POSITIVE COMMITTEE

Monday, March 9, 2020

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**
- **Report of Staff**
- **Presentation:**
  - **OHS (Office of Homeless Services) –** ***Bruce Johnson***
- **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 **April 13, 2020 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.**

people may not know about Positive Committee or RWHAP, so it would be important to discuss how they serve and reach the whole EMA. K.C. thought it may be best to deliver information about HIPC and the RWHAP process through a Q & A hosted by the Positive Committee.

K.C. commented on how the committee was still working on the 20th anniversary project. Thus, it may be more effective to discuss the project and membership instead. N. Johns noted that interviews for the project would have to be completed by April 2020 if they wanted time to showcase the booklet at the workshop.

J.H. asked about the summit's tracks and if the project would fit into the summit's tracks. K.C. responded that it would—among others, there was a track for housing, Spanish language, women, sex workers, LGBTQI+ individuals, justice and policy, sex and relationships, PrEP, Hep C, and pediatrics and adolescence.

N. Johns said the workshop would be directed by the Positive Committee. As D.G. mentioned earlier, the committee would have the table and could hand out the book. Regarding the workshop, there is a track about PLWH by PLWH, but Positive Committee participants would have to be willing to share their portions from book with their name attached to it for the workshop.

N. Johns suggested that 4 volunteers to share their stories and answer questions would suffice for the workshop, but she would need their word that they would be participating. K. Moussa, G. Borns, and K.C. volunteered. N. Johns would talk with the three of them after the meeting to confirm their participation.

—*Social Determinants of Health*—

N. Johns asked for a definition of social determinants. K. Moussa said it has to do with people's lives, and L.T. added that "determined" means when something is bound to happen. N. Johns mentioned that the social determinants conversation acts as context for Dr. K. Brady's presentation of HIV data. Discussing social determinants allows for a better understanding of why certain populations are more affected. The conversation would also allow for the committee to better their community planner skills, as well as give context behind data.

N. Johns read the social determinants definition on the PowerPoint: "Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes." She asked for examples from the committee. K.C. said space could differ from urban to rural to suburban. N. Johns agreed and added that even within urban areas, there can be different communities and differences within the landscapes. Such differences could be exemplified from something as simple as sidewalks—are sidewalks navigable or too uneven so that people feel unsafe, especially those with physical impairments? Are there intersections that people cannot cross to move freely around their neighborhood? Another example would be existence of schools with negative health impacts such as asbestos. Such underfunded schools can lead to bussing students elsewhere and overcrowding schools.

M.C. mentioned how some houses still have lead paint which makes for unsafe conditions. N. Johns added that air quality is also a social determinant of health. K. Moussa mentioned there are issues of air

quality in Camden, NJ, and how there was a community near a sewer system. N. Johns agreed, adding that incinerators and sewer systems are usually placed in poor communities of color, thus creating a determinant of health. She said such placements are physically harmful, but can cause stress and affect mental wellbeing.

N. Johns directed attention to the Kaiser Family Foundation from KFF.org slide and added that the Robert Wood Johnson Foundation also provided helpful information for social determinants. She read Figure 1, Social Determinants of Health, explaining that determinants are connected and can be casual. For example, attending preschool was statistically proven to be advantageous later on in life. She also mentioned that social isolation can be as deadly as smoking.

Regarding discrimination, N. Johns noted that there are many different levels: language, insurance, race, gender, etc., all of which can lead to impacts on health. She said that the health care system is also stressful in and of itself, carrying many forms of discrimination that directly impact individual's health. Not only is physical access to health care important, but so is access to competent health care. Factually, people who have positive social determinants of health are more likely to live longer.

N. Johns noted the Institute for Clinical System's Improvement chart of the human figure. She noted that Health Care is the most prominent topic of discussion when acknowledging people's health and wellbeing. However, Health Care only makes up 20% of social determinants of health. However, 40% of health is comprised of socioeconomic factors such as education, family support, or community education, and there is typically zero to minimal control of such factors. 10% of health is also environmental and is typically out of a person's control, meaning that 50% of health factors can be traced back to zip code. 30% of overall health are health behaviors which can ultimately be controlled such as tobacco use, diet and exercise, and alcohol use. M.C. commented on how alcohol use was not often discussed at HIPC meetings. N. Johns said that alcohol can contribute to many diseases and can be causal in determining someone's health. D.S. said that domestic abuse can also be a social determinant of health, since victims often feel unsupported and trapped.

