

**Ryan White Planning Council of the Philadelphia Part A EMA
Positive Committee
Meeting Minutes
May 9, 2016
12:00-2:00p.m.**

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

Present: PH (10), PA (1)

Staff: Nicole Johns, Antonio Boone, Jennifer Hayes

Call to Order/Moment of Silence/Introductions: K. Carter called the meeting to order at 12:11p.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:** D. Gana moved, L. Way seconded to approve the agenda. Motion passed: All in favor.

Approval of Minutes (March 14, 2016): K. Carter presented the minutes for approval. **Motion:** L. Way moved, D. Wingate seconded to approve the minutes. Motion passed: All in favor.

Report of Chair: None.

Report of Staff: N. Johns informed the group that the OHP's phones were still not working. She stated that all meetings would be held at today's location in the future, as the office has moved. She noted that there were some problems buzzing meeting attendees into the building, so alternate directions were posted. She asked the group to check Facebook² or the OHP website³ for updates and further information. She noted that many meeting dates for the month of May had moved. She encouraged the group to look at the calendars in their packets and on the website for more information.

N. Johns stated that the OHP's Antonio Boone would be the new OHP staff member for the Positive Committee. N. Johns said she'd still be attending meetings, but Antonio would be transitioning into her role.

A. Boone said he was excited to take on his new role in the Positive Committee. He stated that he hoped to help the group do some of the activities they'd talked about in a brainstorming session in October.

Discussion Item:

- **Youth Risk Behavior Survey (YRBS) Update**

A. Boone stated that the School District of Philadelphia conducted a Youth Risk Behavior Study in 2015. He said there had been a presentation on the YRBS at the March HPG meeting.

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.

² <https://www.facebook.com/hivphilly>

³ <http://hivphilly.org/>

A. Boone stated that the YRBS measured six types of health risk: tobacco use; alcohol and drug use; body weight, nutrition and physical activity; sexual risk activity; injury and violence; and mental health. He noted that there was not much information about asthma in his presentation, but it was one of the risk factors on the YRBS. He said about 1 in 4 students had asthma, which affected their school attendance.

A. Boone said the survey was administered to 1896 students at 29 randomly selected public schools. He stated that the survey had a 70% completion rate, so the data was representative of all 9th through 12th graders in the district. He explained that the School District of Philadelphia had been funded to conduct the YRBS every other year since 1991.

A. Boone reviewed student demographic information. He stated that random classrooms within schools were selected for the survey. He stated that the school response rate for the survey was 100%, and the student response rate was 65%. He pointed out that more males than females took the survey. He added that 9th graders were most likely to complete the survey, with a lower percentage at each grade level up to 12th. He noted that, out of students who took the survey, 46% were Black, 13% were white, and 20% were Hispanic. K. Carter asked if older students were less likely to participate in the survey due to high school drop out rates. A. Boone replied that younger students were simply more willing to participate in the survey, which was optional.

A. Boone began by discussing tobacco use. He said that the percentage of students who'd ever smoked declined from 76% to 34% between 1991 to 2015. He noted that the rate of students who currently smoked had also dropped, and more students were trying to quit smoking. D. Wingate remarked that she was surprised so many students smoked. K. Carter said some students were smoking e-cigarettes. A. Boone stated that the YRBS measured use of e-cigarettes for the first time this year. D. Wingate asked if students who smoked e-cigarettes were more likely to smoke regular cigarettes. N. Johns replied that the survey didn't assess this information. However, she asserted that not everyone who smoked e-cigarettes or vapor products smoked cigarettes. She stated that studies were being done on whether or not e-cigarette use increased the rate of cigarette smoking. D. Wingate asked if e-cigarettes were dangerous. K. Carter stated that there wasn't much research on e-cigarettes yet, but they may have some health risks. W.J. said that no one could be sure what ingredients were put into e-cigarettes. D. Wingate asked if anyone in the room had smoked e-cigarettes. A participant said he'd smoked an e-cigarette, but he returned to smoking regular cigarettes afterwards. D. Wingate asked if e-cigarettes had nicotine in them. N. Johns responded that some did. A. Boone said more information about e-cigarettes would come out in the future. D. Wingate noted that some public places did not allow e-cigarette smoking.

