

Philadelphia EMA HIV Integrated Planning Council

Positive Committee

Meeting Minutes of

Monday, January 13, 2020

12:00 p.m. – 2:00 p.m.

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

Present: PH (10), PA (4), NJ (4)

Staff: Nicole Johns, Sofia Moletteri

Call to Order/Introductions: J. Murdock called the meeting to order at 12:10 PM. She requested a moment of silence for those not present and those who cannot be present. Something you're looking forward to this year

Approval of Agenda:

J. Murdock presented the January 2020 meeting agenda for approval. **Motion: K.C. moved, B.L. seconded to approve the agenda. Motion passed: All in favor.**

Approval of Minutes:

K. Moussa presented the meeting minutes from the November 2019 meeting for approval. **Motion: B.L. motioned, D.G. seconded to approve the November meeting minutes. Motion passed: All in favor.**

Report of Chair:

K. Moussa read the newly established ground rules aloud. K. Moussa enforced the idea of maintaining professionalism and calling the office for foreseeable absences. Regarding the warnings, she reminded the group that such rules governed the co-chairs as well. K.C. mentioned that the 12:30 PM rule was important—he noted that that after 12:30 PM, tardy members would not receive transportation reimbursement. L.T. noted that the order in which people speak was also important. Speaking should happen in accordance with who raised their hand first.

Report of Staff:

N. Johns reported that the Comprehensive Planning Committee would discuss EHE (Ending the HIV Epidemic) in depth and have a smaller group and dig into the meat of the plan (Thursday, January 16th, 2-4 PM). Those who want more information on the plan were encouraged to attend.

She also reported on a conversation at the Planning Council meeting about how attendance was mandatory for subcommittee meetings. She ensured Positive Committee attendees that the committee was a subcommittee, though members are welcome to join others as well.

The HIPC meeting also discussed social determinants of health—poverty, health, racism, lack of housing, etc.—and how they impact the ability to live healthy, full lives. N. Johns offered to present on social determinants of health to the Positive Committee as well.

M.C. commented on the tension at the Planning Council meeting regarding therapy and mental health. He felt that the mental health discussion was not handled well especially when considering LGBTQ+ individuals. K.C. said that implicit bias training may be important (for doctors, therapists, and front of house people) and would help such discussions. He felt they should make a directive to the recipient to ensure that treatment is fair and bias is limited. K.C. said the implicit bias training could be on par with the sexual harassment training. Sexual harassment training was required to renew/pass yearly. N. Johns cautioned that skilled facilitators may need to be doing the training since online training does not often change behavior. She said that they could encourage AACO to make the training mandatory for all staff at funded organizations. N. Johns said that everyone has implicit bias, so holding a training for HIPC would be beneficial as well.

M.C. recalled that the discussion around transgender individuals and training on queer terminology was a start, but they had a long way to go. K. Moussa agreed that education/skill building would be the only way to effectively break down bias.

Presentations:

—ACT UP—

J.H. said they worked with ACT UP Philadelphia and was speaking to represent the Philadelphia community. ACT UP is a queer, Black and Brown organization with the intention to liberate and take control of health and life around poverty and HIV infection. ACT UP tackles issues involving social disparities and determinants of health. Though most residents in Philadelphia are Black and Brown, competent care for those residents is sparse.

G.B. recalled an instance wherein someone did not have insurance and could not receive their HIV medications. Since he was blocked from receiving his medication, he became visibly upset in the provider's waiting room. It was not until another HIPC member happened to be there and pulled him aside to speak with him about his concerns. She helped him obtain his medication after going a long while without it. Otherwise, others in the office refused to help which is why the situation became so emotional. J.H. said that doctors often assume that they know more than the people they are treating; however, people with HIV often know a lot about their own bodies and HIV in general.

J.H. said there was no community control without liberation—the current system was built on oppression. They explained that the United States was initially intended to be for rich, White individuals. 300 years later, that power dynamic struggles but sustains, even though the United States is incredibly diverse with a large migrant population. Minorities need a say in decision making. They said this was a common pattern with decision making, however: there are rarely people representing

the population making the decisions. For example, those who are deciding for HIV positive people are rarely HIV positive.

