

**Ryan White Part A Planning Council of the Philadelphia EMA  
Positive Committee  
Meeting Minutes  
November 14, 2016  
12:00-2:00p.m.**

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

**Present:** PH (24), PA (2)

**Guests:** Bryan Cole-Smith (Penn Dental)

**Staff:** Antonio Boone, Jennifer Hayes

**Call to Order/Moment of Silence/Introductions:** N. Santiago called the meeting to order at 12:07p.m. She read the mission statement.<sup>1</sup> A moment of silence followed. Those present then introduced themselves.

**Approval of Agenda:** A. Boone presented the agenda for approval. **Motion: D.G. moved, J.M. seconded to approve the agenda. Motion passed: All in favor.**

**Approval of Minutes (October 17, 2016):** A. Boone presented the minutes for approval. **Motion: D.G. moved, J.M. seconded to approve the minutes. Motion passed: All in favor.**

**Report of Chair:** No report.

**Report of Staff:** A. Boone announced that the OHP Consumer Survey had been completed and submitted to the Institutional Review Board (IRB). He thanked the Positive Committee for piloting the survey at their meeting last month. He said that their suggestions had been taken to the Comprehensive Planning Committee and incorporated into the survey. He noted that surveys would be distributed in doctors' offices and other local organizations throughout December and January.

A. Boone announced that the Philadelphia HIV Prevention Planning Group would be merging with the Ryan White Planning Council. He said the Planning Council bylaws had recently been reviewed and updated. He added that participants could fill out an application to join the Planning Council at the front desk. He noted that the Planning Council was legislatively mandated to decide where money went and how HIV/AIDS services were prioritized in the Philadelphia area. He noted that participants in the Positive Committee helped the Planning Council make decisions.

**Special Presentation:**

- **Penn Dental Presentation** – *Bryan Cole-Smith, Penn Dental*

B. Cole-Smith reported that he worked at the University of Pennsylvania's School of Dental Medicine. He said he was here to talk about HIV and dental health care. He noted that new staff

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<sup>1</sup> 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.

members had recently been added to the Penn Dental staff. He stated that one of the staff members spoke Spanish, and interpretation services were available.

B. Cole-Smith stated that he'd distributed an intake form to attendees at the meeting. He said the forms were designed to keep patients' HIV statuses anonymous. He noted that he took confidentiality concerns very seriously.

B. Cole-Smith noted that dental care was important for everyone. He said that 95% of all Americans had some form of gum disease in their mouth. He stated that it was the most common global health condition and also easily treated. He explained that oral health care was more important for people with other chronic health conditions. He noted that simple dental problems could become serious quickly in people with a weakened immune system. However, problems were easier to treat if found early. He stated that visiting the emergency department was an ineffective way of treating dental problems.

B. Cole-Smith stated that many of the first signs of HIV appeared in the mouth, including dry mouth, gum disease, and cavities. He pointed out that HIV medications along with HIV itself caused dry mouth. He said that over 50% of HIV positive people had oral health problems specific to HIV. Further, over 40 other HIV-related oral health issues had been identified.

B. Cole-Smith said he'd be distributing bags with toothbrushes and lists of area dental providers at the end of the presentation. He gave contact information for the University of Pennsylvania, AIDS Care Group, Temple Community Dental Clinic, and Rutgers University. He noted that all 4 of these providers were funded by Ryan White.

B. Cole-Smith stated that people who called Penn for Ryan White dental care needed to identify as HIV positive or mention Ryan White. He suggested that clients bring a current list of medicines to their appointments, including anything that was over-the-counter, with doses and specific names. He noted that clients may be asked to stop taking medications like aspirin several days in advance of their appointments. He said they should also disclose any recreational drugs that they have used, and there would be no legal consequences for doing so. He also asked patients to tell clinicians if they were in substance use recovery so appropriate medications could be used.

B. Cole-Smith stated that clients should bring a copy of their current lab work (drawn in the last six months). He noted that lab work could typically not be performed the same day as appointments. He asked clients to bring all required information for Ryan White client certification or their current Ryan White certification card AND proof of income. He said that it was a university policy that all patients needed to bring photo ID, their insurance card (if applicable), and current proof of income, even if they had a Ryan White card. He asked them to answer all health questions honestly, even if they were personal. He said this information included drug use, sexual behaviors, and needle use. He said that tattoos, piercings, and diabetes injections counted as needle use. He stated that all needle users seeking dental treatment were at risk of endocarditis, so it was important that they share this information with their providers.

