addressed interpersonally with training and information sharing.

E. Thornburg read the definition for "Social Determinants." The definition is as follows:

> "Conditions in the social and physical environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life risks and outcomes. The social environment refers to social, economic, and cultural norms, patterns, beliefs, processes, policies, and institutions that influence the life of an individual or community. The physical environment refers to both the natural and human-made environments and how they affect health."

She said that social determinants created a unique experience for life span and health. Example included access to grocery stores, potholes on streets, abandoned houses within neighborhood, access to curb cuts, nuclear plants dumping waste nearby, etc. Social determinants were a strong indicator of health. More than 50% of social determinants are controlled by systems like municipalities, private corporations, health care networks, etc. Therefore, social determinants were typically out of an individual's control. Only 20-30% of social determinants could be addressed by individuals' choices and behaviors. Public health used to focus on individual responsibility—like buying organic—but that did not matter if they were near a waste site and drinking contaminated water. The script had changed somewhat.

In Philadelphia, E. Thornburg stated, the expected lifespan in Society Hill was 86-88 years old. In Germantown, the expected lifespan was 66-68. These places were only a 15-20 minute drive apart. This was due to social determinants of health.

She read the definition of "Health Disparities." The definition is as follows:

> "Significant differences in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in a racial or ethnic minority population as compared to the health status of the general population. Health disparities refer to measured health differences between two populations, regardless of the underlying reasons for the differences."

At PDPH, E. Thornburg noted, they had a map with compiled research and data so they could review overlapping issues. They could look by zip code and look at the overlap between hypertension and diabetes, for example. These two, as discovered, were tied to Black and aging individuals and gun violence. These all worked together since the locations in question were both overpoliced and food deserts. These social determinants create health disparities.

She read the list of social determinants of health. Please refer to the slide titled "Social Determinants of Health" for the full list. She highlighted the determinant of health, having a home that feels safe. She explained that prevention-based healthcare was much more than healthcare that could extend quality of life beyond. She also highlighted "gainfully employed," explaining that minimum wage did not qualify as "gainful employment." If people were not gainfully employed, then they were likely forced to have multiple jobs.

She highlighted interpersonal support networks, explained that this was especially difficult for elders. She highlighted ability to build wealth, noting that it was important to be able to save money to improve quality of life. K. Carter asked if building wealth meant building generational wealth. E. Thornburg said that this could be included in ability to build wealth. She highlighted access to education, especially quality education. She explained that there was nothing wrong

with trade schools even though they were typically denigrated. Quality education meant education that fits the type of person you that you can be successful with. M. Gordon commented that quality education was an issue, and children were often not taught critical thinking. She highlighted the idea of living somewhere safe—for example, are their trees? Trees and greenery can help prevent heatstroke and heat index can change zip code by zip code by almost 10. Hotter days makes a large difference in how people experience their days.

D. D'Alessandro said that the higher quality education that people receive, the better people's health outcomes are. It was suggested that the more money that was invested into education, the better health outcomes could be. She said that school taxes were based in property tax, which she felt was a glaring example of health inequity.

E. Thornburg reviewed the slide titled "Snapshot" for statistics around social determinants of health. Please refer to this slide for more information. She added that Black children, especially in first year of life, are 3x more likely to survive post-natal care if they have a Black doctor. Adding onto the snapshot around the large wage gap for people with cognitive impairments, she explained that this had nothing to do with whether the cognitive impairment had any bearing on job performance. She also said that there were large wage gaps for people with all types of disability, not just cognitive disability. She said that people may get married so they could have better financial situations. However, some people with disabilities may not get married because they fear losing their benefits or caretakers. People with disabilities who receive benefits cannot make more than $15,000 in order to keep accessing life-saving care and support. They have to almost intentionally keep below the poverty level to keep their necessary support.

M. Gordan attested to this, noting that she had a friend admitted to a nursing care facility who was under 35 with a disability. However, she was not allowed housing because she was not under 55 years old. She was facing many challenges because the system was unable to properly accommodate her.

A. Williams thought that it boor saying that on top of the statistics, there was absolutely nothing inherently genetically inferior about POC that lead to increased morbidity and mortality. E. Thornburg agreed, noting that race is a social construct and people within different races do not experience pain, medication, etc. differently. This is not how society treats race and health, however, which stems from past inhumane treatment and studies. For example, there is a belief that Black women do not feel pain as strongly which comes from a test performed on enslaved Black women who were not given anesthesia but were punished if they cried out after being physically harmed. Such inhumane studies still had repercussions and influence to this day. For example, many Black women will try to receive a prescription for pain medication but will not be able to receive it. G. Grannan said that the medical students at Penn were battling the medical school faculty over these longstanding attitudes.

E. Thornburg said that she wanted to talk about language. Please refer to the "Language" side to review language that should not be used/must be replaces and language that was appropriate to use. She said she was starting an institute in August 2021 on Community Dignity, because she wanted to discuss radical customer service and care. She said appropriate and respectful language was the first step to radical customer service and care. G. Grannan said there was a lot

of stigma in language around drug use and sex work. He said that instead of "prostitutes", the preferred professional term was "sex worker."