K.C. noted that some "negative" health behaviors can also double as preventative measures. For example, marijuana or smoking cigarettes can help with abstention from more dangerous health behaviors. N. Johns said that tobacco use is very high in communities with higher stress levels. She said that in general, alcohol is more acceptable than marijuana, yet people who have issues with alcohol dependency often practice risky sexual behaviors.

N. Johns asked for a breakdown of the terminology "socioeconomic." K.C. responded that is related to social class and ties in with economics. N. Johns agreed that it's often tied to income, involving race and other social determinants.

N. Johns read the slide, "Our neighborhood affects our health." Please refer to this slide for more information. She defined fatalism as the act of losing hope. Fatalism can lead to harmful coping mechanisms. N. Johns noted that some areas are losing hospitals, ERs, and doctors, essentially cutting off access to healthcare.

N. Johns asked how poverty related to HIV. L.T. responded that it is difficult to find care for homeless individuals, and there is also discrimination against people living in poverty within health care atmospheres. N. Johns said that people may also trade sex for housing or other necessities, therefore increasing health risks. N. Johns explained that cost of food, rent, etc. has also increased, blocking people from the care and resources needed.

N. Johns read the quotes from Dr. T. Zuberi. Refer to this slide for the full quote. The book that the quotes are from is about social sciences and how they are inherently racist. She mentioned that there is an article and book online—*Racism without Racists* and *White Methods*, from Dr. Zuberi that give more insight into the topic. The specific quote on the slide is from *White Logic, White Methods*. Dr. Zuberi discussed how racial categories change over time and space. For example, in Brazil, social definitions of who is White and who is Black is a different social construct. It is not based on biology, just on how humans have structured their world. Dr. Zuberi also used HIV as an example and how social determinants are the reason that HIV is concentrated in certain populations.

N. Johns reviewed the slide "Racial segregation and discrimination." Refer to this slide for more information. She explained that Philadelphia had one of the highest incarceration rates despite a decline in the rate. OHP often received messages from incarcerated individuals, because they do not know how to access services upon re-entry. J.H. mentioned the intense HIV stigma in prison and how that can affect care. N. Johns agreed that prisoners may feel uncomfortable or unsafe disclosing their positive HIV status and therefore do not receive treatment. Risky sexual behavior also occurred in prison. K.C. commented on how hygiene products, food, and other necessities are extremely expensive in prison, and people are constantly making choices and sacrifices, even if that includes neglected their health.

N. Johns explained that said that there is a higher likelihood in smaller communities for people to interact with each other than outside of their communities. Therefore, in communities where HIV is prevalent, there is a higher likelihood of acquiring HIV, not because of higher risk behaviors, but because of higher concentration of HIV within the population. For example, White MSM statistically have higher sexual risk behaviors, but there is a smaller amount of HIV in the White gay, male community. Therefore, there is a smaller likelihood of acquiring HIV due to the lower levels of HIV within the population.

M.C. asked about strategies for approaching LGBTQI+ youth for HIV testing. K. Moussa said that such a topic may be especially difficult for bisexual men since they may not feel comfortable enough to explore or discuss their sexuality. Stigma stops people from getting tested, but having such conversations around sexuality and STIs would promote destigmatization.

J.M. mentioned that research is focused on urban sexual behaviors as opposed to the sexual behaviors of those more affluent. The sexual behaviors of those who are rich are unlikely to be known, because that information is not given voluntarily. N. Johns said that risk could possibly be greater for those who have more money and resources, because they may feel more protected. This is even seen in those with middle class incomes and tendency to have higher sexual risk behaviors than those with lower incomes.

J.H. said noted that many youth seem to involving themselves in healthy and sexually explorative but safe environments. K.C. said there were a lot of older individuals who were still sexually active, and cisgender

women who are post-menopausal and not worried about protection. In general, he felt older individuals felt "safer" and therefore practiced riskier sexual behaviors.

N. Johns read the slide titled "Psychosocial and socioeconomic barriers." Please refer to this slide for more information. She defined psychosocial as how an individual feels depending on their social environments. She explained that those with low/no income and/or housing instability is a growing population, incarceration carries stigma and breaks up family and social networks, environment can cause chronic health conditions, and mental health disorders can be prevalent. M.C. commented on how support groups are important for the social connection as well as mental health care. It also helps to get people out of the house.

