



DC HIV Prevention Planning Group			Meeting Minutes		
<b>GROUP</b>	DC HIV Prevention Planning Group				
<b>MEETING TITLE/TYPE</b>	HPPG Meeting-Mapping Pathways				
<b>DATE / TIME</b>	May 14, 2015	5:30 pm – 7:30 pm			
<b>LOCATION/ROOM</b>	899 North Capital St., N.E. Room 406/407, Washington DC				
<b>ATTENDEES/ROLL CALL: Voting members were present</b>					
<b>Member</b>	<b>Present</b>	<b>Absent</b>	<b>Member</b>	<b>Present</b>	<b>Absent</b>
Nestor Rocha	x		Rodrigo Tenze		x
Rev. Dana Tolliver	x		Melissa Turner	x	
Solomon Brockington	x		Sean Allen		x
Margaux Delotte-Bennett	x		Yaphet Bryant		x
Sabrina Heard	x		Cyndee Clay	x	
Joseph Miletto		x	David Hughes	x	
Ken Pettigrew	x		Jenne Massie	x	
Sylvie Soulier	x (cc)		Brad Ogilvie		x
Ernest Walker		x	Kenya Troutman	x	
<b>Guests</b>					
<b>DOH Staff</b>					
Stacey L. Cooper-Deputy Bureau Chief, Prevention					
Montez LeGrand-Punter- DC HPPG Coordinator					
<b>AGENDA</b>					
<b>Item</b>	<b>Discussion</b>				
<b>Call to Order</b>	Rev Dana Tolliver called the meeting to order at 5:37 p.m.				
<b>Approval of Agenda</b>	Motion to accept agenda was made by Marguax Delotte-Bennett. - 2 <sup>nd</sup> by Ken Pettigrew. <b>Agenda approved.</b>				
<b>Approval of Minutes</b>	Motion to accept January and March meeting minutes was made by Sabrina Heard. - 2 <sup>nd</sup> by Solomon Brockington <b>Minutes Approved.</b>				
<b>Introductions</b>	Attendees introduced themselves.				
<b>HAHSTA Report</b>	<p>Nestor Rocha provided an update on regarding a CDC Integrated Site Visit that occurred in April at HAHSTA During the site visit, CDC and HAHSTA discussed HAHSTA’s work within the following divisions- Prevention, STD and Surveillance. CDC did not make any additional request and found the visit very useful. CDC plans to take an integrated approach going forward.</p> <p>N. Rocha explained that CDC has announced three funding opportunity announcements for health departments to apply for additional funding to expand PrEP programming. The funding announcements are 1506, 1509 and 1510.</p> <p>#1506- Funding efforts to reach specific groups African American, MSM and Transgender populations to complete PrEP work among these three priority populations. This funding category has the opportunity to provide funding up to 24 awards out of 30 jurisdictions.</p>				



	<p>#1509- Funding efforts to create a collaborative city effort around PrEP. The basis is to complete PrEP work on a community action approach and the funding opportunity is a demonstration project. CDC will only provide 4 awards in this category.</p> <p>#1510- Funding efforts for the development of capacity building approach to the implementation of PrEP.</p> <p>As a health department, DOH has taken the programmatic approach. HAHSTA has made the decision to apply for 1506 and 1509. The applications are due on June 1' 2015. Nestor requested a letter of support from DC HPPG for HAHSTA to apply for funding for 1506 and 1509 CDC funding.</p> <p>M. Delotte- Bennett asked what role the PrEP workgroup will have in the design of funding proposal. Nestor stated as part of the proposal for 1509 funding, the PrEP workgroup will be part of the design and will join the community advisory board. One of the requirements for the 1509 funding is that a community advisory board is created.</p> <p>M. Delotte Bennett asked if HAHSTA receives the 1506 and 1509 funding, can the current HAHSTA funded PrEP programs allow more programming to focus towards women. Nestor stated there is a great possibility that funding can be shifted to PrEP and women. HAHSTA is aware the need is there for women to be a priority population in the PrEP discussion as well.</p> <p>K. Pettigrew requested that HAHSTA address not only the barrier to access rather the “buy in” of PrEP and stigma surrounding PrEP in the funding proposal for 1506 and 1509. Nestor stated that HASHTA will address these concerns especially in the category of 1509 funding request.</p> <p>Rev Tolliver asked for the body to vote to support HASHTA effort to apply for the 1506 and 1509 funding. The PPG body members agreed unanimously to provide a letter of support to HAHSTA.</p>
<p><b>Mapping Pathways</b></p>	<p><b><u>Exercise 1 - P.E.S.T . conducted by Rev Dana Tolliver.</u></b></p> <p>Rev Tolliver explained the PEST exercise to the PPG body. The Mapping Pathways exercise will focus how the DC HPPG will map its own “pathway” involving HIV Prevention. The body was separated into 4 groups. Each group was given a letter to outline DC and HIV prevention.</p> <p style="text-align: center;"><b><u>P= Political/Legal</u></b></p> <ul style="list-style-type: none"> <li>-Political party (local and national) agenda trickles down. Getting them to see the value in work.</li> <li>-Frustration when the agendas change based on the political climate. * Changes in the administration when a new mayor is elected. *Changes in political leadership/shift every 4 years (HAHSTA included). The constant changes in leadership can lead to burn-out</li> <li>-Information exchange-how to navigate the politics behind funding efforts.</li> <li>-Create an information exchange so that constituents can be heard.</li> </ul>



- Documentation ( lack thereof)- Documentation issues surrounding immigration, transgender, and youth
- Resources (Lack thereof) –limitations due to laws which may cause many barriers. Community groups can be affected by political leader focus. Suggestion is to build more collaboration among CBO’s while working with limited resources.
- Bans on certain interventions i.e. NEX) on a national scale. The political climate causes issues to program such as NEX to receiving federal funding.

