



MEETING AGENDA

COMMITTEE: Community Empowerment Committee

Date/Time: August 2, 2016, 3:00p.m.

Location: Governmental Center Room A-337

Chair: Lorenzo Robertson Vice Chair: Pat Fleurinord

1. **CALL TO ORDER:** *Welcome, Review meeting ground rules, Statement of Sunshine, Introductions, Moment of Silence, Public Comment*
2. **APPROVALS:** 8/2/16 Agenda, 7/5/16 Minutes
3. **STANDARD COMMITTEE ITEMS**
 - a. Testimonials
4. **UNFINISHED BUSINESS**
 - a. None.
5. **MEETING ACTIVITIES/NEW BUSINESS**

<i>Goal/Work Plan Objective #:</i>	<i>Accomplishments</i>
Assessment of the Administrative Mechanism	ACTION ITEM: Discuss and complete the 2016 HIVPC Assessment of the Administrative Mechanism Survey
Community Events and Trainings	ACTION ITEM: Discuss and develop a calendar of community events and community trainings (Handout A)

6. **GRANTEE REPORTS**
7. **PUBLIC COMMENT**
8. **AGENDA ITEMS/TASKS FOR NEXT MEETING: Date:** October 4, 2016 **Venue:** A-337

<i>Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)</i>	<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.</i>
Community Events and Trainings	ACTION ITEM: Discuss training topic/meeting logistics for November meeting

9. **ANNOUNCEMENTS**
10. **ADJOURNMENT**

PLEASE COMPLETE YOUR MEETING EVALUATIONS

THREE GUIDING PRINCIPLES OF THE BROWARD COUNTY HIV HEALTH SERVICES PLANNING COUNCIL

- Linkage to Care • Retention in Care • Viral Load Suppression •

VISION: To ensure the delivery of high quality comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care

MISSION: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment

MEETING MINUTES

COMMITTEE: Community Empowerment Committee (CEC)

Date/Time: Tuesday, July 5, 2016, 3:00 p.m.

Location: A337

Chair: Lorenzo Robertson **Vice Chair:** Pat Fleurinord

	Members	Present	Absent	Guests
1	Arencibia, Y.			Shaw, M.
2	Bhrangger, R.	X		Owens, J.
3	Burgess, D.	X		Degraffenreid, T.
4	Culpepper, K.		A	Gammell, B.
5	Dennis, B.			
6	Fleurinord, P. <i>Vice Chair</i>	X		Grantee Staff
7	Franks, H.		A	Jones, L.
8	Katz, H.B.	X		Degraffenreid, S.
9	Lint, A.	X		Anderson, T.
10	Marcoviche, W.	X		
11	Parker, P.		A	HIVPC Staff
12	Robertson, L. , <i>Chair</i>	X		Johnson, B.
13	Robertson, P.	X		Ewart, L.
	Quorum = 8			

1. CALL TO ORDER:

The Chair called the meeting to order at 3:10 p.m. The Chair welcomed all present. Attendees were notified of information regarding the Government in the Sunshine Law and meeting reporting requirements, which includes the recording of minutes. Attendees were advised that the meeting ground rules are present, for reference. In addition, attendees were advised that the acknowledgement of HIV status is not required but is subject to public record if it is disclosed. The Chair, committee members, guests, grantee staff and support staff self-introductions were made. A moment of silence was observed.

2. APPROVALS:

Motion #1: To approve today’s meeting agenda
Proposed by: Katz, H.B. **Seconded by:** Lint, A.
Action: Passed Unanimously

Motion #2: To approve 5/3/16 meeting minutes
Proposed by: Lint, A. **Seconded by:** Robertson, P.
Action: Passed Unanimously

3. STANDARD COMMITTEE ITEMS

Testimonials:

- a. A member stated that he has had a friend that recently passed away. His friend was scared that people would know his HIV status. The member has learned to be proud of his status and was sad that there is still shame and stigma in the community.
- b. A member spoke about the Trick Daddy Concert that was recently held. She explained that there were not as many people as they would have liked, but many that many people shared their HIV stories. There were 70 HIV tests and 50 STD tests at performed at the HIP BBQ, and 500-700 were people tested for the concert. Many of the test were first time tests.

- c. A guest thought the concert was dynamic, but what struck most by the testimonials about their status and the importance of testing. The guest saw the Saving Grace premiere, and he stated that he is now inspired to make a documentary about the HIV/AIDS crisis in Fort Lauderdale's Black community.

4. UNFINISHED BUSINESS

None.