B. Cole-Smith noted that all information was required 30 days from the initial request. He asked that clients show up for all appointments. He noted that there was a 28% no-show rate for appointments. He said that anyone who missed more than 3 appointments in a 12-month period would be dismissed from care. He stated that dental school clients would be permanently dismissed after 3 no-shows, whereas dental clinic patients would be allowed to return after a year.

B. Cole-Smith reviewed what happened at a dental appointment. He said that, on the first visit, there would be paperwork, an oral exam and x-rays, and a review of lab work and medications. He stated that on the second visit, a treatment plan would be completed, as well as teeth cleaning. He said the treatment plan would include an assessment of costs. He stated that Ryan White certification had to be completed in 30 days. He noted that treatment began on the 3<sup>rd</sup> visit. He stated that every 6 months, Ryan White recertification was required. Further, proof of income was required every year.

B. Cole-Smith stated that the four Ryan White dental programs he'd listed provided almost 100% free oral health care for the Philadelphia EMA. However, he noted that there were several requirements for free care. For instance, a treatment plan that explained procedures and any costs would be created with patient input and reviewed and updated at least once a year. Further, there may be some fees for certain things like crowns and optional services. He noted that Penn was moving to a sliding fee schedule, which was offered by Rutgers as well. He said most sites offered payment plans, which was why proof of income was required. He stated that the sliding fee system would go into effect in January of 2017.

B. Cole-Smith said that patients were responsible for paying for cosmetic dental procedures. He noted that patients were also responsible for paying for all dental services if Ryan White certification or proof of income was not complete within 30 days from the initial request. He noted that all bills had to be paid on time, or they would be submitted to collections.

B. Cole-Smith moved forward to slides on dental care. He noted that patients needed to brush all their teeth regularly. He reviewed parts of a tooth, including enamel, which was the hard, white, outer layer of the tooth, and the hardest substance in the body. He said that enamel was the chewing surface and protected the tooth. He continued that dentin was the main tissue that formed the shape of the tooth and existed between the pulp and the enamel. Finally, pulp was the soft tissue in the tooth that contained nerves, blood vessels, and connective tissue. He explained that tooth pain was sometimes because of a cavity. However, many infections came in through the side of the tooth and entered the dentin or pulp. He said that pulling an infected tooth may cause a blood infection. Therefore, patients were prescribed antibiotics before any procedures were carried out. He said that only some antibiotics could be used due to the structure of the tooth.

B. Cole-Smith stated that it was important to brush and floss each day. He noted that sugar caused bacteria to grow in the mouth. He explained that bacteria caused cavities and gum disease, and it was linked to heart disease and uncontrolled blood sugar. Therefore, it could worsen conditions like diabetes. He noted that pregnant women with gum disease tended to deliver earlier and had lower birth weight babies. In general, brushing and flossing every day helped to keep gums and teeth healthy and strong.

B. Cole-Smith suggested gently brushing teeth 2 times a day using a soft or extra soft toothbrush. He stated that toothbrushes worked best when they were angled toward the gum line. He suggested changing toothbrushes or brush heads every 3 months. He said that everyone should brush their teeth for at least 2 minutes, which was about the length of a song or a commercial break on TV.

B. Cole-Smith encouraged the group to pick a toothpaste that worked well for them. He suggested using a toothpaste with fluoride to keep teeth strong. He displayed the American Dental Association (ADA) Seal, which was written on all toothpastes with fluoride. He noted that some specific varieties of toothpastes, even within the same brand, did not have fluoride, while others did. He noted that

antibacterial agents killed germs, tartar control reduced buildup, and whitening agents removed stains. He said that only a pea-sized amount of toothpaste was necessary. He encouraged participants to check the expiration date on their toothpaste.

B.R. asked if cleaning with baking soda and gargling with hydrogen peroxide was effective. B. Cole-Smith replied that baking soda cleaned teeth but did not contain fluoride. B.R. noted that Philadelphia city water contained fluoride. He added that hydrogen peroxide killed germs. B. Cole-Smith said that hydrogen peroxide affected the balance of oxygen in saliva. Therefore, he suggested always diluting hydrogen peroxide before gargling with it, and not using it every day. J.M. said that brushing with baking soda caused a bad taste in her mouth. She stated that she used an over-the-counter toothpaste that had hydrogen peroxide in it, which she liked.

B. Cole-Smith reiterated that Philadelphia had fluoride in the water. He noted that fluoride was not dangerous, and fluoridation of city water was an effective and safe health intervention. He said that fluoride was only dangerous in young children who ingested a very large amount. B.R. asked if fluoride stained teeth. B. Cole-Smith said that it could only in very large amounts.