**E = Economic Factors**

- Administration (experts) concerned of only saving \$\$\$ instead of appropriate medical care
- Economics of Health Reform-level of funding fluctuates frequently
- Uncertainty of level of funding. What will be funded? All BEBI’s? All Bio Medical interventions? All Prevention with Positives interventions?
- Higher reimbursement w/ increase health outcomes? Provide incentives to keep viral load down yet patients can continue to see the doctor. More \$\$ in the pocket.
- Social economic level of participants of the various interventions. –Everything is incentives based. No incentives, less participation. Incentives are limited to attract/retain participants. Resources are needed for deeper recruitment and participation.
- Clients who are disadvantaged,-live in poverty, education, adequate housing are a few societal factors that stop clients to receiving care.
- Funding is need for educational piece of overall wellness. Additional funding for peer/outreach workers is greatly needed
- Going forward, the overall HIV prevention strategy will be impacted by available funding.

**S= Social Factors**

- Stigma- false labels/fears of using PrEP
- Concerns of less urgency surrounding HIV. “ Nobody’s gonna die from this disease” attitude
- Lack of representation of individuals from “at risk” populations in the room. Absences of high impacted populations are not in the room when policies are being created.
- Lack of resources and political investment
- Structural factors: education, jobs, housing that may cause barriers to receive care.
- Change the paradigm to make the correct changes of social impact
- Political/Laws/Policy Changes increase barriers to access for patients
- The economy of DC has caused HIV to fall low on the list. Do we have the adequate resources for the prevention programs?



### **T= Technology**

- Social Media Awareness- HPPG being “Tech Savvy” in its approach
- Use of social media- Meeting people where they are
- Use Google Calendar and Google drive to store minutes in a central location
- Social Media /Hashtags/Texting- utilize to spread messages to a larger audience
- Apps-Health Management/Patient Portal
- Telemedicine-Doctor appointments scheduled online and the ability to all the doctor questions. Telemedicine decreases barrier to receive medical care.
- Social Media Campaigns
- Balance of boundaries: Confidentiality could be comprised if technology is used inappropriately.
- Work vs. Personal social media – Understand the difference between work and personal use of social media.

### **Exercise 2 –Visioning the Path conducted by Stacey L Cooper**

Questions: What would you like to see happen in the next 3 years? How would you like the HPPG to operate within the next three years? HIV Prevention in the District over the next three years?

(HPPG members cut out images and words to complete the visioning exercise and reported back to the group.) Members: Solomon Brockington, Sabrina Heard, Cyndee Clay and Rev Tolliver reported back to the group.

### **Messages from the visioning exercise**

- Think outside the box: “ Go ahead and ruffle some feathers”
- Age Factor: Older Adults and HIV Prevention
- Love: Love the work you do because it’s important.
- Fresh Perspective: Do something radical
- Solid: Be solid in what we do going forward
- Money: Money is Power
- Celebrate: Celebrate the accomplishments
- Federal Discount: Subsidy for the poor to afford healthcare/medicine
- Secret Influence: Influences of Stigma and ways to combat it!
- ObamaCare: Healthcare for all, Healthier people 3 years from now
- Older Americans: Funding for older Adults
- Your Day, Your Way: People feel they have control over their care
- Hold your Head High: The removal of Stigma
- Connect, Conquer, Connect: To prevent the transmission of HIV
- Getting to a great flavor: Going forward to a bright collaboration.



<b>Membership Technical Assistance</b>	Margaux informed the body that DC HPPG will receive capacity building assistance from UCHAPS. UCHAPS will provide technical assistance to restructure the HPPG for recruitment and retention of current and new members. During this process, the goal is to develop a clearer understanding for the role of HPPG members and direction of our work as a planning group going forward. Margaux made a request for members to sign up to participate on the retreat coordination committee.
<b>Committee Reports</b>	No committee reports due to the mapping pathways exercise. The committee reports will be presented at the July meeting.
<b>Handouts:</b>	<ol style="list-style-type: none"> <li>1. Agenda – May 14, 2015</li> <li>2. Mapping Pathways Handout</li> </ol>
<b>Next Steps</b>	Montez will confirm the presentations for the two HASHTA funded programs: African American Men -Heterosexual and Prevention for African American Men-MSM. The presentations will take place during the July 9 <sup>th</sup> Meeting.
<b>Announcements</b>	<p>ONAP (Office of National Aids Policy) website has the opened the comments section for updates on the National AIDS Strategy. The comments section will be open until May 22<sup>nd</sup>. Please go to the ONAP website to provide comments.</p> <p>Cyndee announced two job vacancies at HIPS. Current openings are for a Manager and a HIV Counselor/Tester is listed on <a href="http://www.HIPS.org">www.HIPS.org</a> . Please refer qualified candidates to apply for employment openings at HIPS.</p> <p>Sabrina announced she will receive the Red Pump award for her community work in HIV prevention and women. The award ceremony will be held in June.</p> <p>Jenne announced she is completing a photo voice project. The project will recruit women (12 total) to participate in the video. All participants must receive HOPWA services in order to participate in the project.</p>

<b>MOTION</b>	
	S. Heard motioned for the meeting to be adjourned. 2 <sup>nd</sup> by Solomon Brockington.

<b>MEETING ADJOURNED</b>	Meeting adjourned @ 7:35 pm
<b>NEXT MEETING</b>	<p>July 9, 2015          5:30 pm – 7:30 p.m.          899 North Capitol Street NE, 4<sup>th</sup> Floor          Washington, DC 20002</p>