MEETING SUMMARY

21 April 2021

Date:	21 April 2021	**Start Time:**	11:01 a.m.	**End Time:**	12:30 p.m.
Chair:	Brian Datcher	**DPH Liaison:**	Gina D'Angelo	**Location:**	Zoom
Attendees:	Refer to page 15	**Recorder:**	M. Nickel		

RESULTS

1. The group approved by consensus the March 2021 meeting summary with no further additions or corrections.
2. A group of subject matter experts shared their perspectives about Sexual Health Education / Sexually Transmitted Infections (STIs). This was the second pilot or prototype for the G2Z stakeholder group engagement series across topics related to the statewide G2Z recommendations by the Commission.
3. The group decided to that the May meeting will focus on the build out of resources / tool kits relevant to the first two stakeholder engagement groups. The remaining stakeholder engagement groups will occur outside of the committee meeting at a date to be determined.
4. The received an update about the most recent local stakeholder group sessions conducted as part of the City of New Haven G2Z capacity building grant.

ACTION ITEMS

1. Committee staff will draft a meeting summary. Participants will review the draft meeting summary and provide any additions and/or corrections.
2. Several participants offered to share information on resources relevant to Sexual Health Education / STI prevention and treatment.
3. Mr. Sapero will share by the next G2Z Committee meeting a compilation of the information from the local stakeholder engagement groups.
4. The group will meet virtually on 19 May 2021 @ 11:00 a.m.

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CALL TO ORDER

Mr. Brian Datcher called to order the committee meeting at 11:01 a.m.

WELCOME AND INTRODUCTIONS

Mr. Datcher introduced himself as the G2Z Committee chair and described the purpose of the G2Z Committee. Mr. Datcher stated that the meeting format will follow the approach used in March to expand the amount of time available for stakeholder discussion. The meeting notes will be approved via the chat box and the meeting will be recorded only for the purpose of note taking accuracy.

Mr. Datcher used a roll call process that allowed each individual to say their name, position, organizational or town affiliation. Mr. Datcher made a special point to welcome the subject matter experts.

APPROVAL OF PRIOR MEETING SUMMARY

Mr. Datcher explained that the March 2021 G2Z Committee notes had been circulated in draft format. He asked participants who attended the March 2021 meeting to use the chat box to share their consensus approval or disapproval of the meeting notes. No one offered any additional changes. The committee approved by consensus the March 2021 meeting notes.

STAKEHOLDER ENGAGEMENT GROUP SERIES: SEXUAL HEALTH EDUCATION / STI PREVENTION

Mr. Datcher described that the G2Z Committee determined that it would convene a series of stakeholder engagement groups on issues most relevant to the statewide recommendations of the G2Z Commission. This month, several subject matter experts from across the state will help us understand better the implementation landscape for partners who are involved in delivering Sexual Health Education / STI prevention and treatment services. The selection of this holds relevance because of the high rates of STIs, the connection of STIs to Sexual Health Education, and the increased probability of individuals with STIs becoming infected with HIV.

Mr. Datcher explained the discussion process. The G2Z Committee had identified four general questions. Mr. Datcher would ask one question and each of the subject matter experts would share their knowledge and perspectives on the topic. After all of the subject matter experts had answered the question, Mr. Datcher would move on to ask the next question. After the subject matter experts had answered all four questions, he will open the floor for general questions and discussion. Throughout the process G2Z Committee participants could ask questions in the chat box which would be monitored by Mr. Barry Walters and Ms. Gina D'Angelo. These two individuals would decide to share the questions during the specific discussion segment or save them until the general discussion segment that would occur after each subject matter expert had answered all of the questions.

The table shows the subject matter experts and a brief description of the sites:

Site and Subject Matter Experts	**Description** *(Source: Organization websites)*
GBAPP – *Marcelin J.*	GBAPP exists to serve the greater Bridgeport community through education, intervention and collaboration. GBAPP offers a wide array of services including HIV treatment, education, and outreach; housing and support services; making proud choices; teen fathers mentoring; and vehicle for change.