B. Cole-Smith noted that bacteria grew under the gums between teeth. He suggested using floss or other methods to remove bacteria and food from between the teeth once a day. He stated that floss was able to get between the teeth in a way that a toothbrush could not. He noted that floss could be stretched between fingers and gently glided between teeth. He said that only a short string of floss was necessary, and that flossing roughly was ineffective. He stated that it was normal for gums to bleed after a few days without flossing. However, if bleeding continued for 7-10 days, they should visit the dentist.

B. Cole-Smith said that butler picks were 10x more effective than floss. He stated that they were small brushes that cleaned between teeth. He added that they could be washed and used for a whole week. J.M. said that Penn Dental students were at Broad Street Ministry last month. He said that students had told the group not to use butler picks. B. Cole-Smith replied that the students may not have the experience to know about how effective butler picks were yet. B.R. noted that chlorophyll toothpaste was popular when he was young. He asked if it was more effective. B. Cole-Smith said that chlorophyll toothpaste had been a fad.

B.R. noted that some fillings contained mercury. B. Cole-Smith stated that some older mixing techniques for fillings had caused pockets of mercury. He noted that in the modern day fillings were mixed by a machine. He suggested leaving older fillings alone if they did not hurt. K. Carter asked if fillings should be replaced periodically. B. Cole-Smith said they should not. J.M. noted that patients had to fill a form about mercury when they got fillings. B. Cole-Smith stated that fillings without mercury were available, but were not as strong.

B. Cole-Smith reported that everyone should floss once a day and brush twice a day. He said that, for people who only brushed once a day, it was most important to brush teeth before bed.

B. Cole-Smith said it was necessary to clean partial and full dentures, along with removable bridges, every day, as well as the mouth. He said dentures should be cleaned with a denture brush and without using toothpaste. He said that tablets or liquid antibacterial soap worked well. He added that dentures and partials must be kept wet when they were not in the mouth. He said the mouth should be cleaned with a soft toothbrush or washcloth, and the tongue and gums should be brushed with a soft

toothbrush. K. Carter noted that denture adhesive sometimes caused a paste to form in the mouth. B. Cole-Smith suggested using less adhesive, and he said that rinsing with Listerine could help.

A community member asked for more information about dental implants. B. Cole-Smith said an implant was a permanent tooth that was put in the mouth. He noted that Ryan White did not pay for implants, which cost \$3000-4000 and did not always work. He explained that implants required drilling into the jawbone, and titanium screws were placed into the jaw. He said that people with HIV were already prone to bone loss, so taking out more bone may not be recommended. K.C. asked if all people with HIV lost bone more rapidly. B. Cole-Smith stated that women tended to lose bone more quickly than men.

E.H. said he used tablets to clean his dentures. B. Cole-Smith stated that tablets could be used once a week. He added that any soap could be used to clean dentures. He noted that dentures that were rinsed thoroughly should not still taste like soap. B.R. asked if swishing water around the mouth would help to wash away bacteria in the absence of brushing. B. Cole-Smith replied that it would. J.M. said that gargling with ACT mouthwash also helped. B. Cole-Smith noted that ACT did not kill germs.

B. Cole-Smith emphasized that fluoride should be used each day. He stated that fluoride minerals rebuilt enamel on the tooth. He suggested choosing fluoride rinses and toothpastes. He noted that extra strength fluoride was available by prescription. He recommended waiting at least 30 minutes before eating, drinking, or smoking to get the most benefits out of fluoride.

C.C. asked how to best care for sensitive teeth. B. Cole-Smith suggested using Sensodyne toothpaste for 2 weeks. He said that, if Sensodyne did not alleviate the sensitivity after 2 weeks, there may be other problems. A community member asked what the best mouthwash was. B. Cole-Smith replied that he'd included ACT fluoride mouthwash in the bags he'd pass out to participants. He noted that Listerine killed germs but may dry out the mouth. He stated that patients were asked to wash with Listerine before their dental appointments. He noted that mouthwashes without alcohol were available for people who were in recovery for alcohol use disorders.

B. Cole-Smith reviewed how and why participants should do mouth exams. He said mouth exams should be conducted weekly. He noted that a weakened immune system may allow simple oral health problems to progress rapidly and take longer to heal. He noted that most HIV-related oral health problems did not hurt until they were advanced. He suggested being proactive in dealing with oral health issues.

B. Cole-Smith gave tips on dealing with dry mouth. He suggested staying away from sugar. He added that over-the-counter products such as Biotene, ACT Fluoride Rinse, Tom's of Maine, products with Xylitol, and Xerostom to combat dry mouth. He noted that sugarless lemon drops helped produce saliva. He suggested using a water bottle and sipping frequently, as well as reducing caffeine and alcohol. Further, he stated that it was helpful to use fluoride rinses and gels, and to wait 30 minutes before eating or drinking after using them.