As for the language, E. Thornburg said "handicapped" was still used often. The term stems from a dated situation wherein individuals with ambulatory disabilities would be forced to collect donations—oftentimes in a hat/cap—to create income for themselves. Please review the language in the right-side column to see the people-first terminology. Regarding person-first language, A. Williams said that within the health systems, many refer to PLWH simply as "positives."

She explained that "illegal immigrant" was no longer acceptable to use. Immigration systems were always backed up, and people could go from "legally" to "illegally" in the country within a day. Even if people had reestablished their student visa or were in the process of doing so, they could still be "illegal." Also, within American history, most current citizens are here on stolen land.

E. Thornburg explained the use of "they/them" pronouns for singular individuals. She said that people use "they/them" singularly very often. "They" is typically used when someone is being discussed and the speaker does not know their gender. If you accidentally use the incorrect pronouns, it is important to not perform, react dramatically, and draw attention. Instead, it is appropriate to simply correct yourself, apologize, and move on. It was also important to extend people the right to correct you in the future if you misgender them again. This was especially vital within service provision and other positions of perceived power. Saying to a client, "I am so sorry, correct me if I mess up again and as many times as you need to" puts the power of the client's identity back in their own hands.

D. D'Alessandro asked how to stop elders and individuals set in their ways to stop using terms like "Oriental." E. Thornburg responded that "Oriental" is a type of rug, not an ethnic identity. She preferred to respond with humor. For example, in that scenario, she could respond "I do not see any rugs around here."

K. King-Collins said that acknowledging/respecting the separation and difference between Black individuals and POC (Person of Color) was also important, as to not use a singular culture to group together all POC who have very different experiences. E. Thornburg said that some people use BIPOC (Black and Indigenous People of Color) since POC is just exclusive of white people. It was important to ask people what terminology they preferred, as this could differ person-to-person.

E. Thornburg explained that person-first language humanizes and puts forth the person being discussed. She said that "undocumented citizen" is the preferred term over "illegal immigrant," because the undocumented citizen did not yet have the access to documentation or has not had the opportunity renegotiate their documents.

When reading "Capitalizing Communities," E. Thornburg noted that deafness is a medical condition but also a community. When discussing the Deaf community, capitalization is needed. However, when discussing the condition, capitalization is not needed.

E. Thornburg said it was important to ask people for people's pronouns as naturally as you ask for their names. She said that modeling behavior was an indicator to marginalized communities that they are in a safe space. For example, modeling behavior would be introduced *yourself* with your name and pronouns.

E. Thornburg, in response to a chat box question, responded that "Eskimo" was no longer used—instead, Inuit was used. E. Thornburg noted that within Alaska to Canada, there were 120 or so communities, many of which had did not even have terms for themselves. E. Thornburg mentioned the information from Alaskan Indigenous and Northern Canadian Indigenous communities on TikTok. They discuss language and usage in some videos.

K. Carter asked about use of Latinx versus Hispanic. E. Thornburg said that some older people in the community do not understand or use Latinx. It was more common for younger individuals to use since it was not gendered. Hispanola, she said, was terminology used by colonizers to name their colonized territories. Therefore, younger individuals had moved away from this, due to its links to colonization. Older individuals, however, may still use Hispanic.

E. Thornburg reviewed the slide "AACO's Policy: Key Points" which she put together. Please refer to this slide for more information. She explained that AACO was not able to directly provide housing, though they know it is key for preventing new HIV diagnoses. Therefore, advocating for fair or affordable housing was a big part of HIV advocacy work. They are looking for more collaboration and relationships, without name specific groups or spaces and instead, specific individuals.

E. Thornburg said that HIV stigma was still a large issue, and just because they do HIV work, that does not mean they no longer had internal stigma around HIV. examples for leadership. For program design and initiatives, she said that they need to make sure they are including the community when needed. She also said they needed to recognize themselves as advocates and activists, learning as they do the work and making sure they are an important a helpful resource. They want to build people up and help them become advocates and activists to expand and grow.

E. Thornburg said that after a year, AACO would review assessments, data, evaluations, and benchmarks to show if they had delivered on their health equity values. They needed to focus on provability and deliverables and ensure they were doing the work needed.

E. Thornburg said that everyone can help with bringing equity and cultural humility. She read the "What You Can Do" slide, starting with the "professional." For pay equity, she said that there are large disparities within HIV work especially and social justice work generally. For paperwork, she said they needed to expand gender so there were at least four or five options for gender. Things like DEI work, she explained, is not activated until there is an issue, so it is seen as punishment. Proactive prevention, instead, is extremely important, so employees can get involved. E. Thornburg said she hosts an Identity Series that has quick grabs of information. She said that professional development and training is important and useful for passing along information.

For case management and social service provision, she said, providers should always ensure that people know their rights. You want to be able to empower your clients to seek justice. Empowering and helping clients advocate for themselves will also build them up to share and provide resources to others as well. As for Communication and Conversation, she said that clients need to be part of the decision-making process and that their time is respected.