A. Boone moved on to a slide about alcohol and drug use. He said that the prevalence of drug and alcohol use had decreased slightly. He stated that nearly 15% of students reported binge drinking in 2013, whereas the percentage was slightly above 10% in 2015. He added that 25% of students had used marijuana in 2013 and 20% in 2015. He noted that the number of students who used drugs, particularly marijuana, might be underreported. M. Coleman asked if the survey collected information about Camden. A. Boone replied that today's data was only for Philadelphia. W.J. noted that some areas were trying to legalize marijuana. K. Carter stated that medical marijuana had been legalized in some places. A. Boone stated that rates of students who used cocaine or heroin at least once in their lifetime had increased between 2013 and 2015.

A. Boone stated that rates of obesity and overweightness had been stabilizing. He said that overall physical activity rates remained stagnant while sedentary lifestyle rates had increased from 22% to 25%. He stated that rates of heavy television watching had decreased to 33%, but rates of heavy computer use had increased to 48%. He noted that 17% of students self-reported being overweight, and 13% reported being obese. He stated that schools were trying to take actions to prevent obesity, like removing vending machines to keep students healthier.

M. Coleman asked if many students had attention-deficit/hyperactivity disorder (ADHD). N. Johns said she didn't know the prevalence of ADHD in Philadelphia. She added that some students who were diagnosed with ADHD improved as they got older. A. Boone noted that mental health questions on the survey were limited to depression and suicide.

A. Boone reported that 50% of students had ever had sex, and 30% of all students reported having had sex during the last three months. He said 9% had reported having sex before age 13. He noted that 1 in 4 reported having more than 4 sex partners.

A. Boone presented a slide on injury and violence. He stated that more than $\frac{3}{4}$ of students reported wearing seatbelts. He said that rates of physical fighting and carrying a weapon had remained steady since 2013. He noted that thoughts of suicide had decreased throughout the 1990s; however, reports of attempted suicide in Philadelphia remained higher than national reports. M. Coleman noted that many high school students had to wear uniforms. He asked if the decreased emphasis on physical appearance due to school uniforms had decreased violence. A. Boone responded that even when students wore uniforms, they distinguished themselves through other things like hair, nails, and makeup. D. Wingate noted that she went to Catholic school growing up. She stated that most Catholic schools had uniforms. She agreed with A. Boone that some students wore flashy accessories to distinguish themselves. She added that students may become victims of violence due to jealousy. She noted that school disciplinary procedures had changed through the years. A. Boone reported that there was more persistent sadness among students, which was up to 4% in 2015. He noted that social media may cause students to experience more depression or suicide. He added that students were often connected to social media on their phones, which may expose them to more negativity from peers. K. Carter asserted that persistent use of cell phones prevented students from developing their social skills. He noted that parents were often at work and could not monitor their children. He stated that students today may have little contact with neighbors and other adults outside school or their homes.

A. Boone noted that there had been several discussions about youth in the Positive Committee. He stated that he'd chosen to share the YRBS data so the Positive Committee could learn more about how to support youth in their communities. W.J. said many students were skipping school. He stated that truancy was not as closely monitored today as it had been in the past. He added that some students were not interested in school.

A. Boone stated that 15% of students in Philadelphia reported having suicidal thoughts, which were particularly prevalent among 9th graders. He added that 12% of students had attempted suicide. He stated that 35% of students reported persistent sadness for 2 or more weeks.