B. Cole-Smith suggested drinking water after consuming a sugary drink like soda. He added that pre-made lemonade was very bad for oral health. He said that the product had a large amount of citric acid, which ate away at the teeth.

B. Cole-Smith stated that, when doing a physical exam, people should look for swelling and enlarged lymph nodes, especially on the neck and cheeks. He noted that a past client had a lump on her lymph node but waited a long time to get it examined. He explained that the patient died of sepsis from an infection shortly after coming in for care. K.C. said she had an abscess drained in her mouth. B. Cole-Smith suggested that everyone check periodically for lymph node tenderness, and getting a check-up if any tenderness failed to resolve in a week.

B. Cole-Smith said it was also important for patients to examine their lips. He noted that there should be a clear border around them. He encouraged participants to look carefully for any sores, ulcers, or white patches, especially in the corner of the mouth. He noted that milky patches could be caused by a yeast infection. He stated that some people may also get cold sores around their mouths, which were caused by a herpes outbreak. He said that herpes blisters bubbled up and tingled. He stated that herpes from cold sores could be spread by touch. He suggested that patients with cold sores call before an appointment at Penn Dental to be rescheduled. He said that cold sore reinfection and spread could happen from lipstick or cigarette butts.

J.M. asked if oral sex could cause damage to the mouth, lips, and gums. B. Cole-Smith noted that it was better to wash with Listerine than brush teeth prior to sexual activity. He stated that gum damage was more likely immediately after brushing teeth. He suggested talking to a doctor if there was mouth damage following oral sex. He said that drinking water or using more lubricant could help prevent damage.

B. Cole-Smith noted that oral warts could be caused by Human Papilloma Virus (HPV). He said that HPV was the most common STD in the US. He stated that HPV infection may occur after having oral sex with someone with genital HPV. He explained that the virus infected the skin and mucous membranes. He noted that HIV could be spread through skin cell shedding as well.

B. Cole-Smith stated that examining inside of the lips required pulling out the upper lip to look at the tissue inside. A community member asked if oral herpes could be spread between the mouth and genitals. B. Cole-Smith replied that it could. He explained that Candida bacteria, which caused thrush, could hide under the lip as white spots. He said the lower lips should also be pulled out to look at the tissue inside. He explained that large ulcers inside the lips may be caused by foaming agents in toothpaste. He noted that magic mouthwash, which was available by prescription, may help large ulcers to heal.

B. Cole-Smith stated that healthy gums did not bleed. He said that red and/or bleeding gums were a sign of gum disease, which may progress more rapidly for people with a low CD4 cell count. B.R. asked if it was normal for gums to bleed after vigorous brushing. B. Cole-Smith stated that teeth should not be brushed so hard that gums bleed. He explained that redness around gums could be caused by vigorous brushing. He stated that it may appear as a dark border around teeth, which is exposed root. He noted that cavities were contagious from person-to-person.

B. Cole-Smith noted that the tongue held 86% of bacteria in the mouth. He said the tongue should be regularly checked for sores, swelling, or any new or unusual patterns or colors. He suggested brushing the tongue each day. He said that people who gagged while brushing their tongues may want to try brushing in the morning. A community member asked how hard the tongue should be brushed. B. Cole-Smith said it should be brushed or scraped gently. He noted that an irregular pattern in the center of the tongue could be caused by a Candida infection. He pointed out that thrush could

be red as well as white. B.R. stated that coffee and red wine could stain the tongue. B. Cole-Smith said that large amounts of either could stain the tongue, but only temporarily.

B. Cole-Smith noted that the back side of the tongue was the most common site of oral cancer. He said oral cancer was more common in Black men. He stated that college-aged women also had a growing rate of oral cancer. He suggested using a washcloth or gauze to gently pull the tongue out and check each side and look for red or white patches, especially in the back. He noted that the white patches in the right picture were oral hairy leukoplakia (OHL). He said OHL was caused by the Epstein-Barr virus, a type of herpes virus also responsible for mononucleosis. He stated that it may be an indication of HIV infection and might resolve on its own with HIV treatment.

B. Cole-Smith stated that everyone should also examine the roof of their mouth, or have another person do so if they couldn't see. He said to check the roof of the mouth for any sores or any new unusual dark or purple discolorations. He noted that Kaposi Sarcoma (KS) was a type of herpes virus that could manifest on the roof of the mouth. He noted that 15-20% of people with HIV would develop KS, and people with it would commonly see it in the mouth.