Site and Subject Matter Experts	**Description** *(Source: Organization websites)*
Connecticut Children's Medical Center (CCMC) HYHIL Program *Danielle W. / Nilda F.*	The Connecticut Children's and The University of Connecticut Health Center's Pediatric, Youth and Family HIV Program is comprised of a multidisciplinary team which provides comprehensive specialty infectious disease medical and preventative care for HIV-infected and affected/at risk children, youth, women and families. Our primary mission is to assist HIV infected and affected children, youth and women to be as healthy as possible and at the same time to prevent HIV transmission and acquisition in the people we serve. The program is directly linked to other medical services and to the following evidence informed and evidence based interventions: Hartford Youth HIV Identification and Linkage Consortium (HYHIL), Health Interactive Project (HIP), Women Involved in Life Learning from other Women (WILLOW), Popular Opinion Leader (POL), Teen Pregnancy Prevention Initiative, Psychosocial Groups and the Mental Health Group.
Connecticut Department of Public Health – DPH / DIS *Linda F. / Curtis P. / Tia G.*	The mission of the Sexually Transmitted Diseases (STD) Control Program is to reduce the occurrence of STDs through disease surveillance, case and outbreak investigation, screening, preventive therapy, outreach, diagnosis, case management, and education. The Department of Public Health mandates reporting of 5 STDs; syphilis, gonorrhea, chlamydia, neonatal herpes, and cancroid. Surveillance activities are conducted on the 3 most common STDs; syphilis, gonorrhea, and chlamydia, all of which can be cured with proper treatment.
Planned Parenthood of Southern New England *Sarah G. / Shen P.*	The mission of Planned Parenthood of Southern New England is to protect the fundamental right of all individuals to manage their own fertility and sexual health, and to ensure access to the services, education and information to realize that right. We provide a wide range of reproductive and sexual health care services. Our 15 health centers serve more than 78,000 young people and adults each year in Connecticut and Rhode Island.
Klingberg Family Centers *Deb M.*	Klingberg Family Centers is a private, nonprofit multi-service agency providing help to thousands of persons across Connecticut each year. Our goal is to extend hope and healing to children and families whose lives have been traumatized by abuse and/or neglect in its various forms, severe family problems and mental health issues. Through an array of group care, special education, foster care and community programs, children and parents are given the encouragement and skills they need to function more effectively at home, in school and in their community.

Pages 4 and 5 contains a summary of the responses by the subject matter experts to each questions.

Subject Matter Experts	Question 1: Describe what Sexual Health Education / STI Services look like.
GBAPP – *Marcelin J.*	• GBAPP offers the Be Proud! Be Responsible! Program as part of its life choices program. This program focuses on reducing the occurrence of premature and unprotected sexual intercourse by educating young people ages 8 - 17 through individual and/or group counseling for not only teens at risk but also for their parents as well. Parental education is an integral commitment to this program. This program is conducted at eight community sites in Bridgeport. The project utilizes The Human Sexuality Mini-Series for Youth and Parents. This three to nine-session curriculum is geared towards preteens, teens, and their parents including education on decision-making, review of sexuality, substance abuse in pregnancy, male responsibility, date rape, STIs, and HIV/AIDS. The Human Sexuality Mini-Series introduces teens and parents to basic anatomy, sexual development, and issues associated with teens and their sexuality. Evaluations of the program indicate significant positive outcomes, including increases in condom use and decreases in pregnancy by the participants of the program. Approximately, 2,500 youth and families benefit from this program annually. This program is supported by the State of CT Department of Public Health. • GBAPP also offers the Teen Father's Mentoring Program. The Program is designed to help young men become confident, nurturing parents and realize the full potential of a relationship with their children. The Program seeks to destigmatize the negativity of fatherhood and break the cycle of absentee fatherhood by providing education, counseling, advice, and support. The services of The Program has been proven to be significantly effective. Outcome Data from 2007-2019 shows 81% of clients graduated from High school, 87% found employment, and .03% experienced repeated pregnancy. • GBAPP also offers a mobile community outreach program called Vehicle for Change. Vehicle for Change is a specialized mobile outreach van designed to effectively engage at-risk and homeless youth. We provide support and HOPE by offering immediate services that make street-life less challenging. We also provide first-person contacts and connection to social services; all in an effort to facilitate safe living practices off the streets.
Connecticut Children's Medical Center (CCMC) HYHIL Program *Danielle W. / Nilda F.*	• The Hartford Youth HIV Identification and Linkage Consortium (HYHIL) is a collaborative network of community based agencies, medical providers, youth representatives and others working together to prevent the spread of HIV and sexually transmitted diseases (STDs) among youth through interactive prevention education, community engagement and outreach, and youth friendly HIV/STD screenings. HYHIL also assures a seamless linkage to community resources, medical care services and employment services for youth and young adults. • The Health Interactive Project (HIP) is designed to increase HIV/STD awareness in youth and to offer HIV testing to high-risk students and those who do not have access to school-based health clinics. HIP reinforces ongoing HIV and STD educational activities provided through health classes in public schools. HIP activities include educational sessions with hands-on activities and uses drama, humor, audience interaction, improvisation and high impact graphics in its interactive theater to inform and educate. HIP also provides one-on-one education and counseling sessions that include voluntary, confidential HIV and STD screenings.