M. Coleman suggested that schools have more LGBT-inclusive counseling available. N. Johns explained that the school district was underfunded. She added that funding cuts had been made at the state level. W.J. expressed surprise that students had suicidal thoughts. D. Gana stated that students may not show the depression they were going through. N. Johns explained that students who had

experienced trauma and poverty were more likely to have suicidal thoughts or depression. She said some may project an air of being “hard” or tough to cope with what they were feeling. She added that powerlessness may make people angry, and that anger may sometimes be directed inward. She noted that suicide was a common cause of death among young men in Philadelphia. She said the Positive Committee could have more conversations about mental health among young people in Philadelphia in the future. K. Carter stated that people from privileged backgrounds may also think about or commit suicide. N. Johns noted that there was a very high rate of suicide among veterans. She stated that 22 veterans, many of whom had experienced trauma, committed suicide every day. W.J. said he had grown up in an area where gang violence was common. He stated that some children in his neighborhood had lacked parental guidance. He stated that young people today had more entertainment available to them. However, he noted that rates of depression had increased. A. Boone agreed that young people used entertainment (e.g. video games and computers) to cope with what they were feeling. K. Carter stated that some young people felt entitled and sought instant gratification. D. Wingate added that some parents did not act as authority figures for children.

A. Boone noted that the group would be talking about topics like this more in the future.

- **Allocations Discussion**

N. Johns stated that Ryan White Part A grant allocations meetings would be held in June. She said that the Planning Council would decide how money would be spent in the next year. She said she’d give more in-depth information about allocations next month.

N. Johns explained that the federal government had released new policies about Ryan White this year. K. Carter stated that the new policies were released in a document called Policy Clarification Notice 16-02⁴. N. Johns stated that legal services was not going to be its own category anymore. She said it would now be grouped under “other professional services.” She explained that legal services would still be funded by Ryan White, but they would be listed under another service category. D. Wingate if the quality of the services would change. N. Johns replied that it would not. She said that legal services would still be provided the same way.

N. Johns added that the Planning Council would be moving money into the direct emergency financial assistance (DEFA) category for emergency medications. W.J. asked if these funds could be used if he lost his medications. N. Johns stated that DEFA medication assistance would be used on an emergency basis for people who didn’t have insurance or were waiting for coverage to start. W.J. asked why doctors didn’t use emergency funds when patients lost their medications. N. Johns stated that the Ryan White emergency medication funds were not supposed to be used for patients who already had insurance through private companies, Medicaid, or the Special Pharmaceutical Benefits Program (SPBP). D. Wingate asked if there was a time limit for emergency medication services. N. Johns replied that there was a 30-day maximum for medications. She added that consumers would only be able to use DEFA a limited number of times during the year. She explained that the emergency medication service had previously been offered through Walgreens. She stated that some changes may be made to the program after it was moved to DEFA.

N. Johns said the EMA still didn’t know how much money they’d be getting from the federal government. She stated that they should know this week.

⁴ http://hab.hrsa.gov/affordablecareact/service_category_pcn_16-02_final.pdf

- **Heterosexual Focus Group Report**

N. Johns said she'd be sharing a presentation on her high-risk heterosexual focus groups, which were held in November 2014. She stated that copies of the full report were available on the OHP website⁵.

N. Johns reported that there had been 4 focus groups held, 2 with men and 2 with women. She said that participants' ages ranged from 29-62. She informed the Positive Committee that focus groups with young heterosexuals would be held in the future. She stated that a majority of participants in the high-risk heterosexual focus groups were African-American, with a high school diploma or equivalency. She added that most earned less than \$10,000/year. She noted that most participants rented or owned their homes, 1 was homeless, and 2 were staying with family or friends. She stated that all participants lived in Philadelphia, were over 18, spoke English, and identified as heterosexual.

N. Johns said that the focus groups had brainstormed all the different places they could get HIV tests in Philadelphia. She stated that people were more willing to get tested for HIV at an organization with expertise in HIV, which could potentially link them to HIV services if they tested positive. She said friendly staff was also important. She noted that people wanted to go to providers where they could feel comfortable and welcomed. She added that participants emphasized respect for privacy and confidentiality. She also stated that incentives were effective for getting people tested. She noted that women in particular said they'd like to get incentives for groceries or other necessities to help their families. N. Johns reported that some participants were worried that they'd be stigmatized if they went to AIDS Service Organizations (ASOs), though others preferred them. She added that most people did not want to be tested at Health Center 1. She noted that Health Center 2, which also offered HIV testing, had recently opened on South Broad Street.