B. Cole-Smith encouraged participants to examine the floor of the mouth. He said to put the tip of the tongue to the roof of the mouth and look for any red or white spots. He noted that purplish veins were normal. He said white areas could indicate oral cancer.

B. Cole-Smith reviewed instructions for a one minute oral self-exam. He stated that people should check their face and neck, lips (outside and inside), inside of cheeks, gums, top and both sides of the tongue, roof of the mouth, floor of the mouth, and seek care for problems that persist after 7-10 days.

B. Cole-Smith noted that people could often not tell if they had bad breath. He said bad breath could be caused by something in the mouth, throat, esophagus, stomach, or GI tract. He noted that it could also be caused by other factors than bad oral hygiene.

B. Cole-Smith noted that seeking routine oral health care was important. He said that people with HIV should see a dentist regularly, at least once a year. He stated that proper home care was important. He added that a stressed immune system may cause simple oral health problems to progress rapidly. He again encouraged participants to see the dentist or physician as soon as possible after noticing any problems lasting longer than 7-10 days.

B. Cole-Smith noted that translation services should be requested in advance before appointments at Penn Dental. A community member asked if it was ok to go to more than one Ryan White dental provider at a time. B. Cole-Smith said it was not. He noted that Penn Dental did not have a waiting list right now. J.M. stated that she went to Penn Dental but was being sent to Temple for a bridge. She asked if she should keep going where she has been. B. Cole-Smith replied that she should. He noted that the second week of April to the end of May was not a good time to get care at a dental school.

**Old Business:** None.

**New Business:** J.M. suggested that the group discuss recent political events. A. Boone noted that the Positive Committee did not specifically discuss political events. However, he said that the group would have conversations about legislation and programs as they happened.

**Announcements:** None.

**Adjournment:** The meeting was adjourned by general consensus at 2:06p.m.

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- October 17, 2016 Meeting Minutes
- OHP Calendar

**Monday, November 14, 2016**

**12:00-2:00pm**

Office of HIV Planning 340 N. 12<sup>th</sup> Street Suite 320  
Philadelphia, PA

**Mission Statement:** The Positive Committee supports and enhances the role of people living with HIV/AIDS to empower their participation in the decision-making process of the 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
- **Special Presentation**
  - Penn Dental Presentation -- *Bryan Cole-Smith, Penn Dental*
- 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  
December 12, 2016 from 12:00-2:00PM at 340 N. 12<sup>th</sup> Street, Suite 320,  
Philadelphia, PA 19107. Please refer to the Office of HIV Planning calendar  
of events for committee meetings & updates ([www.hiuphilly.org](http://www.hiuphilly.org)). If you  
require any special assistance, please contact the office at least 5 days in  
advance.*

**Ryan White Part A Planning Council of the Philadelphia EMA  
Positive Committee  
Meeting Minutes  
October 17, 2016  
12:00-2:00p.m.**

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

**Present:** PH (27), PA (2), NJ (1)

**Guests:** Brittany McCauley, MANNA

**Staff:** Antonio Boone, Nicole Johns, Jennifer Hayes

**Call to Order/Moment of Silence/Introductions:** K. Carter called the meeting to order at 12:04p.m. He read the mission statement.<sup>1</sup> A moment of silence followed. Those present then introduced themselves.

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

**Approval of Minutes (September 12, 2016):** K. Carter presented the minutes for approval. **Motion: M.W. moved, D.G. seconded to approve the minutes. Motion passed: All in favor.**

**Report of Chair:**

- **Participation Acknowledgments**

K. Carter welcomed participants attending their first Positive Committee meeting.

**Report of Staff:** A. Boone distributed the Positive Committee brochure that the group had worked on in their last few meetings. He asked for feedback from members after today's meeting or by email<sup>2</sup> M.W. asked if the brochure would be available in Spanish. A. Boone said that Spanish brochures had been distributed as well.

**Action Item:**

- **Co-Chair Nominations**

A. Boone noted that K. Carter's term as co-chair was ending. He invited members to cast a vote for D. Gana or K. Carter, who had both been nominated for the position.

A. Boone tallied the votes. He announced that K. Carter had been elected for another term as co-chair.

**Special Presentation:**

- **HIV and Nutrition – Brittany McCauley, MANNA**

B. McCauley said that she was a representative of MANNA, which provided home-delivered meals for people with HIV/AIDS, cancer, and other chronic diseases. She noted that MANNA provided

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<sup>2</sup> [antonio@hivphilly.org](mailto:antonio@hivphilly.org)

services in Philadelphia County. She stated that she was a dietician, responsible for signing patients up for the home-delivered meal program, assessing their needs, reviewing their lab work, and providing nutrition counseling.