5. MEETING ACTIVITIES/NEW BUSINESS

- a. PSRA Service Category Priority Rankings Overview: The PC Manager gave a follow-up and recap of the service category rankings process that was conducted during the last CEC meeting. She explained the PSRA Process for the guests in the room, and explained the ranking process and why the members rank all services even though some may not be funded by the Part A program. She compared the FY17-18 CEC and the PSRA rankings with the members, and pointed out the similarity of both the core and support rankings by both committees. The next PSRA meeting will include Part A allocations for the next fiscal year. The HIVPC will also receive a training on the PSRA process at this month's meeting, which will cover the FY17-18 rankings, allocations and How Best to Meet the Need language.

- b. Community Feedback: The PC Manager introduced Joe Tolliver, the facilitator for the session. Joe explained that this is the 4th Community Feedback forum that he has facilitated. During the sessions he has witnessed a lot a lot of passion from the participants, a large breadth of thought, and many different responses. The goal of the forum is the go in-depth with the conversations about HIV strategies.

When asked about strategies to **reduce new HIV infections**, 54% responded HIV education, awareness and conversations, 15% responded condoms and other protections, 15% responded PrEP, and 15% had other ideas. Responses to the follow-up conversation included:

- I chose education because during the Trick Daddy concert we went out trying to get folks tested. One volunteer was a 17 year old black male who is still afraid of testing. He is afraid to catch it (HIV) while getting tested. People in the Black community don't talk about HIV at home and at the barbershops. Its taboo, and we need an open dialogue to get people using condoms and tested.

What isn't working about education?

- We are sitting around a table making decisions and not asking the community what they want to see done. What they want to participate in. People have been around the table for 30 years doing the same things that don't work.
- Any different avenues will help. We have to try this and try that. It was a good concert but needed more publicity: in the papers and on social media. We need to reach people where they are to have more success.
- We are not having conversations in the communities that need to hear them. We need to get out of our venues and take the information to other parts of the communities. It's not being had at some churches. Not at fraternities or sororities. People are being infected because they are not aware of the information.
- No one said testing because every answer is relevant. I chose PrEP because it's the new tool in the tool box. But all of this is needed.

How do you have events to get people to participate without bringing in stigma?

- You have to do programs that target health in general, and not say its HIV solely, but have it there too. Do both tests and screenings and have people come to events without the stigma. You must also educate about HIV's origin and transmission to help people understand. We are afraid to ask churches.

How do you reduce fear as a community?

- You have to meet people and let them know about HIV. Let them ask you questions or else they will never know where to go for treatment or testing. We need to talk about it. Lose your shame
- I went the Essence Festival. The Black Aids Institute was there and doing testing, even though there were many things going on their booth stayed full the whole day. You just need people who pull audiences and let them talk. Stigma is real but a lot of time it's what people perceive. You may not get everyone with a celebrity but you will get a lot.
- I feel that testing, education and awareness are the same. If you are doing your job right you should be testing and educating at the same time. Need to do things that aren't common to get people's attentions. Like reality shows, all kinds of these shows like Dating Naked and Real Housewives. We should have one on positive women, follow them around and let people know we aren't lepers and we are doing fine.
- We need to be involved in parades. So many people come out to the MLK parade. We can use it to combat stigma; have an awesome float, pass out things, and canvas. Jehovah's Witnesses get out in the community, they are awesome at what they do. We need to bring awareness by canvassing, ask the community what is important to them, what do they know, and what do they need. Also, canvas with election workers.

How do we get people to come out and participate?

- I have an organization called Men of Action where we mentor youth and adults. We get people to participate through service. We do food drives and help people get jobs. People will respect and reciprocate when there is service involved. We create a sense of service with loyalty.

What is not working about condoms?

- A lot of people don't like to wear them. Most people don't want to use condoms.
- Most people don't have access, they aren't just sitting on the shelf. Clinics give them for free but people don't have access or transportation to the sites. They are at drug stores but they cost too much.
- Some people don't use condoms because of their religious beliefs. They did a testing event in Pompano, and a business owner would allow testing at his location but not condoms because he was church going and his pastor wouldn't approve. Testing and condoms needs to go with education, you can't just leave them out. People only want Magnums too, and we need to explain to people that other brands are just as long.
- I do testing at Broward Health in the emergency rooms. Men's face light up when I offer free condoms, but everyone wants Magnums.
- I deal a high risk group, and condoms work well with them. They do not have problems with access, they are all very educated about condoms and ask about specific types and brands. It's all about stigma. The transgender girls would prefer a lot of condoms at one time with no questions asked.
- One of the things I find interesting is that this is the first time that we've talked about people not wanting to wear them. We need to address that in the industry, we keep

handing them out knowing that people won't wear them. We think not using condoms is a bad thing, that you are a bad person if you don't use them. We all know that some people will not use them, and we won't talk about the alternatives in an honest way. I talk about PrEP a lot, and it's a strategy where we encourage people to use Truvada with condoms, but if people will not use condoms I still talk about PrEP. Women on birth control are still asked to use condoms, it doesn't protect against everything but it works for people.

