

**Ryan White Planning Council of the Philadelphia Part A EMA
Positive Committee
Meeting Minutes
February 8, 2016
12:00-2:00p.m.**

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

Present: PH (12), PA (1), NJ (1)

Staff: Nicole Johns, Jennifer Hayes

Call to Order/Moment of Silence/Introductions: D. Gana called the meeting to order at 12:05p.m. He read the mission statement.¹ A moment of silence followed. Those present then introduced themselves and participated in an icebreaker activity.

Approval of Agenda: D. Gana presented the agenda for approval. **Motion:** J.W. moved, L. Way seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (*January 11, 2016*): D. Gana presented the minutes for approval. **Motion:** J.W. moved, J.M. seconded to approve the minutes. **Motion passed:** All in favor.

Report of Chair:

- **Participation Acknowledgments**

D. Gana acknowledged those who were attending their first Positive Committee meeting with a token of their participation.

Report of Staff: N. Johns reminded participants to RSVP in advance of each month's meeting so she could order the appropriate amount of lunches. She announced that a Planning Council social would be held on Thursday from 3-5pm.

Discussion Item:

- **PrEP Documentary**

N. Johns explained that she had found the PrEP documentary on Vice Magazine's website. She said the documentary was 3 parts and the group would pause to discuss them in between each part.

The group watched Part 1 of the documentary.

D. Gana noted that the main character in the movie did not take his pill with enough water. He said it was recommended that people take PrEP with a full glass of water. J.W. noted that many people didn't have side effects from PrEP. M. Coleman said it was important for the CDC to develop effective messages and education about PrEP, especially for affected groups like Black gay men. N. Johns said that the CDC had started developing more marketing campaigns, but there definitely was room for improvement.

¹ 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 Ryan White Part A Planning Council and the HIV Prevention Planning Group.

N. Johns asked the group what they thought of the main character saying that he didn't use condoms. J.W. said that she wouldn't have sex with a partner who didn't use condoms. D. Gana pointed out that people who didn't use condoms were still at risk for other STIs. N. Johns added that people who had STIs were at an increased risk of getting HIV. She said it was important to have honest conversations about PrEP and sexual behavior. She noted that people on PrEP had regular contact with their doctors and were tested 4 times a year for STIs and HIV.

A community member asked how doctors knew that PrEP worked. N. Johns said that randomized controlled clinical trials with men who had sex with men, serodiscordant couples (where one person was positive and another was negative), and other high risk groups had shown that Truvada as prevention of HIV was effective.

N. Johns showed Parts 2 and 3 of the documentary.

A community member asked how much PrEP would cost. N. Johns said that insurance covered PrEP. She added that Gilead, the company that made PrEP, had a patient assistance program that covered the cost of medication and copays. Another participant noted that his partner didn't have insurance. N. Johns reiterated that people without insurance could apply for Gilead's patient assistance program. A community member said that many people believed PrEP was very expensive. N. Johns said that most people would not need to pay the full price for PrEP.

N. Johns asked if the group thought anything was left out of the documentary that should have been there. M. Coleman said there should be more older advocates for PrEP.

Old Business: None.

New Business: D. Gana reminded the group that there were HIV and Aging workshops with the LGBT Elder Initiative coming up soon. He said that there would be a workshop on March 19th with the topic "Let's Talk About Sex." He stated that the AIDS Law Project will be there to talk about disclosure. Other visitors will talk about strategies for talking about HIV with your partner and PrEP and STIs. Finally, a guest will talk about his personal experience with Hepatitis C.

Announcements: M. Coleman said Philadelphia FIGHT was doing an oral history project. He encouraged anyone who was interested to stop by Philadelphia FIGHT for more information.

M. Coleman reported that it was Dental Awareness Month.

Adjournment: The meeting was adjourned by general consensus at 12:50p.m.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- January 11, 2016 Meeting Minutes
- OHP Calendar

Monday, February 8, 2016

12:00-2:00pm

Office of HIV Planning 340 N. 12th Street Suite 203
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 Ryan White Part A Planning Council and the HIV Prevention Planning Group.