B. McCauley said she had distributed several handouts to the group (*see-attached sheets*). She stated that she'd started her career in nutrition because she recognized the central role nutrition played in keeping people healthy, particularly people living with HIV/AIDS.

B. McCauley stated that nutrition was the process of providing or obtaining the food necessary for health and growth. She noted that food provided nourishment, which was necessary for growth, health, and good condition. She said food was made up of three main nutrients: carbohydrates, protein, and fat. She explained that it was important to eat an assortment of all three main nutrients. She stated that food also contained vitamins and minerals, which were key for the body's repair and healing system. She emphasized the importance of choosing the right foods.

B. McCauley explained that some foods were called nutrient dense. She noted that nutrient dense foods had many vitamins, minerals, and the lowest calories per serving size, e.g. leafy green vegetables, eggs, salmon, sweet potatoes, nuts, and blueberries. For instance, an apple was more nutrient dense than a bag of chips. She stated that sometimes it was necessary to choose between whatever foods were available and pick the healthiest option. K. Carter asked if frozen vegetables were a healthy choice. B. McCauley replied that frozen vegetables were fresh vegetables that had been flash frozen. She noted that canned vegetables often contained sodium. Therefore, the best choice was fresh vegetables, followed by frozen and then canned vegetables. She suggested washing off canned vegetables before eating them to reduce sodium content. B. McCauley reported that smoking cigarettes altered taste buds and inhibited the ability to taste salt in food. Therefore, cigarette smokers should be careful not to add too much salt to their food.

B. McCauley emphasized that it was important to take prescribed medications to improve quality of life. However, she added that some medications had side effects that could affect nutrition, including nausea, sore mouth, diarrhea, constipation, and diabetes. K. Carter asked if there were foods that were good to eat for people with thrush or other conditions affecting the mouth. She suggested avoiding spicy or pickled foods. She noted that mashed potatoes were a good choice for people with thrush, but people with diabetes should be careful with their portion size. She explained that medications should be taken on a full stomach. She added that some medications could cause dehydration, so adequate fluid intake was important. She noted that Gatorade helped with dehydration but had a large amount of sugar in it. Therefore, people with diabetes should avoid Gatorade. K. Carter noted that the handout recommended 3-5 servings of water a day. B. McCauley stated that this meant 3-5 standard sized bottles of water.

A community member stated that he had a friend with Hepatitis C. He noted that his friend was underweight. He said his friend's medications had recently been changed. He asked if he could speak with B. McCauley about his friend's nutritional needs at the end of the meeting. She replied that he could. She noted that MANNA had strict requirements for their program right now. She said that the community member's friend would most likely qualify, given the information she had. She stated that she had brought referral forms for the program with her today. She noted that there were many different factors that MANNA looked at in approving people for the program, including recent hospitalization, weight, and chronic health conditions. She stated that nutritional plans were tailored to each person's individual needs. She noted that nutrition was very important for people with HIV

and AIDS, and it helped to improve their lab values and other indicators of health. K. Carter stated that doctors would be responsible for medication management.

M.W. asked if MANNA looked at BMI when approving people for their programs. B. McCauley said that BMI under 19 was considered in approval for the program. K. Carter explained that BMI stood for body mass index. B. McCauley said that BMI measured proportion of height and weight and indicated if people were under- or overweight.

B. McCauley said that calories provided energy for the body. She said that energy helped the immune system fight HIV. She noted that low weight could cause wasting in conjunction with HIV and HIV medications. She stated that some people were prescribed nutritional supplements/meal replacements like Ensure and Boost to supplement their calorie intake.

B. McCauley stated that protein sources included meats, peanut butter, tofu, beans, eggs, milk, and soy milk. M. White added that legumes were a source of protein. B. McCauley noted that eggs and tofu were very inexpensive. She added that meats also had fat. She advised the group to choose lean sources of protein, for instance, chicken breast, turkey, and some varieties of beef. She stated that some hamburger had a large amount of fat. She suggested cooking with oils rather than butter or lard. She stated that some sources of fat were high in saturated fat, which could cause heart disease and other health conditions. M.W. asked about the difference between saturated and unsaturated fats. B. McCauley stated that plant fats were unsaturated and animal fats tended to be saturated and higher in cholesterol. B. McCauley suggested trimming fats from meat.