N. Johns noted that some participants had disclosed they were HIV positive. She stated that everyone in the focus groups had shared their thoughts on HIV testing. She said that social support and stigma through "buddies" or friends/partners would help to combat fear and stigma during the testing process. She added that community-based and routine testing was needed in Black communities. She reiterated that incentives were particularly effective for women, people who were experiencing homelessness, and Black men. D. Wingate asked why so many participants in the focus groups had been Black. N. Johns said that there were many Black people of lower socioeconomic status in Philadelphia. A. Boone noted that inequality in the school system and communities may cause more disadvantages to Black people than other groups. N. Johns noted that Black people did not participate in high-risk behavior more often than other groups. However, she explained that communities where more people had HIV were at higher risk. She noted that people tended to have sex within their communities. She emphasized that testing was therefore particularly important in high-risk communities. She stated that people who knew their status could take measures to prevent spreading it, including getting in treatment and reducing their viral load. She explained that, historically, Black communities had less access to healthcare. She added that the Affordable Care Act was aimed at reversing some of these historical inequities. N. Johns noted that future focus groups would target Hispanic people, and would be more likely to highlight issues specific to the Hispanic Community. M. Coleman pointed out that there were stereotypes and stigma within the Black community that prevented people from getting tested for HIV. D. Wingate noted that some people had misconceptions about who was at risk of HIV.

⁵ <http://hivphilly.org/Reports/HRH.pdf>

N. Johns said that some themes that came up in the focus groups were poverty and access to healthcare; homelessness; mental illness and trauma; caregiving; mistrust of doctors; stigma; and dignity and cultural competency. She stated that some people felt they were not respected at the doctors' office because they were poor or experiencing homelessness. She noted that poverty may also prevent people from getting transportation to the doctor. She said that one of the women's focus groups had a discussion about trauma and sexual assault. She added that a men's group had also addressed trauma and incarceration. She noted that the older people in these focus groups seemed more comfortable with discussing mental health than the younger people in the previous YMSM focus groups. She stated that participants in the women's groups had discussed caretaking of children and relatives. She noted that some men said the women in their lives encouraged them to get healthcare. She explained that mistrust of doctors was common in Black and trans communities. W.J. said he'd had a bad experience when he was forced to switch doctors in the past. He stated that he was not comfortable with his new doctor, though he had a good relationship with his previous provider. N. Johns stated that some of the women in the focus groups had bad experiences with health care during pregnancy and childbirth. She said that people who felt judged wouldn't want to be honest with their doctors. W.J. noted that people who were incarcerated may not want to tell the doctors about their HIV status because their confidentiality may be compromised. N. Johns reiterated that focus group participants emphasized dignity in healthcare. She stated that patients wanted to get full, simple explanations for what was happening at the doctor's office.

N. Johns stated that participants were asked to brainstorm their ideal place for healthcare. She said they envisioned a hospital or clinic that was respectful, with clear communication, health education, and social support. She added that the clinic would be accessible and welcoming (e.g. waiting rooms with comfortable chairs and places to charge phones). She concluded that participants advocated for incentives, like food and gift cards.

N. Johns shared a list of recommendations based on the focus groups. K. Carter reminded the group that they could, and should, change doctors at any point if they were not happy with the medical care they were receiving.

Old Business: None.

New Business: N. Johns said the OHP had received a letter from a person living with HIV who was incarcerated. She noted that the OHP would be providing information to this person. However, she invited members of the Positive Committee to also send him notes of encouragement or support. A participant noted that it was important that the individual's confidentiality be protected. N. Johns said she'd bring some notecards to next month's Positive Committee meeting so anyone who was interested could send him some encouragement.

K. Carter asked the group if they'd like to discuss HIV and incarceration. He suggested they develop a pamphlet about being incarcerated with HIV. He also suggested talking to Planning Council member Tre Alexander about HIV support programs or groups that went into prisons.

Announcements: K. Carter stated that there would be an LGBT Elder Initiative (LGBTEI) event on Saturday, May 21st. He invited the group to pick up flyers on the side table. He reminded them that AIDS Education Month was coming up in June. He said they could register for AIDS Education Month events online. D. Wingate added that the Trans Health Conference would be held in June. M. Coleman stated that May was Stroke Awareness Month.