○ Call to Order/Moment of Silence
Introductions

○ Approval of Agenda
○ Approval of Minutes

○ Report of Chair
• Participation
Acknowledgements

○ Report of Staff

○ Discussion Item
• PrEP Documentary

○ 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
March 14, 2016 from 12:00-2:00PM 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). If you
require any special assistance, please contact the office at least 5 days in
advance.*

**Ryan White Planning Council of the Philadelphia Part A EMA
Positive Committee
Meeting Minutes
January 11, 2016
12:00-2:00p.m.**

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

Present: PH (37), PA (2), NJ (1)

Staff: Nicole Johns, Briana Morgan, Jennifer Hayes

Call to Order/Moment of Silence/Introductions: K. Carter called the meeting to order at 12:10p.m. He read the mission statement.¹ A moment of silence followed. Those present then introduced themselves and participated in an icebreaker activity.

Approval of Agenda: K. Carter presented the agenda for approval. **Motion:** J.W. moved, L. Way seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (December 14, 2015): K. Carter presented the minutes for approval. **Motion:** M. White moved, D. Gana seconded to approve the minutes. **Motion passed:** All in favor.

Report of Chair:

- **Participation Acknowledgments**

K. Carter acknowledged attendees who were attending their first Positive Committee meeting with a token of their participation.

Report of Staff: N. Johns reminded the group to RSVP before all Positive Committee meetings so she could order the appropriate amount of lunches. She announced that the Office of HIV Planning had hired Beth, a new receptionist who spoke English and Spanish. She said Beth could be reached by calling the main office number². N. Johns reminded the group that her personal extension was 108.

Discussion Item:

- **LGBT Elder Initiative**

K. Carter announced that he and D. Gana were active in the LGBT Elder Initiative (LGBTEI). He stated that they'd invite LGBTEI representatives to the April Positive Committee meeting (on April 11th) to discuss mental health, nutrition, exercise, and other issues relevant to PLWHA, especially as they got older. He asked the group if they'd be comfortable inviting people to attend the informational sessions who may not necessarily be HIV positive. **Vote: The Positive Committee agreed by general consensus to invite LGBTEI representatives to their April meeting.**

D. Gana asked all participants to arrive early or on time to the April meeting. N.V. asked if a Spanish interpreter would be present at the meeting, and N. Johns said translation services would be provided.

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² 215-574-6760

- **National HIV/AIDS Strategy in Philadelphia** - Briana Morgan, OHP

B. Morgan explained that the National HIV/AIDS Strategy (NHAS) was released for the first time in 2010. She said it was updated in 2015. She read a quote from Barack Obama about his goal of eliminating HIV in the United States. She invited participants to ask questions throughout the presentation.

M. White noted that a group in Philadelphia would be meeting with PA's new governor, Tom Wolfe, to discuss his perspective on HIV/AIDS in Philadelphia.

B. Morgan listed the goals of the NHAS. These included reducing new HIV infections, increasing access to care and improving health outcomes for PLWHA, reducing HIV-related disparities and health inequities, and achieving a more coordinated national response to the HIV epidemic. J.W. asked how new HIV infections would be reduced. B. Morgan said one way was HIV testing, which prevented transmission of HIV to more people because a person diagnosed with HIV could then take medications to greatly reduce their chance of transmitting HIV. She added that Pre-exposure Prophylaxis (PrEP) and other prevention measures also helped prevent the spread of HIV.

B. Morgan reiterated that the new NHAS reflected several changes. The new strategy added PrEP as a major component, introduced changes in language, ten new quantitative indicators, the HIV Care Continuum Initiative, and updates to target populations. She explained that PrEP stood for pre-exposure prophylaxis. She said this involved taking Anti-Retroviral Treatment (ART) to prevent getting HIV. K. Carter stated that people on PrEP took Truvada. B. Morgan said PrEP had been very effective for preventing HIV transmission in recent tests.

J.W. asked if Truvada removed the HIV virus from the bloodstream. K. Carter said it did not. He noted that a new HCV medication had been developed that eliminated the HCV virus in the bloodstream. He added that people on PrEP should still use condoms to prevent other STIs.

B. Morgan listed the new target populations for the 2015 NHAS. She said these were gay, bisexual, and other MSM of all races and ethnicities; Black women and men; Latino men and women; people who inject drugs; youth aged 13 to 24 years; people in the Southern US; and transgender women. B. Morgan noted that some data from her presentation was gathered from the OHP Epidemiologic Profile, which was posted on the OHP website³. E. Campbell asked if a printed copy of the Epi Profile was available to distribute to other groups. K. Carter said the document could be downloaded from the website, as it was very long to print.