A community member said that his wife included vegetables in his meals but hid them because he didn't like vegetables. K.C. said that she used vegetables in lasagna so that it would not be detected by young family members who were picky. B. McCauley stated that some people included vegetables in smoothies. A participant stated that he added a capful of oil when he made rice. He stated that he prepared smoothies in the blender.

B. McCauley stated that it was very important to buy, store, prepare, and cook food properly. She stated that meats should be cooked to proper temperatures. She noted that fruits and vegetables should always be washed. She suggested avoiding sushi and raw oysters. A participant asked if it was safe to eat rare beef. B. McCauley stated that meat was safe when cooked to proper temperatures. K. Carter asked how the temperature of meats could be measured. B. McCauley replied that the handout referred to internal temperature, which was the middle temperature, which could be measured with a thermometer. She stated that everyone should wash their hands before cooking. She noted that it was important to avoid cross-contamination between raw meats and vegetables or other foods.

B. McCauley suggested cutting away damaged areas of fruits and vegetables, which may allow bacteria to enter the foods. She stated that foods should be stored in the refrigerator. She noted that food was no longer safe after it had been out of the refrigerator for 2 hours. She stated that food should be kept cold as long as possible while grocery shopping.

B. McCauley suggested that people with fixed incomes stock up on shelf stable foods, including oats, peanut butter, canned fish, brown rice, pasta, canned lentils, black beans, baked beans, pea soup, and frozen vegetables. She stated that people with no fridge or stove could acquire foods that didn't require a lot of cooking, including bread, peanut butter and nuts, cereal and granola bars, powdered milk, canned salmon, sardines, and tuna, canned beans, vegetables and fruit, rice cakes and crackers, raisins, bananas and apples, and nutrition drinks. A participant asked if meat took longer to digest

than other types of food. B. McCauley said that it did. However, she said that small amounts of fat made people feel full for longer, and more vegetables had to be consumed to feel as full. The participant asked if it was best to not eat much meat. B. McCauley stated that people were advised to not eat too much red meat. M.W. asked if meat could cause constipation. B. McCauley stated that it could, as it contained no fiber. A community member asked if ground beef was healthy. B. McCauley stated that ground beef could cause food-borne illness if not prepared and handled properly. She noted that it should be cooked thoroughly to avoid getting sick.

K.C. stated that she had grown up eating liver and cured meats. B. McCauley stated that vinegar could change the pH of meat so that bacteria could not grow in it. However, she advised against making cured meats without proper knowledge or experience.

B. McCauley stated that carbohydrate counting was important to help control blood glucose levels for people with diabetes. She said that carbohydrate counting required knowing how many carbohydrates were in various foods. She noted that this practice could be useful for pre-diabetic people as well. She stated that carbohydrate-rich foods included bread, pasta, rice, grains, starchy vegetables, beans, milk and yogurt, fruits and fruit juices, and sweets. She noted that 1 serving of carbohydrates had about 15 grams of carbohydrates. She suggested using measuring cups, spoons, or a food scale to count carbohydrates. She added that nutrition facts listed amounts of carbohydrates in food as well. K.C. asked what the difference was between brown and white rice. B. McCauley stated that brown rice and whole wheat bread were complex carbohydrates that had more fiber. She explained that complex carbohydrates digested more slowly, which caused less of a rise in blood sugar. She suggested that people who were diabetic or at risk for diabetes choose whole grains.

K. Carter asked what bleached bread was. B. McCauley stated that bleaching bread was a process that did not use bleach, but involved extracting and removing certain nutrients from bread. A. Boone asked if there were studies about the long-term effects of eating whole grains. B. McCauley said that there were not many long-term studies, but whole wheat was generally a healthier choice. A community member asked if beans were nutritious. B. McCauley said that they were, but that beans and rice should be consumed in a smaller portion for people with diabetes. She stated that chicken and vegetables could be added to beans and rice for a more nutritionally complete meal.

B. McCauley stated that as a nutritional counselor, she asked clients to write down what they ate for an entire day, and she then reviewed it with them. She stated that she then created an eating plan with the client. She said the eating plan specified the amount of carbohydrate servings to eat at meals and snacks. She said for many adults, eating 3 to 5 servings of carbohydrates at each meal or 1 to 2 carbohydrate servings for each snack worked well. R.W. stated that many homeless shelters did not serve healthy foods. B. McCauley stated that potatoes, rice, and bread, which were often served at homeless shelters, were shelf-stable and cheap. She said that it was important to avoid eating large portions of these foods. B. McCauley noted that fiber helped keep people full. She said that adding protein to carbohydrates could make them more filling and nutritious, though vegetables should be added as well, if possible.

