

Monday, March 11, 2019

12:00-2:00pm

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

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

Call to Order/Moment of Silence
Introductions

Approval of Agenda
Approval of Minutes

Report of Chair
Participation
Acknowledgements

Report of Staff
Tips for successful participation

Discussion Items
Meaningful Involvement of PLWH- recommendations

Old Business
Positive Committee newsletter

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
April 8, 2019 from 12:00-2:00PM at 340 N. 12th Street, Suite 320,
Philadelphia, PA 19107. Please refer to the Office of HIV Planning calendar of
events for committee meetings & updates (www.hivphilly.org). **If you require any
special assistance, please contact the office at least 5 days in advance.**

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

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

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

Guests: None

Staff: Nicole Johns, Dustin Fitzpatrick

Call to Order/Moment of Silence/Introductions: J. Murdock called the meeting to order at 12:07. The Committee had a moment of silence. Those present then introduced themselves.

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

Approval of Minutes (*January 14, 2019*): J. Murdock presented the minutes for approval. **Motion:** J.W. moved, D.G. seconded to approve the January 14, 2019 minutes. **Motion passed:** All in favor.

Report of Co-Chair:

None.

Report of Staff:

N. Johns informed members that the room is set up a little bit differently. There is a now a coat rack by the door that members are welcome to use. Sign in sheets will now be located in the corner next to the coat rack. She also stated that there are now seating areas throughout the room for members to have a chat among themselves before/after meetings. She informed members that this is to make the room a more welcoming environment.

Special Presentations:

An Introduction to Community Planning

N. Johns informed members that OHP staff has been trying to come up with ways to help train and build more knowledge for members related to what the HIPC does. This presentation is part of that effort.

N. Johns gave a presentation to the members about Community Planning 101 and began with a brief introduction on the HIPC. On a side note, she informed members that HIPC is now accepting applications. N. Johns explained that the Nominations Committee and the HIPC only reviews applications twice a year. N. Johns informed members that the community is all the people who live in the EMA. She highlighted that the EMA is

consists of 9 counties. This makes up people who live and work in the community that are not in the health department. She highlighted that needs vary based on geographic location. She informed members that Philadelphia is the poorest big city by proportion in the country. There are more people living in poverty in Philadelphia proportionally than any other major city. She stated that we have the highest rate of deep poverty in the city.

J.M. informed members of the major clash that happened between the Philadelphia police and the homeless population living in Suburban station on January 15th. The clash occurred when police tried to remove the homeless population from the station in below freezing temperatures. J.M. expressed concern over this since many people who are facing homeless conditions may be HIV positive and inquired whether the HIPC is going to help alleviate this and include them in the community as well. N. Johns stated that the aim is to have as many of those voices, whether it be as a HIPC member or not. N. Johns informed members that they can participate in HIPC meetings, but cannot vote. She explained that part of the reason why OHP staff wants to do these trainings is to raise awareness of communities who may not always get their voices heard such as trans people, people under 25, and the homeless population.

J.J. asked what happens after the training? N. Johns informed members that the HIPC decides what services to fund, but the health department contracts with service providers. She stated that HIPC does not handle the contracting with providers. M.C. asked if the opioid crisis would be considered a priority. N. Johns informed members that the city website provides up-to-date information about addressing the opioid epidemic in great detail. N. Johns explained that there are a lot of resources devoted to the opioid epidemic.

N. Johns then moved on to the next slide about who the key players are. She explained that the reasons why HIPC was established and the RW federal program exists is through activists' hard work. She stated that the RW program provides HIV care, medications, mental health services, and assisting with housing, among others. Those programs come from the federal government via the Health Resources and Services Administration (HRSA) and the CDC. N. Johns explained that they give grant money to the city of Philadelphia for both care and HIV prevention. She stated that the Mayor's Office denotes the AIDS Activities Coordinating Office (AACO) as the Recipient and is the department responsible for funding services. The HIPC works closely with AACO.