N. Johns asked participants to RSVP for the June Positive Committee on the sign in sheet at the front of the room.

D. Gana said the Reunion Project would be holding an event this Saturday from 9am-5pm at the William Way Center. He said the event was for long-term survivors of HIV and AIDS.

Adjournment: Motion: L. Way moved, D. Gana seconded to adjourn the meeting at 1:47p.m.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- March 14, 2016 Meeting Minutes
- OHP Calendar

Monday, May 9, 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
 - Youth Risk Behavior Survey (YRBS) Update
 - Allocations Discussion
 - Heterosexual Focus Group Report
- 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 June 13, 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
March 14, 2016
12:00-2:00p.m.**
Office of HIV Planning, 340 N. 12th Street, Philadelphia, PA 19107

Present: PH (20), PA (2)

Guests: David Griffith (LGBTEI)

Staff: Nicole Johns, 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:** D. Gana moved, L. Way seconded to approve the agenda. **Motion passed:** All in favor.

Approval of Minutes (February 8, 2016): K. Carter presented the minutes for approval. **Motion:** D. Gana moved, L. Way seconded to approve the minutes. **Motion passed:** All in favor.

Report of Chair:

- **Participation Acknowledgments**

K. Carter recognized people attending their first Positive Committee meeting with a token of their participation.

K. Carter noted that the Integrated Executive Committee had met earlier this month with representatives from each planning body and subcommittee. He said they discussed Medicare and Medicaid and peer support programs as possible areas of focus for the Positive Committee..

Report of Staff: N. Johns reminded the group that next month there would be no Positive Committee meeting. She stated that the LGBT Elder Initiative (LGBTEI) would holding a workshop She asked people who planned to attend the workshop to RSVP to the LGBTEI. She added that the next Positive Committee meeting would be held on May 9th.

Discussion Item:

- **LGBT Elder Initiative (LGBTEI) Presentation (David Griffith)**

K. Carter stated that David Griffith would be talking today about upcoming LBTEI programs. He said the LGBTEI was hosting an event on March 19th.

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.

D. Griffith explained that the LGBTEI hosted programs for people with HIV who were getting older. He said that they had been planning a new series of presentations with input from the community. He stated that the LGBTEI would be hosting a panel on Saturday March 19th called "Let's Talk About Sex." He explained that it would cover communicating with sexual partners, including HIV disclosure. He stated that legal and medical representatives would be at the meeting. He noted that the program was free, and registration information was available on flyers he had passed around the room.

D. Griffith stated that the program at the OHP would be held on April 11th from 12-2. He said the topic would be "Healthy Mind, Healthy Body." He noted that the importance of caring for one's health increased with age. He reported that the presentation would cover nutrition and exercise. He said a nutritionist and a personal trainer would be present. He added that a social worker would talk about grief, loss, and mental health. He said that a reverend would also attend to talk about spirituality.

D. Griffith invited the group to sign up for the event on a registration sheet he was passing around the room. He said there would be snacks and translation services provided at the event.

- **Report from Integrated Executive Committee**

K. Carter noted that earlier this month the co-chairs from all the Planning Council and HPG committees had met to talk about issues in care and prevention. She said they discussed consumer education around Medicaid and Medicare as well as peer support.

N. Johns encouraged the Positive Committee to talk about future presentations they'd want to hear about Medicaid and Medicare.

K. Carter asked if everyone understood the recent changes in Medicaid and Medicare. D. Gana asked what the difference was between Medicaid and Medicare. N. Johns stated that Medicaid and Medicare were both government programs to provide healthcare for people. She explained that Medicaid, or Medical Assistance, was state-run. She said each state had to follow specific rules about who was covered. She stated that the ACA had made more people eligible for Medicaid. She explained that Medicare was a federal program that was for seniors and other people who met the eligibility requirements. She noted that some people were eligible for both programs. She explained that the group could make a brochure or invite a speaker to answer their questions.