When asked **what factors put people at significant risk for contracting HIV**, 50% responded unwillingness to change behaviors, 25% responded fear that surrounds HIV, 17% responded lack of support networks and 8% responded other ideas. Responses to the follow-up conversation included:

- A combination of both individuals and communities need to change. If people choose not to use a condom then they need to choose some biomedical intervention to protect themselves and their partners.
- I'm always at the bus terminal giving out condoms, people are scared to get tested, it's about HIV, it's about pregnancy, it's about everything.
- I find that when I share my story with people, they open up. A lot of people say they are fine, they don't have HIV. When I share my story they warm up and are more receptive. I think we need more positive people to talk about it.
- I want to say that one of the areas our community can change is with HIV interventions because there is not a willingness to really do the work in the communities that need to be there. To engage the community that really needs to work. Wilton manners is saturated with resources, there are not enough people in Pompano, Hollywood, or on Sistrunk. It's not a fear of safety, they will go to low income areas for other things (drugs) but not to work.
- People have a fear of being themselves in certain areas, and some have to go to Wilton manners to be gay. Maybe it's easier for women to be accepted than men. But it has a lot to do with race. Many agencies get more support for services Wilton Manners. No one funds the work on Sistrunk. We need to change the way we look at local communities, the way that we fund diseases that most affect minorities but do not go into those neighborhoods.
- A lot of people who are positive do not want to talk about it. They need to go into communities in need and educate them or else we will see the same 5% increase each year. The voices in the community need to be involved: churches, elected officials, rappers, home-owners associations.

When asked what the **best ways to keep HIV+ people in care are**, 58% responded increase support services to help with medication, 25% responded getting in care after finding out you're positive; 8% responded knowing someone else who is in care (peers), and 8% said other ideas. Responses to the follow-up conversation included:

- I was thinking about how we put a lot of energy and excitement about getting tested and know your status but that stops after linkage to care. You need to keep the same energy going once you've been in care for 6 months, a year. Check in with people and say, "hi your VL is suppressed, we have something for you." At AA they support and cheer you on for your first year. They give you time to build your foundation.
- Case managers are important but they need to be the correct people for the community. Our case manager for transgender women helps people get Ryan White certified,

- ADAP meds, and makes sure they have an address. We need more support and facilities, but the money is political. You need to share partnerships and need to have case managers that are the same group/culture as the client.
- I'm baffled by the number of people that fall out of care. Once we link them it seems that we just let them go with no follow-up. People that work in prevention are all about the numbers, they get their testing and linkage numbers and then don't bother with follow-ups because that they aren't included in the numbers.
 - Younger people (ages 20-25) like to do things in groups. They need to get rid of the fear, and start sharing and forming groups to work and go together.

Beyond educating how can we truly keep people in care? What else can we do?

- Prevention and care are very similar; they intertwine a lot. My grant requires me to deal with the Black community. I know that HIV is not the real issue. We can control prevention. It's the social determinants that are the real issue as to why people do not stay in care and make unhealthy choices. We are attacking HIV, but they are so many other things that come first, like rent. We don't have time to think about HIV.
- My response is twofold: when I decided to start taking meds 10 years into my diagnosis, I was a prominent business woman and didn't want people to see me taking my medications, I was embarrassed and ashamed and people didn't know how you got HIV and thought it was something negative: hoeing or doing drugs. Didn't want people to stop coming to my business because they wouldn't be in a room with positive people. People are ashamed and afraid, don't worry about who sees you because you are both there for the same reason. When people know you are in the same situation as themselves, everyone has been through the same situation, people are more comfortable, can ask how to handle this, how to make it work, talk you out of nonsense.
- Add more support services. Peers are important, not just for infected but affected. Need to get everyone to the table to get a broader reach. Need to meet people where they are. People may test positive, but they may be homeless, on drugs, hungry. You first need to address those fundamental problems that keep people out of care. Emergency housing for positives, then link to care, get them a peer that will stay with them until they are ready to be a peer.
- We haven't changed our system in 10 years, even though there are new infections and new circumstances. Haven't changed our funding in ten years either. Clients are charged with managing themselves, and need to shift the focus.