J.M. expressed concern with these departments not having inclusion of advocacy at any level. J.M. stated that he views this as a top-down approach and the necessary voices of PLWH are not being included in the process of advocating for their health and needs. D.G. responded that the whole purpose of the HIPC is to represent the clients' voice. He stated that any issues that are brought up within the committees or the HIPC gets discussed and worked on. J.M. inquired about who delivers that message and who interprets it. N. Johns informed members that the HIPC is made up of PLWH, people who provide these services or in a related field, and other interested community members and leaders.

M.C. suggested that the city should have a sub-committee to advise the Mayor of these disparities that exist. N. Johns stated that C. Terrell and other directors communicate with the Health Commissioner and the Mayor and advise them of what is going on. J.J. stated that no one can possibly know the needs of everyone and he thinks that the message that the HIPC should focus on is finding a way to stop the spread of HIV and find a cure. J.M. advocated that there needs to be people with lived experiences informing these decisions instead of people without these experiences deciding what is best for other people. J.M. suggested that the committees and the HIPC should communicate with politicians. D.G. agreed with J.M. on communicating with politicians and suggested that members should get involved in AIDSWatch on April 1st and 2nd, where the community can meet with their U.S. representatives to discuss their concerns. N. Johns stated that they all have the right to engage with elected officials at a federal level. The HIPC cannot go as an entity to say that they want something passed into law, but N. Johns encouraged them to advocate individually. She explained that AIDSWatch is a really great opportunity because people can learn from experts in advocacy.

M.W. informed members about ACT UP which acts as liaison for PLWH. He explained that all the HIPC meetings are open to the public, which is mandated by federal law. J.M. suggested that the Mayor should visit one of these meetings and the members should invite him. He noted that the Mayor is running for reelection and this would be the perfect opportunity to engage him with the community. J.M. stated that is the only way to get the answers they need and also suggested inviting state representative Brian Sims.

N. Johns informed members that money from the federal level comes with stipulations on what it can be used for. If members want to discuss more about the logistics of how funds are allocated, they should come to the Finance Committee meeting on the first Thursday of every month at 2 PM. D.G. stated that the Finance Committee is beginning their discussion on allocations where they get into deep conversations about what is happening on the front lines. He stated that this is the place to understand how money is spent.

On the next slide, it demonstrated the interactions between the federal level, Department of Public Health and the local organizations. N. Johns stated that the state also has its own planning body, which is called the HPG. N. Johns went on to tell members that the Recipient is AACO. She informed members the CEO (Chief Elected Officer) or the Mayor, designates AACO as the recipient for HIV funding. M.W. stated that it was commonly known as the “grantees” and N. Johns informed members that the language has changed and now they are known as the “Recipient”. N. Johns stated that AACO oversees contracts with organizations and works with HIPC and OHP to ensure the money is spent effectively and efficiently. N. Johns explained that AACO collects information on services from providers and HIV infections from doctors’ labs and hospitals. AACO also includes client services which runs a hotline for people who have questions. N. Johns informed members that AACO really wants to make sure services and needs are being met. J.M. expressed that the homeless population is stigmatized and people want maintain the status quo. He stated to members that they are unaccounted for and undesirable like many with HIV 25 years ago. J.M. is worried that the homeless population’s needs are being neglected.

N. Johns then informed members of what OHP does. The main job of OHP is to support community planning activities. She described that the OHP's job is to make sure that HIPC has all the information they need in a variety of ways.

- Needs assessment activities (such as focus groups and research)
- Meeting logistics
- Membership support, training and community outreach (such as the Prevention Summit)
- Grant applications (to the federal government to ask for the funding yearly), write plans, lit reviews and other required materials on behalf of the HIPC
- Work with AACO to ensure information is given to the community to enable good decision making

N. Johns informed members that OHP does a lot of the documents that the federal government requires. OHP is the conduit between AACO and the community. M.C. suggested that the HIPC should address myths and misinformation by putting out information on trends in a way that all members can understand.

N. Johns stated that the overall purpose of this Committee is to bring PLWH and affected communities together to talk about trends that are happening in the community. She noted that there are other Committees that do touch on topics, such as homelessness that J.M. brought up. She stated that if Positive Committee brings up trends, then it will be taken to the Comprehensive Planning Committee and the HIPC. B.L. asked about public housing and the waiting list. N. Johns emphasized that she is not qualified to talk about housing because it is not her expertise, but she can connect him to someone who can.