Subject Matter Experts	Question 1: Describe what Sexual Health Education / STI Services look like.
	• The Teen Pregnancy Prevention Initiative is delivered through the implementation of two Center for Disease Control evidenced-based interventions called, "Making Proud Choices (MPC)" and "Be Proud, Be Responsible." The principal goal is to help reduce teen pregnancy rates in targeted city of Hartford communities by 10% and link youth into adolescent reproductive health services. Through the module group curricula, diverse youth ages 15-19 years of age are provided with the knowledge, confidence and skills necessary to reduce their risk of acquiring HIV and other STIs and to prevent pregnancy by abstaining from sex or alternatively by increasing their use of condom
Connecticut Department of Public Health – DPH / DIS *Linda F. / Curtis P. / Tia G.*	• DPH offers sexual health education from Disease Infection Specialists (DIS); 1:1 counseling for STD, and liaisons for Department of Corrections inmates tested and adequately treated, interview clients, counsel them and offer them services for partner service notification. • DPH provides funding to support evidence-based strategies for Sexual Health Education / STI services. • DPH has supported many past efforts and has many resources on its website. For example, DPH has in the past conducted campaigns such as the #LeaveItToUs campaign (2019) to reduce barriers to testing by assisting the process of informing potentially infected partners in a confidential, non-judgmental manner on behalf of the primary person infected. Tell Me What You See is a supplemental resource developed (2018) in Connecticut that health educators can use to enhance existing curricula for high school-aged youth. The initiative addresses STDs, hepatitis and HIV prevention and integrates essential knowledge and skill development through an art-based approach to prevention education. The artwork and poetry was created by incarcerated youth and focuses on a multidisciplinary approach: Tell Me What You See.
Planned Parenthood of Southern New England *Sarah G. / Shen P.*	• PPSNE provides community education in the form of a wide range of interactive, medically-accurate, age-appropriate, and affordable education workshops tailored to the goals of the partner organization(s). Partner organizations include schools, institutions of higher education, community-based organizations, state agencies, group homes, juvenile detention centers and adult correctional facilities, addiction and mental health programs, and private homes, among others. PPSNE uses a wide array of evidence-based curricula including: Making a Difference!, Making Proud Choices!, ¡Cuidate!, Be Proud! Be Responsible!, SHARP (Sexual Health and Adolescent Risk Prevention), Reducing the Risk, and Get Real. Visit the PPSNE website for links to these curricula. • Flagship programs include: ○ STARS (Students Teaching About Responsible Sexuality) is PPSNE's high school peer education program. STARS educate their friends, peers, family, and community about sexual and reproductive health and rights and connect people to Planned Parenthood services. STARS members attend monthly meetings with other teens from their community, learn about healthy sexuality, and develop leadership skills. STARS members also earn stipends. STARS attend and actively participate in weekly meetings. At weekly meetings, STARS learn: a) Sexual health information such as anatomy, pregnancy, birth control methods, healthy relationships, and sexually transmitted infections; b) Skills to lead sexuality education workshops; and c) How to become change makers in their communities. STARS

Subject Matter Experts	Question 1: Describe what Sexual Health Education / STI Services look like.
	peer educators also host monthly teen nights. These events are fun, interactive, sexuality education workshops that cover topics such as gender and identify, pregnancy and STD/STI prevention, and reproductive freedom and advocacy, among others. ○ Beyond the Birds and the Bees is a six-session, all-inclusive, comprehensive sexuality education program for teens. The program is science-based, sex-positive, and affirming for all. Teens who complete this program leave with a better understanding of their bodies, different identities and individual expression, how to prevent unplanned pregnancies & STDs/STIs, and how to have more pleasurable & healthy relationships. Participants earn a $50 gift card and a voucher for a year of free services from PPSNE after completion. Free services do not include abortion services & gender affirming hormone therapy.
Klingberg Family Centers *Deb M.*	• Klingberg supports the Be Proud! Be Responsible! Program for children and adolescents ages 12 to 17. Be Proud! Be Responsible! is a six-part, evidence-based curriculum that provides adolescents with the knowledge, motivation, and skills necessary to change their behaviors in ways that will reduce their risk of pregnancy or contracting HIV and other sexually transmitted diseases. To change behavior, adolescents need not only information and a perception of personal vulnerability, but also the skills and the confidence in their ability to act safely. The curriculum consists of six 50-minute sessions, which can be presented over one to six days. The Be Proud! Be Responsible! curriculum was designed to be used with small groups ranging from 6 to 12 participants, but can be adapted to accommodate any size group. The curriculum can be implemented in various community settings, including schools or youth-serving agencies. • Klingberg works with DPH / DCF proud to implement Be Proud! Be Responsible! Across diverse settings including: schools, group homes, and detention facilities. The primary emphasis is on HIV and STI prevention and where can you get services.