B. Morgan noted that it was important to know how many people were in each target population. She said that, according to the Williams Institute, an estimated 3.5% of adults were lesbian, gay, or bisexual. She added that, applied to our EMA, this would account for an estimated 90,793 MSM. M. Coleman asked if numbers were available on the numbers of people who were lost to care. B. Morgan replied that information on the care continuum could be found in other documents. She reviewed information about HIV prevalence among gay, bisexual, and other men who have sex with men. She said that, EMA-wide, MSM comprised 36% of PLWHA.

B. Morgan continued with statistics on the numbers of Black men and women in Philadelphia. E. Campbell asked if White people were included in the presentation. B. Morgan said White people were not a target population for the NHAS. She explained that generally White people were not at

³ <http://hivphilly.org/Documents/EpiProfile/2015Epi.pdf>

high risk for HIV, outside of risk groups like people who inject drugs. E. Campbell noted that the early HIV epidemic was majority White. B. Morgan agreed. She said that many of the first people to have HIV and AIDS had passed away. She noted that early in the epidemic injection drug users had HIV more often than they do now, as needle exchange programs were now available. She added that people who injected drugs in Philadelphia were a majority White.

B. Morgan read statistics on the prevalence of HIV and AIDS among Black men and women. She stated that 58% of PLWHA in the EMA were Black. D. Gana pointed out the citations in the text of the presentation. He noted that anyone who wanted to reference the Epidemiologic profile could find more information on the pages Briana had listed.

A community member asked how the number of PLWHA in Philadelphia compared to other cities in the United States. N. Johns stated that Philadelphia was usually in the Top 10 of major cities for numbers of PLWHA. She explained that some cities, like New York, Los Angeles, and Chicago were always going to be ranked more highly because they had higher populations. She noted that the number of people getting HIV was rising more quickly in the South, whereas it was relatively stable in Philadelphia. The community member stated that the number of PLWHA was rising sharply in Atlanta and other cities, which affected Philadelphia's ranking in PLWHA nationwide. N. Johns added that rankings depended on what was being counted (e.g. new infections or existing infections). The community member remarked that high-quality HIV care was available in Philadelphia, and N. Johns concurred. B. Morgan explained that some cities with recent rises in the number of PLWHA did not have a strong infrastructure for HIV care. R.W. pointed out that Philadelphia was a gateway city, located adjacent to NJ and Delaware and along several major interstates.

N. Johns added that the target populations in the NHAS were the groups of people who were currently most affected by HIV. She noted that people in other groups were also affected by HIV. E. Campbell commented that some people falsely believed that only White people were at risk for HIV. He said many of his acquaintances were unaware of their HIV status and engaged in high-risk sexual behaviors. K. Carter noted that there were misperceptions in the Black community about HIV and AIDS. He encouraged participants to help dispel misinformation in their communities. A community member stated that he was from Memphis, TN. He said that, in his region, many people had believed that HIV only impacted gay men. He pointed out that the numbers of older people affected by HIV and AIDS were increasing. B. Morgan added that trends among different target groups spanned across different regions of the US (e.g. some of the same trends seen in Memphis, TN could also be observed in Philadelphia).

B. Morgan explained that examining statistics about different groups helped to target services for those groups. She read off statistics on the numbers of Latino men and women in Philadelphia and surrounding areas. She continued with statistics on HIV/AIDS prevalence among Latino men and women. She reported that 8.55% of PLWHA in the EMA were Hispanic. She explained that, for Latino men and women, the number of people newly diagnosed with HIV was proportional with the number of people already living with HIV/AIDS in the population.

T.W. asked what kind of medications were needed for babies who were born with HIV. N. Johns explained that transmission of HIV from mothers to children was very rare in Philadelphia and nationwide. She explained that HIV-positive mothers were treated with ART during pregnancy and during birth. She added that the children of HIV-positive mothers would be placed on ART after birth as well. T.W. asked what happened if the mother did not know she was HIV positive. N. Johns said the child would be treated with ART after birth and would still be very unlikely to be diagnosed

with HIV. D. Gana pointed out that babies developed their immune systems in the first 18 months of life. Therefore, they could clear the infection during this time. A community member said her son was HIV positive, and he had 4 HIV negative children. She said all her son's children had received ART and tested routinely after their birth. K. Carter noted that breastfeeding could result in mother-to-child HIV transmission. N. Johns said that some women who were virally suppressed may be able to breastfeed safely in certain conditions, though it was not recommended in the US. A community member asked if babies get antibodies from their mothers, and N. Johns replied that they did. He asked how long it took babies to get their own antibodies. N. Johns said she'd follow up with more information.