K. Carter informed the group that anyone with a Medicaid card could use it to get a discount on SEPTA. R.W. stated that Medicare recipients who were 65 and older could get SEPTA transportation for free, though they'd have to pay \$1 to take the train. D. Gana noted that SEPTA was getting rid of their token system. He urged the group to visit the SEPTA office at 12th and Market to get their picture taken for a card system that would be implemented in the future. N.V. asked if the new card system would apply to her, since she is not 65. D. Gana responded that it would. N.V. asked if tokens would still be available. N. Johns replied that tokens would be phased out slowly and would still be accepted for some time.

M. Coleman stated that there were long waits for dental appointments at the city health centers. N. Johns said there was a lot of demand for dental services and a limited number of appointments. K. Carter noted that Ryan White dental care was available at a few other providers like Penn Dental. He reminded anyone seeking Ryan White dental care to bring their Ryan White certification card to their appointments.

R.W. noted that he had some copays for his medications. K. Carter asked if he had a Special Pharmaceutical Benefit Program (SPBP) card. R.W. responded that he did not. K. Carter suggested R.W. talk to his case manager about getting an SPBP card so he would not have copays. K. Carter stated that the SPBP program would ask for proof of residency, proof of income, and a social security card. He said there was a form he'd fill out to get enrolled. He noted that Ryan White recertification and SPBP applications could be completed at the same time.

A community member said that some insurance companies had copays and others did not. A separate participant said that medication prices varied by pharmacy. N.V. asked if she could have SPBP and Medicaid. N. Johns explained that Ryan White was supposed to be for people who were uninsured and underinsured. She stated that people who had insurance through Medicaid or Medicare were not supposed to be getting SPBP help. However, she suggested that everyone apply for SPBP to check their options and account for any changes in their situation.

N.V. asked if all Medicaid benefits were the same. N. Johns stated that because of Medicaid expansion, everyone who qualified for Medicaid should receive the same coverage of services. She noted that someone could become ineligible for Medicaid if their income changed. She said that these individuals may then be eligible for subsidies on ACA plans. She noted that Medicaid sometimes made mistakes, and anyone who thought they shouldn't have been dropped should go to Legal Aid for assistance.

K. Carter asserted it sounded like the group might benefit from talking to someone about Medicaid or Medicare. N. Johns stated that they could have a representative from the AIDS Law Project come in.

A community member stated that a relative from the Health Department gave him a list of what Medicare covered. K. Carter reported that Medicare and Medicaid sent out a booklet every year saying what was covered and what had changed. E. Campbell added that the booklets were sent out at the beginning of each year. Another participant noted that most insurers had a 1-800 number that clients could call for answers to their questions.

K. Carter noted that SPBP would be paying for Hepatitis C treatment. He explained that the treatment was being paid for by a short-term pilot program, so he encouraged anyone who was interested to sign up quickly. However, he stated that anyone who started treatment would be covered through their whole course of treatment. He reported that the program would end July 31st. A community member stated that he just started Hepatitis C treatment. He suggested that anyone who was denied for the treatment apply again. He noted that the price of the treatment was \$163,000 for an 8-12 week course. K. Carter noted that the Hepatitis C treatment did not prevent people from getting Hepatitis C again, and the pilot program would not cover a second treatment.

A participant asked if pharmacy representatives could come in to talk about copay assistance programs. K. Carter said they'd bring in a speaker who could talk to the group about pharmacy programs. N. Johns noted that different kinds of pharmacies had different programs. R.W. noted that some pharmacies worked by mail order, and provided several months' supply of medications at once. However, they were not able to provide medications quickly if they were needed.

N.V. asked if SPBP was only for PLWHA. K. Carter replied that it was. He stated that it was part of the Ryan White program. N. Johns explained that SPBP covered many medications aside from HIV medications.

K. Carter said the group would talk about Peer Support programs at their next meeting.

Old Business: None.

New Business: None.

Announcements: M. Coleman stated that SILOAM was having a mindfulness program on Wednesdays in April and May. He said a flyer for the series was available on the bulletin board.

Adjournment: The meeting was adjourned by general consensus at 1:10p.m.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

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- OHP Calendar