E. Thornburg next reviewed the box about what people could do personally. For privileged individuals, she said that people need to: step up (if someone is not present, a decision cannot be made until they are brought into the space), step back (let people talk, and make sure they are talking), step in front (know when to protect people and if they are blamed and blame does not lie with them). She said that, often, for grant-based or budget issues, marginalized people are replaced with part-time or contract workers who can be paid less. This would be a great time to "step in front" to ensure that this does not happen.

As for watching language, E. Thornburg said that it is important to think about the things that may be perceived as controversial. Sometimes, some thoughts may be inclusive and based in bias. Watching language around specific topics is vital.

E. Thornburg explained that it was important to be hard on the issue and soft on the person. You do not have to make opinions and arguments person, as this is a good way to make an enemy. If you are hard on the issue as oppose to the person, this will help people onto your side. J. Boyd agreed that you should attack the issue, not the person. E. Thornburg said that a lot journalists and social media figures get "clout" for turning people into villains. However, this is not effective.

E. Thornburg reviewed the resources provided on the Resources Slide. Please review these for more information.

There were no questions. Everyone thanked E. Thornburg for her participation.

Committee Reports:

—Executive Committee—
No report.

—Finance Committee—
No report.

—Nominations Committee—
No report.

—Positive Committee—
S. Moletteri reported that the Positive Committee would be meeting on Monday in the evening to discuss involvement in recruitment efforts (including questions from the Planning CHATT LC) as well as the Positive Committee's idea for a Quarterly Panel. This Quarterly Panel would help to tackle topics of interest and compile resources such as housing, mental health, etc.

—Comprehensive Planning Committee—
G. Grannan reported that CPC was continuing to review the EHE and NHAS plan. They would meet a week from today at 2:00 p.m.

—Prevention Committee—
No report.

—Retention and Recruitment LC—
K. Carter reported that the R&R LC last met Thursday, March 25th. They identified three groups to recruitment, barriers and costs to participation, and competition for joining the Planning Council. M. Cappuccilli said they needed social media expertise and that the Ad-Hoc Recruitment Workgroup was meeting next Wednesday.

Any Other Business:
None.

Announcements:
L. Diaz announced that she would not be at the next meeting on May 13, 2021.

Adjournment:
E. Thornburg called for a motion to adjourn. **Motion:** C. Steib motioned, K. Carter seconded to adjourn the April 2021 HIPC meeting. **Motion passed:** Meeting adjourned at 4:02 p.m.

Respectfully submitted,

Sofia M. Moletteri, staff

Handouts distributed at the meeting:
- April 2021 HIPC Meeting Agenda
- March 2021 HIPC Meeting Minutes

FY2021 ALLOCATIONS DECISIONS & DIRECTIVES:

New Jersey:

- **LEVEL**
  - $69,578 from the New Level Funding Budget is to be moved into EFA-Housing and all other funded service categories are to stay at the previous Level Funding Budget.
- **5% INCREASE**
  - All funded service categories are to be proportionately increased based off the New Level Funding Budget.
- **5% DECREASE**
  - All funded service categories are to be proportionately decreased based off the New Level Funding Budget, leaving the increase of $69,578 in EFA-Housing.
- **DIRECTIVES TO THE RECIPIENT**
  - AACO is to implement the EFA-Housing model as expressed in the recommendations from the Comprehensive Planning Committee and is to report back to CPC with progress and updates.

Pennsylvania:

- **LEVEL**
  - All funded service categories are to be proportionally decreased based on the New Level Funding Budget which includes the decrease of $47,589.
- **5% INCREASE**
  - The 5% increase of $136,251 is to be moved into EFA-Housing and all other funded service categories are to be kept at the New Level Funding Budget.
- **5% DECREASE**
  - EFA-Pharma is to be reduced the by 30% ($48,404), and the remaining decrease is to be proportionately taken from all other funded service categories.
- **DIRECTIVES TO THE RECIPIENT**
  - AACO is to perform a needs assessment of needed resources for the provision of telehealth, especially the assessment of barriers/issues for providing clients with phones.
  - AACO is to implement the EFA-Housing model as expressed in the recommendations from the Comprehensive Planning Committee and is to report back to CPC with progress and updates.

Philadelphia:

- **LEVEL**
  - 30% or $96,471 is to be taken from EFA-Pharma to offset the $21,990 decrease from the New Level Funding Budget, the remaining $74,481 is to be added to EFA-Housing, and the remaining service categories stay the same.
- **5% INCREASE**
  - The 5% increase of $610,193 is to be moved into EFA-Housing starting from the New Level Funding Budget and the remaining service categories stay the same.
- **5% DECREASE**
  - Starting with the FY2020 Level Funding Budget, 30% of EFA-Pharma funds are to be used to offset some of the 5% decrease (also included the original $21,990 which brought the offset to $74,481). Then, all other funded service categories are to be decreased proportionately.
- **DIRECTIVES TO THE RECIPIENT**
  - AACO is to implement the EFA-Housing model as expressed in the recommendations from the Comprehensive Planning Committee and is to report back to CPC with progress and updates.