N. Johns continued to inform members of who the HIPC is.

- Made up of the 9 counties in the EMA
- Volunteers appointed by the Mayor after recommendation by HIPC
- HIPC must reflect HIV epidemic in terms of race, geography, gender, etc.
- HIPC's goal is to have 50% of membership be PLWH; the law states that 33% is the requirement but this is the individual goal of the HIPC

N. Johns stated what the HIPC does.

- Decides funding for HIV service categories and develops plans
- Advises AACO on how services should be provided and how to make it easier to access services
- HIPC conducts surveys, focus groups, and meetings to find out what the community needs and what things are going well or needs improvement

N. Johns informed the members of all the committees, which are Positive Committee, Finance Committee, Executive Committee, Nominations Committee, Comprehensive Planning Committee (which will oversee the Racial Equity Workgroup), and the Prevention Committee (which oversees the PrEP Workgroup). She informed members that Comprehensive Planning prioritizes services based on need. N. Johns stated that everyone should participate in community planning. She stated that members should

encourage people to come to a HIPC meeting before applying. She gave members places to find relevant information: the OHP website hivphilly.org, and the OHP Facebook page and Twitter page @hivphilly.

She explained to members that the HIPC is meeting this Thursday February 14th 2 to 4 PM and it is every second Thursday from 2 to 4 PM. She informed members they should come to the HIPC to see Dr. Brady who will focus on some statistics.

Discussion Item:

Positive Committee Newsletter Distribution

N. Johns had members brainstorm ideas about who to distribute the newsletters to and members would call something out to add to the whiteboard. She wrote all AIDS Services Organizations (ASOs)/ RW organizations to start with. Members came up with the following ideas:

- City health centers
- Shelters: Sunday Breakfast, Our Brothers' Place, St. Johns, St. Columbus, Project Home, Broad street Ministry, Eliza Shirley House (Broad and arch), SELF
- William Way Center
- Turn
- Colours
- People to People
- The Attic
- Pro-Act
- Ready, Willing, Able
- ODAAT (One Day at a Time)
- Siloam
- Pathways
- Gaudenzia
- People with Hope
- Social media
- City council offices

N. Johns stated to members that the goal is to have the newsletter by the next Committee meeting. She suggested in-person contact because they could leave contact information with the people they are visiting in the event that they run out of newsletters. In addition, people always love a personal touch and she encouraged members that they should explore their networks. She also suggested members should share it on their own social media pages.

J.J. asked what kind of things are going to be in the newsletter. N. Johns informed members that previous newsletters had information about food banks and resources, informing others what the Positive Committee, and an essay or feature about someone's personal story. N. Johns stated that the relaunch will be small at first to see what people want to read. M.W. asked how often it would be released. N. Johns informed members that it will start off quarterly, but could be every other month once they get started. N.

Johns suggested that if people are going to events such as AIDSWatch and AIDS Education month as ideas to put into the newsletter. J.J. really emphasized social media being an avenue to use. N. Johns stated that it will be interesting to do this in the age of social media and hopes to get interaction on OHP's social media pages. She also suggested that the Positive Committee could possibly have its own social media in the future.

N. Johns asked if anyone else had ideas of where to distribute them. D.G. said that it should be distributed at events located at OHP, but also if they table at events. M.W. suggested that we should include a RW pamphlet. N. Johns responded that there is no HIPC pamphlet at this time and M.W. said there should be. N. Johns suggested that he talk to Nominations Committee.

10 people are interested in distributing and carrying out newsletters. N. Johns stated that each person will get 10 to 15 copies at the next meeting

Old Business:

None.

New Business:

None.

Announcements:

M.C. informed members that Occupy Philadelphia has a Facebook page and they should look at that for information on what they are doing.

Adjournment: The meeting was adjourned by general consensus at 1:43 p.m.