S.G. asked if artificial sweetener was a better choice than sugar. B. McCauley stated that artificial sweeteners could be preferable to sugar, especially for people with diabetes. S.G. said that a friend of hers added artificial sweeteners to her water throughout the day. B. McCauley stated that there was limited research on long-term safety of artificial sweeteners. M.W. asked if condiments were nutritious. B. McCauley stated that ketchup and other condiments were high in sugar. M.W. asked if hot sauce and salad dressings were unhealthy. B. McCauley said that hot sauce contained salt. E.H.

asked if pickles were nutritious. B. McCauley stated that pickles also contained salt. She noted that it was important to moderate salty and sugary foods.

N. Santiago stated that she had a low appetite and often skipped meals. She noted that she took steroid medications, which sometimes caused her blood sugar to rise. B. McCauley stated that blood sugar could rise overnight during sleep. N. Santiago said she drank a diabetic meal replacement shake, but sometimes had trouble obtaining it from her service providers. B. McCauley noted that these shakes were expensive, so sometimes they were reserved for people with the most need. She said that hospitals and some organizations received these shakes very cheaply, but they were very expensive for other places to acquire. She noted that supplements should be a temporary rather than a long-term fix. K. Carter suggested everyone speak with their HIV doctor about their nutritional needs. He said that SPBP and other programs may cover nutritional needs and supplements.

B. McCauley pointed out a sample diabetic menu in the handout. She said she had also passed out a sheet with references for serving sizes, for those who did not have measuring tools.

R.W. stated that he did not like eating white meat because it tasted dry. B. McCauley stated that dark meat was moister because it contained more fat. She suggested mixing white and dark meat. She stated that some cooking techniques could make meat more tender. She said that she'd also distributed a handout with suggestions for snacking. She welcomed any questions. She noted that some health insurance companies covered visits with a dietician. S.G. asked if MANNA was a national organization. B. McCauley stated that MANNA was exclusively in Philadelphia with some coverage of the PA counties. She said they were currently piloting a meal delivery service by mail.

B. McCauley stated that she'd be distributing meal vouchers good for 7 dinners to the group. She said that it was necessary to call the day before using the meal vouchers. She said that the meals were frozen entrees, which needed to be placed in the freezer immediately after receipt.

**Discussion Item:**

- **Consumer Survey Pilot**

N. Johns stated that the Positive Committee was being asked to complete a pilot of the upcoming Consumer Survey. She noted that the final survey would be translated to Spanish. However, she said the survey was only available in English today.

N. Johns said that she did want everyone to fill out the survey, if they were willing to. However, she stated that it was most important that the committee make sure the survey made sense. She asked that they mark anything that didn't make sense to them on the survey and hand it in to her. She noted that the final survey would be taken to the health department for approval before it was sent out to the community in December and January.

N. Johns asked participants not to put their names on the survey. She said that they didn't need to complete all the questions.

T.B. asked if the data from today's pilot would be used in the final analysis. N. Johns said it would not.

N. Johns noted that question 19 asked "When was your last HIV test?" She stated that many people felt the question wouldn't apply to people who were HIV positive. She noted that the question did

apply to people who were HIV positive. She said that people should put the last time they got an HIV test. R.W. asked if this meant the last viral load/CD4 count. N. Johns replied that it did not. She noted that many questions at the beginning of the test were not specific to HIV. She stated that this helped to protect peoples' anonymity, because the survey would not out them as HIV positive. She said that it would be helpful to get the survey from unknown or HIV-negative people as well. She stated that anyone with feedback could speak with her. She also invited participants to attend the Comprehensive Planning Committee meeting this Thursday, where the survey would be discussed in more depth.

**Old Business:** None.

**New Business:** None.

**Announcements:** A. Boone asked people not to overload the elevators when they arrived at the meeting. He reminded the group to RSVP before meetings.

D. Gana stated that a sexual wellness conference would be held on Thursday, November 10<sup>th</sup> at the Bucks County Community College in Bristol. He said the conference was free. He stated that participants could take the Trenton regional line to the Bristol Stop. He stated that the 120 bus then went to campus. He noted that lunch would be provided at the event, which would run from 8am-5pm. He said there would be many workshops and speakers at the conference.

**Adjournment: Motion:** G.T. moved, D.G. seconded to adjourn the meeting at 1:54pm. **Motion passed: all in favor.**

Respectfully submitted by,

Jennifer Hayes, Staff

Handouts distributed at the meeting:

- Meeting Agenda
- September 12, 2016 Meeting Minutes
- Why Nutrition is Important for You (Handout)
- OHP Calendar