N. Johns continued to explain that all psychosocial and socioeconomic barriers are due to systemic/structural barriers. Thus, altering the basic structure of the system is difficult and cannot be done alone. Even existing programs cannot always meet the need of the communities they serve, and people often have long wait times.

N. Johns read the final slide: "How can we address social determinants and end disparities?" M.C. responded that there needs to be more research and advocates to properly identify overlooked needs. There needs to be a heavier concentration around the social aspects and stigma for HIV and more education around systemic barriers and what that means. K.C. added that stable housing is important. People should have a permanent address for stability in health and ability to feel safe. People need homes before they can take care of their health. L.T. said the community needs to find appeal to politicians at the top so they may feel more inclined to help break down structural barriers. Politicians must understand the conditions in which people live and assist in structural change. K.C. reminded everyone of the importance of the census, saying that proper representation in the census helped with structural change. By counting populations, there is a greater understanding of the "who, what, and how much" behind services.

N. Johns reminded everyone that they could register to vote and check their registration status online on the PA.gov website. Anyone can also check if there are issues with their registration as well as apply for an absentee ballot. The absentee ballot would be sent to the person's house. N. Johns said that people with felony convictions can still vote depending on the crime, so people with criminal records should view the website to find out eligibility. H.B. mentioned an expungement program at BEBASHI which may be worth checking out. G. Borns clarified that if someone was not serving a sentence or no longer on probation or parole, they could vote.

N. Johns said there would be a receipt/time stamp as a record for registration. Registration for voting in the Primary Election needed to occur by April 13, 2020.

Old Business:
D.G. mentioned the committee logos, and S. Moletteri said she was finishing up a few drafts to show the Positive Committee. She got some more ideas based on the suggestions and feedback from the Positive Committee. She asked that everyone interested in seeing the logos see her after the meeting. She wanted to get personal feedback, suggestions, and new ideas as well.

New Business:
M.C. mentioned how there was only one shelter for fragile men with disability in Philadelphia, and it only had 12 beds. He asked if someone could present to Positive Committee or HIPC from the shelter systems. D.G. suggested someone from the Office of Homeless Services. K. Moussa said that they want to address the issues of those who are homeless PLWH. N. Johns explained that all beds are technically open to PLWH, since an HIV positive status was no grounds to turn someone away from a shelter. She explained that there were not enough beds for *anyone* who is homeless in Philadelphia. She agreed to reach out to OHS to request a presentation.

Announcements:
G. Borns announced that there is an AIDS Law project in PA and one in Southern NJ. She suggested people go to those places or call if they need any legal services.

K.C. announced that on February 29th, 2020, THRIVERS would host a discussion around benefit programs that help with saving money and living a healthier life. He said he would leave behind flyers in the office for anyone interested.

J.R. announced that the symposium around taking control of the health care services for Black and Brown queer men went very well. He asked for anyone interested to contact him about the next symposium in the spring of 2020.

Adjournment:
The February 2020 Positive Committee meeting was adjourned by general consensus at 2:02 PM.

Respectfully submitted,

Sofia Moletteri

Handouts distributed at the meeting:
- February 2020 Positive Committee Agenda
- January 2020 Positive Committee Meeting Minutes
- February/March Meeting Calendar

OFFICE OF HIV PLANNING PHILADELPHIA
WWW.HIVPHILLY.ORG

March 2020

The HIV Integrated Planning Council (HIPC) and related committees meet at the **Office of HIV Planning,**
340 N. 12th Street, Suite 320 Philadelphia; unless otherwise noted. **Dates/times are subject to change Contact 215-574-6760 or www.hivphilly.org for details.**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9 **Positive Committee** **12-2pm**	10	11	12 **EHE Town Hall** **(RSVP Required)** **6:00-8:00pm**	13	14
15	16	17	18	19	20	21
22	23	24	25 *EHE Workgroup* *2:30-4:30pm*	26 *Nominations Committee* *12-2 pm*	27	28
29	30	31				

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April 2020

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 *Finance Committee* *2-4-pm*	3	4
5	6	7	8	9 *Nominations Committee 12-2 pm* **HIV Integrated Planning Council 2:00-4:30pm**	10	11
12	13 **Positive Committee** **12-2pm**	14	15	16 *Comp Planning 2 -4pm*	17	18
19	20	21	22 *Prevention Committee 2:30-4:30pm*	23	24	25
26	27	28	29	30		