When asked what the **biggest barriers to accessing medical care** were, 42% responded unstable housing, 33% responded stigma; 8% responded costs, and 17% had other ideas. Responses to the follow-up conversation included:

- If you don't have stable housing to put your meds, if you are on the street what do you do with them. It's all of them
- I think that housing situation is very important, how can we provide stable housing to people in need. I am currently homeless, it is devastating for a transgender person, and I was supposed to have surgery that got canceled because my white blood cells were affected by stress. Applying for housing go to a case manager, then gets sent to one commissioner, then one committee. The situation and process is very difficult.
- It's sad when you are working with clients, you sit with them and know that there is nothing you can do to help their barriers. I had a client who tested positive for Hepatitis C, he had no insurance and asked what he was supposed to do now, and it's sad

knowing that there's not a lot. I would get so angry, was told that I had to balance, but how do you create a balance. Shadowood would take people and give them safe places at night, its closed and we need places like that. There are a lot of people on the streets, the whole community is struggling. We aren't just dealing with HIV but all other infections because people are struggling. While we talk about all the resources in Wilton manners, but people are still getting infected in Wilton manners.

- People are trying to put the correct people at the table. We need to see the changes soon or we will start to lose trust.

6. GRANTEE REPORTS

The Part A Grantee told the members that a lot of should have seen the USCA scholarship information go out on the PC listserv. There are 40 scholarships available to Broward residents, if any of the members of guest know of any unaffiliated PLWHA then they should forward to scholarship information to them. The scholarships are competitive, and the selection process will be weighted to ensure refection of the epidemic and population. Part A will be covering the price of the conference for the unaffiliated PWA HIVPC members. The Grantee's office will also sponsor all unaffiliated consumer on the HIVPC to go to the conference as well. The PC Manager will start gathering information from those members that qualify in the next month.

7. PUBLIC COMMENT

None.

8. ANNOUNCEMENTS

- Follow the Part A Facebook and Twitter accounts to receive updated information on USCA, Ryan White, and various community events. Please advertise and get other people to follow, especially CEC members.
- Rose from the New Dania Church of God and Christ is hosting a back to school health fair on August 20th. The event will include a gospel concert, free food, haircuts, HIV testing and backpacks.
- On July 19th at 2 p.m. the film Saving Grace will be showing at the World AIDS Museum in Wilton Manors.
- Friday evening Healing, Hope and Hilarity will be held at the Pride Center at 7 p.m. The event talks about how to heal from trauma.

9. AGENDA ITEMS/TASKS FOR NEXT MEETING: Date: August 2, 2016 Venue: A-337

<i>Agenda Items/Tasks for next Meeting (Work Plan Item/Goal#)</i>	<i>Information requested (i.e. data, research, etc.) action to be taken, presentation, discussion, brainstorm etc.</i>
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10. ADJOURNMENT

Without objection the meeting was adjourned at 5:01 p.m.

Community Empowerment Committee (CEC) CY 2016 Attendance

Consu	PLWHA	Absenc	Count	Meeting Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters	
				Meeting Date:	5	2	C	C	5									
1		0	1	Bhranger, R.	X	X			X									
1	1	0	2	Burgess, D.	X	X			X									
	1	0		Creary, K.	X	X	Z-4/1											
		2	3	Culpepper, K.	X	A			A									
		1	4	Fleurinord, P., V. <i>Chair</i>	X	X			X									
		0	5	Franks, H.	X	X			X									
1		0	6	Katz, H.B.	X	X			X									
		0		Lewis, L.	X	Z-2/1												
1		1	7	Lint, A.	X	X			A									
1		0	8	Marcoviche, W.	X	X			X									
		2		Myers, L.	A	A	Z- 4/31										W-3/10	
1		2	9	Parker, P.	A	A			X								W-3/10	
			10	Robertson, L., <i>Chair</i>		N-4/1			X									
1	1	1	11	Robertson, P.	X	E			A									
1		0		Runkle, D.	E	X	Z- 4/29											
	1	1		Wilkins, D.	A	E	Z-3/1											
				Quorum = 9	11	9												

Legend:
X - present
A - absent
E - excused
NQA - no quorum absent
NQX - no quorum present
N - newly appointed
Z - resigned
C - cancelled
W - warning letter
R - removal letter

CEC MEETINGS, TRAININGS, AND EVENTS

HANDOUT A

Date	Meeting/Event	Topic	Responsible Party
October 4, 2016	CEC Meeting	Plan for November Community Training/Education Session	Community Empowerment Committee
November 1, 2016	CEC Community Training/Education Session	Topic: Location: Time:	Facilitator: Member(s): Role:
December 1, 2016	World AIDS Day		Member(s): Role:
December 8, 2016	HIVPC and Standing Committee Retreat	HIV Integrated Prevention, Care and Treatment Plan and the Roll of the HIVPC	ALL HIVPC/Committee Members
January 3, 2016	CEC Meeting	Plan for participation in MLK Day Events and February Community Training/Education Session	Community Empowerment Committee
January 16, 2016	Martin Luther King Jr. Day		Member(s): Role:
February 7, 2016	CEC Community Training/Education Session	Topic: Location: Time:	Facilitator: Member(s): Role:

Additional Events and Trainings for Consideration: