



FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

**Community Empowerment
Committee Meeting**
Tuesday, September 6, 2022 - 3:00 PM
LOCATION: Broward Regional Health Planning Council
Chair: Shawn Tinsley • Vice Chair: Andrew Ruffner

Join the meeting via: +1-408-418-9388 US Toll Access code: 132 916 3211

This meeting is audio and video recorded.

Quorum for this meeting is 8

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
 - a. Meeting Ground Rules
 - b. Statement of Sunshine
 - c. Introductions & Abstentions
 - d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for September 6, 2022
5. **ACTION:** Approval of Minutes from July 5, 2022
6. Standard Committee Items
 - a. Action Item: CEC Listening Session (Handout A)- Continue discussion on how to host a series of CEC listening sessions within the community, specifically for Consumers to discuss their experiences navigating the Fort Lauderdale/Broward EMA's system of care.
Work Plan Activity 1.1: Engage consumers in townhalls/listening sessions.
7. New Business
 - a. CEC Work Plan Review (Handout B)- Review progress towards FY22 Work Plan
8. Public Comment
9. Agenda Items for Next Meeting
 - a. Next Meeting Date: October 6, 2022, at 3:00 p.m. LOCATION: Broward Regional Health Planning Council

b. Agenda Items for Next meeting

i. CEC Listening Session

10. Announcements

11. Adjournment

*For a detailed discussion on any of the above items, please refer to the minutes available at:
[HIV Planning Council Website](#)*

Please complete your [meeting evaluation](#).

*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: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.



Broward County Board of County Commissioners

Mark D. Bogen • Lamar P. Fisher • Beam Furr • Steve Geller • Jared Moskowitz • Nan H. Rich • Tim Ryan • Torey Alston • Michael Udine

[Broward County Website](#)

HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES



1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.

CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH REGLAS BÁSICAS DE LA REUNIÓN



1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.

KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO



1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesesè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.

Acronym List

ACA: The Patient Protection and Affordable Care Act 2010
ADAP: AIDS Drugs Assistance Program
AETC: AIDS Education and Training Center
AHF: AIDS Health Care Foundation
AIDS: Acquired Immuno-Deficiency Syndrome
ART: Antiretroviral Therapy
ARV: Antiretrovirals
BARC: Broward Addiction Recovery Center
BCFHC: Broward Community and Family Health Centers
BH: Behavioral Health
BISS: Benefit Insurance Support Service
BMSM: Black Men Who Have Sex with Men
BRHPC: Broward Regional Health Planning Council, Inc.
CBO: Community-Based Organization
CDC: Centers for Disease Control and Prevention
CDTC: Children's Diagnostic and Treatment Center
CEC: Community Empowerment Committee
CIED: Client Intake and Eligibility Determination
CLD: Client Level Data
CM: Case Management
CQI: Continuous Quality Improvement
CQM: Clinical Quality Management
CTS: Counseling and Testing Site
DCM: Disease Case Management
DOH-Broward: Florida Department of Health in Broward County
eHARS: Electronic HIV/AIDS Reporting System
EIIHA: Early Intervention of Individuals Living with HIV/AIDS
EFA: Emergency Financial Assistance
EMA: Eligible Metropolitan Area
FDOH: Florida Department of Health

FPL: Federal Poverty Level
FQHC: Federally Qualified Health Center
HAB: HIV/AIDS Bureau
HHS: U.S. Department of Health and Human Services
HICP: Health Insurance Continuation Program
HIV: Human Immunodeficiency Virus
HIVPC: Broward County HIV Planning Council
HMSM: Hispanic Men who have Sex with Men
HOPWA: Housing Opportunities for People with AIDS
HRSA: Health Resources and Service Administration
HUD: U.S. Department of Housing and Urban Development
IW: Integrated Workgroup
IDU: Intravenous Drug User
JLP: Jail Linkage Program
LPAP: Local AIDS Pharmaceutical Assistance Program
MAI: Minority AIDS Initiative
MCDC: Membership/Council Development Committee
MCM: Medical Case Management
MH: Mental Health
MNT: Medical Nutrition Therapy
MOU: Memorandum of Understanding
MSM: Men Who Have Sex with Men
NBHD: North Broward Hospital District (Broward Health)
NGA: Notice of Grant Award
NHAS: National HIV/AIDS Strategy
NOFO: Notice of Funding Opportunity
nPEP: Non-Occupational Post Exposure Prophylaxis
NSU: Nova Southeastern University
OAHS: Outpatient Ambulatory Health Services
OHC: Oral Health Care
PE: Provide Enterprise

PLWH: People Living with HIV
PLWHA: People Living with HIV/AIDS
PrEP: Pre-Exposure Prophylaxis
PRISM: Patient Reporting Investigating Surveillance System
PROACT: *Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH-Broward's treatment adherence program.*
PSRA: Priority Setting & Resource Allocations
QI: Quality Improvement
QIP: Quality Improvement Project
QM: Quality Management
QMC: Quality Management Committee
RSR: Ryan White Services Report
RWHAP: Ryan White HIV/AIDS Program
RWPA: Ryan White Part A
SA: Substance Abuse
SBHD: South Broward Hospital District (Memorial Healthcare System)
SCHIP: State Children's Health Insurance Program
SDM: Service Delivery Model
SOC: System of Care
SPNS: Special Projects of National Significance
STD/STI: Sexually Transmitted Diseases or Infection
TA: Technical Assistance
TB: Tuberculosis
TGA: Transitional Grant Area
VA: United States Department of Veteran Affairs
VL: Viral Load
VLS: Viral Load Suppression
WMSM: White Men who have Sex with Men
WICY: Women, Infants, Children, and Youth

Frequently Used Terms

Recipient: Government department designated to administer Ryan white Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/‘Staff’: Provides professional staff support, meeting coordination and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination and technical assistance to assist the Recipient through analysis of performance measures and other data with implementation of activities designed to improve patient’s care, health outcomes and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.



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Community Empowerment Committee

Tuesday, July 5, 2022 - 3:00 PM
Meeting via [WebEx](#)

DRAFT MINUTES

CEC Members Present: S. Tinsley (Chair), L. Robertson, R. Bhrangger, W. Marcoviche, V. Biggs, R. Shore, H. Franks

Members Absent: None

Members Excused: D. Gunion, A. Ruffner (Vice-Chair)

Ryan White Part A Recipient Staff Present: G James, J. Roy, T. Thompson, V. Hornsey

Planning Council Support Staff Present: G. Berkley-Martinez, T. Williams, W. Rolle, B. Miller

Guests Present: B. Mester, J. Wynn, B. Carter, J. Martino, L. McArthur, J. Saboe-Rodriguez, J. Rodriguez

1. Call to Order, Welcome from the Chair & Public Record Requirements

The CEC Chair called the meeting to order at 3:00 p.m. The CEC Chair welcomed all meeting attendees that were present. Attendees were notified that the CEC meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the CEC Chair, Committee members, Recipient staff, PCS & CQM staff, and guests by roll call, and a moment of silence was observed.

2. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

The approval for the July 5, 2022, agenda of the Community Empowerment Committee meeting was proposed by V. Biggs, seconded by L. Robertson, and passed unanimously. The approval for the minutes of the May 3, 2022, meeting was proposed by L. Robertson, seconded by V. Biggs, and approved with no further corrections.

Motion #1: Mr. Biggs, on behalf of the CEC, made a motion to approve the July 5, 2022, Community Empowerment Committee agenda as presented. The motion was adopted unanimously.

Motion #2: Mr. Robertson, on behalf of the CEC, made a motion to approve the May 3, 2022, Community Empowerment Committee meeting minutes as presented. The motion was adopted unanimously.

4. Standard Committee Items

Members continued the CEC listening sessions discussion for the August 9th event for the National HIV Faith Awareness Day. The CEC will collaborate with the World AIDS Museum and Educational Center (WAM) located at ArtServe. Two panelists, Matty Harris and Kamiesha Chambers have agreed to participate from the Cincinnati program. PCS Staff will also contact local faith-based organizations to participate for this series. In addition, there are two national awareness days in September: National HIV/AIDS Aging Awareness Day and National Gay Men's HIV/AIDS Awareness Day. CEC Members agreed to host the National Gay Men's HIV/AIDS Awareness Day conversation, and L. Robertson will speak to Ujima Men's Collective for potential panelists for the September series.

The questions listed on Handout A are some guided questions for potential panelist. CEC members are encouraged to give feedback and brainstorm questions they would like to be included in August's series discussion. J. Wynn suggested to reaching out to the Florida Department of Health and Holy Cross, as both organizations have a faith-based HIV intervention program. PCS Staff will coordinate meetings with faith-based leaders to plan and organize the logistics of the panel discussion. CEC Members also discussed the intended goal and purpose of this series. This listening session's intended purpose is to partner with faith-based leaders in the community who are educated in HIV/AIDS to provide insight on how HIVPC can move their ministries forward and educate us on their HIV/AIDS program initiatives. PCS Staff will email CEC members updates on the planning process.

5. Unfinished Business

None.

6. New Business

Committee members reviewed the CEC's FY2022-2023 core and support services ranking results and rankings by a Consumer Advisory Group hosted by Broward Health. Members requested data presentations for next year's priority ranking process and discussed the importance of utilizing data and community input for rankings. Members suggested distributing more consumer ranking surveys for the next year's ranking process with a comprehensive presentation of terminologies that are easy for consumers to understand.

The CEC members reviewed the policy and procedures at the request of the Ad-Hoc Bylaws/MOU Committee. PCS Staff noted the parking lot items that would need to be addressed for the revised policy and procedures. In addition, it was recommended for members to have a community outreach committee for community events. PCS Staff will provide members with a list of community outreach events for the year for members to participate. Committee members will approve the policy and procedures during the next meeting.

Lastly, the Integrated Prevention and Care Planning updates were discussed. The Broward County HIV Integrated Plan Draft Goals, Objectives, and Strategies (Handout D) were reviewed. This draft was completed at the last Integrated Workgroup Plan meeting. The state-wide goals follow four main goals. If anyone would like to provide any feedback, please email hivpc@brhpc.org

7. Recipient's Report

There was no Recipient's report for this meeting.

8. Public Comment

The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

9. Agenda Items for Next Meeting

The next CEC meeting will be held on September 6, 2022, at 3:00 p.m. at Broward Regional Health Planning Council and via WebEx Videoconference.

- CEC Listening Sessions

10. Announcements

- V. Biggs invited members to attend other community events that are beneficial and knowledgeable. The information shared is vital to the work of the Planning Council.
- Ujima Men is hosting an event on July 25th at ArtServe from 6-7:30 p.m. Jesse Brooks, an HIV activist, will address the social issues of being African American, gay, and HIV positive during “Black Speak: The Impact of HIV on the Black Community,” Island City Stage’s last Behind the Red Curtain public forum.

11. Adjournment

There being no further business, the meeting was adjourned at 4:48 p.m.

12. CEC Attendance for CY 2022

Consumer	PLWHA	Absences	Count	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
				Meeting Date	4	1	1	5	3	CX	5						
1	1	0	1	Bhrangger, R.	X	X	X	X	X	NQX	X						
0	1	1	2	Biggs, V.	X	X	A	X	X	NQX	X						
0	0	1	3	Franks, H.	X	X	X	X	X	NQA	X						
0	0	1	4	Gunion, D.	X	X	X	X	X	NQA	E						
1	1	0	5	Marcoviche, W.	X	X	X	X	X	E	X						
0	1	1	6	Robertson, L.	X	X	X	X	X	NQA	X						
0	0	0	7	Ruffner, A., V. Chair	X	X	X	X	X	E	E						
0	0	0	8	Shore, R.	X	X	X	X	E	NQX	X						
0	0	4	8	Wilson, I.	A	E	A	A	X	NQA			R- 06/09				W- 03/02
0	1	0		Castillo, J.	X	X	X	X	X				Z- 06/07				
1	1	1	9	Jackson, S., Chair	A	E	X	X	N-4/28	NQX	X						
0	0	0		Magula, S		N-03/24		E	X				Z- 05/05				
1	1	0		Lanear, A		N-03/24		E	E				Z-05/23				
1	1	2	10	Spencer, S		N-03/24		E	A	NQA			Z-05/23				
5				Quorum = 6	9	9	9	10	10	4	7	0	0	0	0	0	

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

Community Conversation Debrief of Events

<p>My Faith. My Story: Faith HIV Awareness Day 2022</p>	<p>Date: August 9, 2022 Location: ArtServe Guest Speakers: Von Biggs, Rabi Kitty, Cary Goodman, Mamie Harris, & Camisha Chambers</p> <p>In-Person Attendance: 35 people Virtual: 57 views (Facebook) & 13 participants (Zoom)</p>
<p>Topics that were discussed</p>	<ul style="list-style-type: none"> • Removal of judgement and stigma within faith-based communities. • Provide the education to faith-based organizations so they can properly educate their congregation. • Faith leaders should use the power of the pulpit but also utilize the power of their influence to distribute HIV education and prevention messages. • Faith-Based Organizations should partner and build a relationship with Public Health community. • Both parties (Faith community and HIV community) may have preconceived notions and biases- until both parties come together and collaborate with one another the HIV Epidemic will continue. • Places of worship should be more trauma informed. • Understand the culture of the place of worship that you are visiting. Not every place of worship is managed the same way.
<p>Recommendations</p>	<ul style="list-style-type: none"> • Provide HIV prevention and stigma education to faith-based organizations. They can then choose how they will disseminate information to the community. A stipend should be provided to give them the financial help during their project. • Faith communities should be trained on how to address trauma and partnering with social services organizations to provide members with resources. • Encourage churches or places of worship to have a visual display in their locations for people to access information.

Community Empowerment Committee Listening Session

September 23, 2022 (September 27 National Gay Men's HIV/AIDS Awareness Day)	HIV/AIDS in the Gay Community	Lorenzo Robertson* Sunserv*	<ol style="list-style-type: none"> 1. Why do gay men have an increased risk of HIV? 2. What can be done to address the inequities that Gay men living with HIV experience? 3. What are the biggest issues in the gay community today? 4. How do you feel hearing about AIDS in the Gay Community?
October 2022 (October 15 National Latinx AIDS Awareness Day)	The HIV Crisis in the Latinx Community	Latino Salud*	<ol style="list-style-type: none"> 1. What are the factors driving the HIV epidemic in the Latino population? 2. What are some of the challenges with HIV prevention in this community?
October 2022	Leather, Kink Community	-	<ol style="list-style-type: none"> 1. What is Leather, Kink and what does it mean to you? 2. What are the biggest misconceptions of the Leather/Kink Community? 3. What is your experience in this community in dealing with HIV, STI's STD's etc. How is it perceived in play spaces? 4. What would want your doctor to know about yourself engaging in risky sexual situations? 5. What do you wish you doctor new more about in dealing with this community? 6. How is your relationship with your health care provider? Are you comfortable with how they handle your health care needs especially in dealing with your knowledge knowing you are engaged in risky sexual behavior at times. 7. In your opinion how large is this community and why do you think it seems to be a shock when people are not aware of these communities?
November 2022	HOPWA Conversation	HOPWA/ WAM	<ol style="list-style-type: none"> 1. How can HOWPA better serve our Ryan White Clients as it relates to housing? 2. What are some activities or protocols HOWPA have in place to alleviate the housing crisis in Broward County?
December 1 World AIDS Day	Ending the HIV Epidemic (EHE)	Partnership with Delta Sigma Theta Sorority, Inc.	<ol style="list-style-type: none"> 1. What are the most important things for the public to know and understand about HIV/AIDS as we head into 2023? 2. What are the hopes for the future of HIV/AIDS treatment? 3. What are some of the struggles against HIV today? 4. What are some of the greatest advancements for HIV and PWH?
January 2023	My Sister's Keeper	Positive People Network	<ol style="list-style-type: none"> 1. Why do Cis-Gender Black women have an increased risk of HIV in comparison to other race and ethnicities? 2. What can be done to address the inequities that women living with HIV experience? 3. Why is there resistance of PrEP usage in the Cis-Gender Black Women community? 4. How can we promote positive sexual health education and

Community Empowerment Committee Listening Session

relationship wellness amongst black women?

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