Respectfully submitted by,
Dustin Fitzpatrick

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from January 14, 2019
- Meaningful Involvement of PLWH- recommendations
- Positive Committee Newsletter Distribution
- OHP Calendar

Advocating for the meaningful involvement of PLWH and affected communities in all aspects of the HIV response.

To ensure that PLWH and affected communities are meaningfully involved in all aspects of the HIV response it is essential that we all work together to advocate for and with PLWH. Effective advocacy requires that:

The voice of PLWH of all genders, ages, and races/ethnicities is heard

The interests of all PLWH are represented

PLWH can exercise their rights and

PLWH can access necessary services and support, regardless of their gender, age, sexual orientation, ability/disability, and or racial/ethnic identity.

1. Does your organization advocate for PLWH to participate in decision-making or policy-making bodies and ensure their input is equally valued?

Y N **NI**

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

2. Does your organization advocate for PLWH to be recognized as important providers of information, knowledge, and skills?

Y N **NI**

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

3. Does your organization advocate for PLWH to carry out real and meaningful roles in HIV interventions such as counselors, peer educators, and/or outreach workers?

Y N **NI**

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

4. Does your organization advocate for a broad range of PLWH, including all genders, young people, men who have sex with men, sex workers, drug users, formerly incarcerated individuals, people experiencing homelessness, transgender individuals, and other marginalized people, to be meaningfully involved in the design, implementation, and evaluation of HIV interventions?

Y N **NI**

Language access is a need for non-English speakers. Information about the HIPC and services are needed where PLWH congregate – doctors' offices, support groups, CABs.

5. Do PLWH participate at the same level as professionals in the design, implementation, and evaluation of HIV interventions?

Y **N** NI

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

Systemic and institutional racism persists.

6. Are the voices of people of all genders heard at the decision-making tables?

Y **N** NI

Transgender and gender nonconforming PLWH are not adequately represented on HIPC or in Positive Committee

7. Does your organization advocate for PLWH to be active spokespersons in campaigns to change behaviors, and to be meaningfully involved in sharing their views at meetings and conferences?

Y N **NI**

8. Does your organization advocate for PLWH to be actively involved in the development of HIV information, education and communication resources?

Y N **NI**

9. Does your organization advocate for the meaningful inclusion in the HIV response of voices of PLWH who are marginalized because of gender, sexuality, age or other factors?

Y N **NI**

10. Do PLWH decide who represents them on decision-making committees?

Y N **NI**

Need more PLWH on HIPC

11. Does your organizational environment foster non-discrimination and value the contributions of PLWH and affected communities?

Y N **NI**

Need more diversity within Positive Committee and HIPC

Sometimes the language used in documents and meetings is a barrier to participation

Too much paperwork

Things need to be explained in plain language.

12. Does your organization recognize and encourage the involvement of a diverse range of PLWH and members of affected communities in your work?

Y N NI

Outreach is happening but not always effective.

13. Does your organization ensure that PLWH and people from affected communities have a variety of roles at different levels within the organization?

Y N **NI**

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

14. Does your organization clearly define the roles and responsibilities of PLWH and members of affected communities?

Y **N** **NI**

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

15. Does your organization support the capacity of PLWH and members of affected communities to fulfill those roles, for example by providing the necessary organizational and financial support and mentoring?

Y **N** **NI**

Mentoring is needed at all levels

16. Does your organization support capacity building within PLWH and affected community organizations and networks?

Y N **NI**

Not currently supporting immigrant and refugee networks. Positive Committee and HIPC should offer resources and support to other PLWH and affected groups/communities

Actions needed to support these objectives:



What does it mean to thrive?

Saturday, March 30th
11:00 a.m. – 12:30 p.m.
Church of St. Luke & The Epiphany
330 S. 13th St., Philadelphia PA

Register to the LGBT Elder Initiative:
215-720-9415
info@lgbtei.org

We all know that HIV is now a manageable chronic illness and adhering to our medications and staying in care is the first step to a healthy and fulfilling future. But to truly thrive with HIV, we must also care for our social, emotional, spiritual, and personal wellness. THRIVERS is a monthly discussion group that relies on the personal expertise within our communities to help one another get the most out of life and to take advantage of the opportunities before us.

Come thrive with us!