They explained that minimum wage and inflation have not proportionately increased. People promote the “bootstrap theory” (pick yourself up by your bootstraps, or try harder and all will be well), though poverty is cyclical and not overcome from “trying harder.” J.H. said that for every hundred dollars per a poor, White family, there is only ten dollars in a poor, Black family. Those in poverty do not have as much power, and therefore, there is only so much someone can do to pick themselves up “by their bootstraps.”

J.H. continued to discuss representation in decision making and the ACT UP symposium. ACT UP was looking for people who are Black and Brown queer individuals. They explained that they were not trying to exclude anyone. However, HIV transmission happens in queer populations and Black and Brown communities at a disproportionate rate. They reported that a queer Black male had a 1 in 2 chance of contracting HIV in his lifetime, a queer Latinx male had a 1 in 4 chance, and a queer White male had a 1 in 25 chance. Because of the disparities in numbers, it was important to bring those most affected together. They explained that Club 1509 program was supposed to be targeted towards Black and Latinx MSM but only connected about 30 people to PrEP. Though he personally referred many for Club 1509 program, people were still not getting connected to care. Because of this, it was important to start looking into ASOs that are not providing competent services.

J.H. said the system needed to be fixed. As of now, they explained, there was only 1 medically fragile housing facility in Philadelphia. It was limited to men and only had 12 beds. On top of that, the care received in city shelters can be dangerous and barely considered care. J.M. added that the shelter system was unfair, only allowing people to stay 6-12 months and do not consider connecting people to needed medical and behavioral health services. The shelters do not work effectively and do not help residents move to permanent housing. J.H. agreed that there needs to be leeway for housing for PWID and services to help them. Shelters and services need to work more collaboratively with the populations they serve, meeting them in the middle to set them up for future success.

J.H. reported that there would be a symposium from 8:30 AM – 5 PM specifically for poz queer, Black and Brown individuals, or transgender people. They said that those interested should sign up online or take the flyers in the office. The event would take place on February 8th at the Lesbian Gay Bisexual Transgender Center at 3907 Spruce St. K.C. suggested that the event may be exclusionary. J.H. responded that this is not the only symposium, but they want to make a safe space for a specifically Black and Brown queer individuals as a way of inclusion, not exclusion.

—*Elder Initiative*—

D.G. reported that THRIVERS met monthly at the William Way. It was not technically a support or therapy group—it was more of a group for discussion. They discussed topics such as money and spending, community engagement, gratitude, and mindfulness. The next meeting was January 25th, and they would discuss stigma and self-acceptance. Specifically they would discuss aging and

learning to fight or accept some accompanying stigmas. They would also talk about other stigmas around race, income, status, etc. and how to fight against stigma.

He said they would offer transportation reimbursements and that walk-ins were welcomed, but RSVP was preferred. He passed around the flyer for the January 25th THRIVERS meeting.

Discussion Items:

—20th Anniversary Project—

N. Johns mentioned that 2020 marked the year of the Positive Committee's 20th anniversary. N. Johns said that Philadelphia always had an active group of positive Planning Council members, so the Positive Committee was going to commemorate the anniversary with a project. She reminded the committee that they had decided on creating a booklet honoring people involved with the Planning Council and committee, those who have passed, and their history. They wanted to launch the booklet in June 2020.

N. Johns reminded everyone that they wanted to involve HIPC members and Positive Committee members from the last 20 years. Those in the booklet would have to be comfortable talking about their positive status, though the committee could discuss if they want to establish any level of anonymity.

She said that they were going to hire someone to lay out the booklet. They would need to work hard on contacting people and finding members to include in the book. They would also need to decide on who would get featured.

