#### Monday, May 13, 2019 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 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
Survey opportunity

Action Item:

Meaningful Involvement of PLWH-recommendations (40 min)

Discussion Item:

Planning June meeting (30 min)
Outreach at the Prevention Summit (15 min)

**Old Business** 

**New Business** 

Announcements

Adjournment

## PLEASE TURN ALL CELL PHONES AND PAGERS TO SILENT OR VIBRATE.

The next meeting of the Positive Committee is

June 18, 2019 from 6:00-8:00PM 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.hivphilly.org). If you require any
special assistance, please contact the office at least 5 days in advance.

# Philadelphia EMA HIV Integrated Planning Council Positive Committee Meeting Minutes of Monday, April 8, 2019 12:00-2:00p.m.

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

**Present:** 14(PH), 3(PA), (NJ)

Staff: Nicole Johns, Briana Morgan

Call to Order/Moment of Silence/Introductions: K. Carter called the meeting to order at 12:12. Those present then introduced themselves and participated in an icebreaker activity.

**Approval of Agenda**: K. Carter presented the agenda for approval. N. Johns stated that M. White had suggested that they discuss AIDSWatch under New Business. <u>Motion: M. White moved, G. Thomas seconded to approve the agenda as amended. <u>Motion passed:</u> All in favor.</u>

**Approval of Minutes** (*March 11, 2019*): K. Carter presented the minutes for approval. The minutes were approved by general consensus.

#### Report of Co-Chair:

K. Carter reported that the Planning Council had voted on a reallocation request at their last meeting. He stated that they had allocated 50% of available funds to substance abuse services — outpatient and medical case management in both the PA Counties and Philadelphia.

K. Carter reported that they had held the first Thrivers meeting, and about 25 people had attended.

#### Report of Staff:

N. Johns reported that the Comprehensive Planning Committee had canceled their April meeting.

N. Johns reported that OHP was starting its listening sessions, noting that they would be in Media on Wednesday night and in Levittown on April 30. She stated that OHP had Facebook events that Positive Committee members could share. She stated that they had sent flyers out to providers in the communities, but that they could also use help promoting the events.

N. Johns stated that the Positive Committee had been talking a lot about inclusion, and that she had an idea to present to the group. She asked those present if they would like to try having their June meeting in the evening. K. Carter stated that the issue of meeting times had come up during the Comprehensive Planning Committee meeting, explaining

that daytime meeting times were a conflict for some people. He noted that both Comprehensive Planning Committee co-chairs were stepping down. He then stated that the Positive Committee was trying to be more inclusive and bring more people into the meetings. S.T. stated that the sun was out later in the spring, so she would attend a nighttime meeting. K. Carter stated that this could allow more people who work during the day to participate.

The group discussed some personal conflicts. G. Thomas noted that ACT UP met on Monday nights. J. Murdock and G. Thomas stated that a Tuesday evening meeting would avoid a conflict with ACT UP. N. Johns clarified that they were trying to do this for one meeting so that people who are not able to come to the regular meeting dates would be able to attend. The group agreed to meet on Tuesday, June 18 and began to discuss times. B. Morgan noted that she had had conversations with people who wanted to attend the meeting on Facebook, but weren't able to because they worked from 9 a.m. - 5 p.m. and couldn't get off work.

The group agreed to meet on Tuesday, June 18 from 6 p.m. - 8 p.m.

K. Carter then asked the group to share posts from OHP on Facebook. He added that word of mouth really helped to get news out.

#### **Discussion Items:**

#### **Terminology of Inclusion**

N. Johns introduced the "Understanding Transgender Terminology" worksheet. The group then broke into pairs to complete the worksheet.

After some time had passed, N. Johns presented the answers to the worksheet.

N. Johns then explained that it was important for the group to discuss terminology about transgender issues, because the group wanted to be more welcoming and inclusive. She noted that she had attended a training so she would be able to share more information about trans issues with the group. She stated that she would also hand out a sheet with definitions. She noted that the Transgender Training Institute had developed the handouts, although they were currently updating their language.

N. Johns reviewed definitions for sexual orientation, biological sex, and sex assigned at birth.

N. Johns noted that there were 29 human biological sexes, including 27 different sexes that are generally referred to as "intersex." She stated that intersex people were particularly vulnerable to violence. She stated that sex assigned at birth follows people throughout their lives, including on documents like birth certificates.

N. Johns then discussed gender identity, noting that this was an internal experience. She next reviewed the definitions of cisgender and transgender. She noted that transgender people were also very vulnerable to violence and stigma. G. Thomas asked about the term

"transsexual." N. Johns explained that this is an old term that referred to people who had completed a medical transition, but that it was no longer used.

- N. Johns next reviewed gender expression, gender non-conforming, transgender woman, and transgender man. She noted that "transgender" really describes a person's history, but it's not always something that someone needs to know about another person.
- N. Johns then reviewed definitions for medical transition, noting that not everyone who is transgender wants to or can undergo medical transition. She also discussed pubertal suppression, noting that this was also referred to as "puberty blockers." She noted that this was only available to kids who were "insistent, consistent, and persistent." She explained that testosterone in particular caused permanent changes to the body, so this was an option to delay puberty.
- N. Johns finally discussed gender dysphoria, noting that this was the medical diagnosis that provided access to medical transition. She stated that this was included in the DSM because it was a prerequisite for insurance to cover medical transition services.
- N. Johns noted that there was one more term that wasn't included on the worksheet: non-binary. She stated that this was a person whose gender identity did not fit into the identities of man, boy, woman, or girl.
- N. Johns stated that one way to respect a person's identity is to ask what pronouns they use. She noted that sometimes we misgender a person, and that the best way to handle that is to apologize and check in if clarification is needed.

The group then shared some personal stories and broke for lunch.

## Meaningful Involvement of People with HIV Tabled.

#### **Old Business:**

None.

#### New Business:

#### **AIDSWatch**

- D. Gana reported that Robert Redfield from the Centers for Disease Control and Prevention (CDC) had spoken at AIDSWatch. He noted that Dr. Redfield had used some stigmatizing language when speaking about people living with HIV. He stated that AIDSWatch participants received advocacy training on Monday, and went to speak with Members of Congress on Tuesday. He stated that no Members of Congress from Pennsylvania were currently on the HIV caucus.
- J. Murdock reported that she had shared stories about the housing and HIV. She then described the sessions she had attended, including one on HIV and aging and an orientation for new advocates. She reported that they had gone to see Bob Casey, and that

they had met with a representative for Pat Toomey's office. D. Gana stated that they had also talked to the Members of Congress about comprehensive sexual education. He noted that he had also advocated for no cuts to Medicaid and Medicare, and no work requirements. He added that they also talked about housing as medicine.

- D. Gana stated that there were about 600 people at AIDSWatch. K. Carter stated that they could also advocate to Gilead about the patent that the CDC holds on Truvada for PrEP. He explained that this money could be used to get people on PrEP who couldn't afford it otherwise.
- J. Malloy stated that this was his second year at AIDSWatch, and that elected officials should be in the know about HIV. He reported that he had met with a representative from Bob Casey's office, and that he would speak more with Dwight Evans at a later date. He then said it was important to be clear about the purpose of meeting. He noted that AIDS United had put out a platform about Meaningful Involvement of People with AIDS (MIPA). N. Johns replied that the framework that the Positive Committee had been working through came from AIDS United's materials.

#### **Announcements:**

- D. Gana announced that the next Thrivers meeting would be held on the last Saturday of the month at William Way. He stated that this was a group meeting for people who were past long-term surviving and on to thriving.
- K. Carter stated that the group had agreed to write a newsletter, but that they had not made any progress. He suggested that they put the newsletter off and discuss it in May. He noted that if they had something they wanted to see in the newsletter that they could bring it into the May meeting. M. Coleman stated that the transgender terminology quiz would be good for the newsletter.
- K. Carter stated that M. Coleman reminded them that they needed to be more mindful with using terms and acronyms that not everyone knew.

#### Adjournment:

The meeting was adjourned by general consensus at 2:00 p.m.

Respectfully submitted by,

Briana L. Morgan, staff

Handouts distributed at the meeting:

- Meeting Agenda
- Meeting Minutes from March 11, 2019
- Understanding Transgender Terminology
- MIPA Ideas and Questions
- OHP Calendar

#### Representation:

Need more PLWH on HIPC

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

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

Systemic and institutional racism persists.

Transgender and gender non-binary PLWH are not adequately represented

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

#### Programs/Services:

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

#### Access/Resources/Assistance:

Language access is a need for non-English speakers.

Sometimes the language used in documents and meetings is a barrier to participation. Things need to be explained in plain language.

Too much paperwork

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

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.

Mentoring is needed at all levels

#### **Outreach/Recruitment/Community Engagement**

Not currently supporting immigrant and refugee networks.

Positive Committee and HIPC should offer resources and support to other PLWH and affected groups/communities

Information about the HIPC and services are needed where PLWH congregate – doctors' offices, support groups, CABs.

Outreach is happening but not always effective.

What specific 3 actions can the HIPC take to address these concerns?
1.
2.
3.
Who should we ask about this issue? Who is a leader in this community? Who has the expertise we need?
How will we know when we are succeeding in addressing these concerns? What does improvement look like?
Additional ideas or concerns for the Executive Committee

## CONVERSATIONS

## RESILIENT AGING: STAYING POSITIVE AND LIVING WITH PURPOSE

Saturday, June 1st 10:30 a.m. – 1:00 p.m.



### **Event Information**

As a population, LGBT older adults have lived through times of terrible loss but also great triumphs. While aging can bring about feelings of worry or regret, it also offers a perfect opportunity to pursue new passions, embrace new possibilities, and find new meaning in life. Whether it's learning a skill, volunteering for meaningful causes, or forming new friendships and social networks, there are endless opportunities ahead.

This program will explore the potential that can be realized in our elder years, even when there are challenges. Join us for this interactive program sharing strategies for embracing aging and living a richer, fuller life.

## **Event Location**

Friends Center
1501 Cherry St.
Philadelphia, PA 19102

## Registration & Questions

**LGBT Elder Initiative** 

Phone: 215-720-9415

Email: info@lgbtei.org

- This program is free and open to the public.

-Lunch will be served

-SEPTA reimbursements will be provided to cover travel costs

SUPPORT FOR THIS PROGRAM IS PROVIDED BY THE PHILADELPHIA GAY NEWS.

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## Aging Mastery Program®

Join the adventure!







Another 10-week session of the Aging Mastery Program® (AMP) is coming to Center in the Park this Summer! However, this AMP session is exclusively for people 55+ who identify as LGBT.

The Aging Mastery Program® (AMP) encourages *mastery*—developing behaviors across many dimensions that will lead to improved health, stronger financial security, and overall well-being.

By participating in this program, you will:

- Make and maintain small but impactful changes in your health behaviors, financial well-being and enrichment in later life.
- Get REAL incentives and rewards for taking small steps that can improve your well-being.
- Meet new friends, provide support and encouragement to your peers, and become more involved in your community. Interact with expert speakers on a variety of topics.

Classes Start Thursday, May 23, 2019. Sign up now!



All participants must be signed up by Tuesday, May 21, 2019.





To Register, contact: Fatima Jackson at 215-848-7722 ext. 305