B.R. asked how many people were serving prison time in Philadelphia for transmitting HIV to their partners. K. Carter stated that HIV criminalization could be covered in other presentations. D. Gana explained that HIV criminalization would be covered in the LGBTEI presentation in April.

B. Morgan continued with statistics about people who inject drugs. She said these numbers were estimated by counting people who checked into rehab centers. Therefore, she said the statistics were limited and not comprehensive. She reported that in Philadelphia, 93% of people who injected drugs were White, 6% were Black, and 8% were Hispanic. She pointed out that some people were counted as both White and Hispanic. She noted that new HIV infections among people who injected drugs were going down in the Philadelphia area, partially due to needle exchange programs.

B. Morgan read estimates of the youth (13 to 24 years) population in the Philadelphia area. She stated that the Youth Risk Behavior Survey for high school students included questions about number of sexual partners, sexual activity, and condom use. She reported that 4% of PLWHA in the EMA were between the ages of 13 and 24. She continued that youth accounted for 27% of new HIV and 12% of new AIDS cases in Philadelphia, with similar numbers EMA-wide. She commented that more youth were now getting HIV and AIDS than had in the past. However, she noted that teen pregnancy rates had gone down in the EMA.

T.W. asked why youth were engaging in high-risk sexual behaviors. She asked if there were adequate sexual education programs in schools. B. Morgan explained that the state of PA had no requirement for sexuality education programs in schools. She said schools were required to share some information in HIV prevention, with an emphasis on abstinence. She stated that each school board was responsible for determining what kind of sex education programs would be offered. G.T. remarked that sex education programs were not as widespread as they once were. K. Carter noted that many parents did not want their parents to learn about sex in schools. G.T. added that some parents did not talk to their children about sex.

E. Campbell explained that sometimes youth were not receptive to prevention messages and still engaged in high-risk behaviors. B.R. agreed. D. Gana said he'd taught sex education programs at schools in the past. He stated that being honest and straightforward with students had worked well. He added that some students who ridiculed the programs were actually curious and eager to speak with him after the presentation. B. Morgan remarked that teenagers were worried about what their peers thought of them. She added that many heterosexual teenagers were often more concerned with pregnancy prevention rather than STI prevention. She stated that HIV often spread within social groups when one or two people got HIV and the other group members did not change their behavior. She noted that youth were held to expectations that adults did not meet themselves. Several participants agreed.

A community member stated that various agencies took sex education programs into charter schools. He said these organizations often didn't have the resources to meet the need for sex education programs in the area. He noted that parental consent was required for children to participate in the programs. He encouraged participants to support sex education programs. He said some churches were offering sexual education programs now. B. Morgan noted that she and J. Hayes attended a monthly panel to review the materials used in sex education programs in Philadelphia. However, she concurred that the resources available for these programs were limited.

B. Morgan said that the NHAS this year also targeted transgender women. She explained that not much data was available on transgender women. She stated that the US census did not collect information on assigned sex at birth or gender identification. She said there was currently some advocacy going on around data collection about transwomen.

B. Morgan pointed out that aging populations with HIV and AIDS were not a target population on the NHAS. However, she noted that this group was an important part of the HIV epidemic in Philadelphia. She stated that 44% of PLWHA in the Philadelphia EMA were 50+, and 61% of PLWHA in the EMA were 45+.

B. Morgan concluded her presentation. She said more information was available on hivphilly.org. She added that the NHAS could be downloaded from AIDS.gov. She encouraged anyone with questions to email⁴ or call her.

Old Business: None.

New Business: None.

Announcements: N. Johns stated that next Wednesday from 12-1:30 a lecture about HIV criminalization would be held at Irvine Auditorium at the University of Pennsylvania.

Adjournment: The meeting was adjourned by general consensus at 2:35p.m.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- December 14, 2015 Meeting Minutes
- OHP Calendar

⁴ briana@hivphilly.org