N. Johns asked who wanted to be in the small group of four to five people to discuss and make the main decisions for the booklet process. K.C. asked what the group would do. N. Johns responded that the group would do most of the work, so it had to be a dedicated team. Breaking up the work to the whole Positive Committee would be much more difficult and scattered. The small group would report to the committee, however, and they would determine how to proceed—would there be social media, videos, etc.

J.M. asked if they could do breakouts and host discussions in other places to let people know that HIPC and Positive Committee is a resource. N. Johns said that K. Moussa also suggested doing a breakout session just about the Positive Committee at the Prevention Summit. N. Johns added that introducing community planning aspects and highlighting long term members would be important as well. D.G. said if they decided on the breakout session for the Prevention Summit, the deadline was at the beginning of March 2020.

N. Johns said to let her know if anyone was interested in being part of the small group for the 20th Anniversary Project.

—Outreach and Recruitment—

N. Johns explained that outreach and recruitment was best done by supporting other groups. After the book was finished, Positive Committee members could also bring it to other groups to share the committee's history and introduce themselves. She also explained that EHE was just starting its community engagement initiatives, and HIPC would be working with J. Williams from AACO. It would be beneficial to discuss how they wanted to approach outreach and recruitment—she had noticed that some committee members were bringing friends to meetings. She explained that bringing people you know to meetings was the most successful way to recruit members. She suggested that if there was also another effective way to go about recruiting, the committee should look into it.

K.C. suggested that other nonprofits should advertise the Positive Committee—N. Johns responded that the committee could ask, but advertising on other nonprofits' websites would be challenging. Using social media might prove the most beneficial, since other organizations can just share the posts. K.C. added that the committee could also take initiative by personally handing out fliers and sharing posts on their personal accounts or through direct messages. G.B. said that going on community pages to advertise may also be a good idea.

D.G. said it was important to ensure that ASOs have a place to provide information/put brochures. ASOs also may have support groups that could help to distribute the brochures. There should be brochures in Spanish as well. N. Johns reminded the committee that OHP can hire an interpreter (for sign language, Spanish, etc.), but they needed a minimum of one week notice.

N. Johns said that they would invite J. Williams in February 2020. They would also talk a bit more about the project as well and social determinants of health and how they would be addressed through EHE.

Old Business:

None.

New Business:

None.

Announcements:

K.C. announced that Prevention Summit was having a kickoff from 10am-11:30am on January 14th. It would take place at 1207 Chestnut St (3rd floor). The actual summit would take place Tuesday, June 16th, 2020 from 8AM – 5PM.

J. Murdock reminded everyone to sign up for the January 14th community consumer feedback at Action Wellness. RSVP was mandatory, and the event would take place at 12 PM.

N. Johns reported that there would be a webinar on January 28th about resource allocation and would feature a presentation from M. Ross-Russell about the Philadelphia EMA's regional reallocation process. The webinar would be on TargetHIV.org which also had informational resources for Planning Council members and recipients. The webinar could also be accessed after the 28th in the website archive. N. Johns recommended registering for the webinar to receive all needed information.

She then reported on the January 23rd webinar about consumer participation in the Planning Council through the Planning CHATT website. The webinar would spotlight Atlanta and San Francisco EMAs to discuss strategies for including and amplifying community voices. N. Johns said the office would share both webinars with the council via email.

N. Johns also announced that if there were issues accessing RWHAP services, call the AACO hotline (1-800- 985-2437). It was a 24/7 hotline that would help whether the caller had insurance or not. She reminded everyone that access to medication was a necessity regardless of insurance status. D.G. added that the hotline is required to "close the loop" and get back to the caller with the final answer to their complaint or issue. L.T. asked if that number worked for Jersey as well. N. Johns said that the best number to use from Jersey was 1-215-985-2437.

Adjournment:

K. Moussa called for adjournment. The meeting was adjourned by general consensus at 1:49 PM.

Respectfully submitted,

Sofia Moletteri

Handouts distributed at the meeting:

- January 2020 Positive Committee Agenda
- November 2019 Positive Committee Meeting Minutes
- January/February Meeting Calendar