Subject Matter Experts	Question 2: Describe the challenges and barriers to implement Sexual Health Education / STI Programs.
GBAPP – *Marcelin J.*	• Barriers exist in faith-based settings where sex is seen as taboo. • Agree with all other comments shared by subject matter experts.
Connecticut Children's Medical Center (CCMC) HYHIL Program *Danielle W. / Nilda F.*	• Status quo STDs especially young black girls and leadership agency response is "it's too big to address" • The incidence and prevalence of STIs requires the same energy used to address COVID-19. This current uptick in cases is a repeat of past decades. In 1970, for example, gonorrhea prevention and treatment initiatives reduced it to almost zero. • Funding is always a challenge. The HYHIL Consortia was a solution to pooling limited resources. CBOs came together looking at innovative ways to reach young people – HIV / STI prevention education and teen pregnancy + HIV testing. STI testing occurred in the community and even made progress in the school. The effort even brought services into new venues such as the Stop AIDS Mobile Theatre and its 45 minute interactive presentation. Providers did HIV and STIs testing – found 10% positivity rate in schools. It was professional, confidential, and not always popular with parents. • Need to change the culture and approach to embrace sex positivity and the benefit of care; to look at strengths v. deficient; to look at harm reduction; to incorporate the pleasure principle; and to encourage open and honest communications. • Providers and parents need to understand that language matters and message matters. • Ongoing efforts to train school nurses to do testing and support education in settings where youth have direct access – not as effective as it could be. • Now always looking to integrate STIs with HIV and Hep C. It increases the chances to apply for and secure funding for the partners. Cannot rely on HIV funding. Need to expand the opportunities. • Parents are no joke. Providers want to respect the role of parents and do not want to cross parenting boundaries. If results come back positive and the patient is over age 13, the results are confidential. This creates tension between providers and parents. At the age of 13 every right to get reproductive health intervention, treatment, and education.
Connecticut Department of Public Health – DPH / DIS *Linda F. / Curtis P. / Tia G.*	• STD funding from CDC has been flat funded for the past 15 years; no increases and only 1 funding stream from CDC for STDs. • New plans emerging For example, the first ever STI national strategic plan and big report from National Academies of Sciences; mal distribution of funding for prevention and education. However, participants were told do not expect any more money. • The lack of funding is troubling as director of program that hands tied and cannot provide more initiative in the field or communities. • DPH must continue to leverage partnerships and work to attract additional funding through any available source. We need to do an exceptional job of identifying cases that will also count to any efforts driven by formula funding (and surveillance numbers). • DPH funds numerous programs using evidence-based curricula such as Be Proud! Be Responsible! Donna Masselli not able to join today to discuss these programs.

Subject Matter Experts	Question 2: Describe the challenges and barriers to implement Sexual Health Education / STI Programs.
Planned Parenthood of Southern New England *Sarah G. / Shen P.*	• CT does not have a standardized Sex Ed curriculum. • Sex Ed in health classes is not robust enough; insufficient time exists to cover topics in a meaningful way. • Some schools have an actual health teacher and that person will focus on Sex Ed which works much better than split positions (e.g., health / Physical Education shared staff). • Not everyone is a fan of PPSNE and responds to perception v. evidence-based strategies. • Parents, youth, and professionals often fear the conversation. • Not enough culturally inclusive sexually education especially language – including ASL. • Curriculum not being applied to the priority populations. Some schools have some schools have one language interpreter for five classrooms for the same 90-minute instructional block. • Many students cannot read; English dominant education curriculum. • Providers must do a better job of centering curriculum to students based on geography and culture.
Klingberg Family Centers *Deb M.*	• All challenges covered by other participants. • Important to find best fit curriculum – especially to address inclusion and equity efforts.

Subject Matter Experts	Question 3: What else do you need to enhance, expand, and sustain appropriate and effective Sexual Health Education / STI Programs?
GBAPP – *Marcelin J.*	• Agrees with all comments shared by subject matter experts.
Connecticut Children's Medical Center (CCMC) HYHIL Program *Danielle W. / Nilda F.*	• Getting others to do what we know works • Add SDE as a fully-engaged partner. The stakes are too high! • Funding • Advocate & get action steps. We know what to do. We have done this before. • Add Prep into the conversation. • Can we create our own effective curricula (even though not an EBI)? • Oral health is sexual health. This is a multi-dimensional and multi-partner effort. We must engage SDE, DCF, and DMHAS. • We need to do more adolescent STI screening in ED as a standard of care. Data shows that a correlation exists between behavioral health issues and STIs. • Do more data analysis by zip code and translate this into the SDOH conversations. This is a health equity and population health issue.
Connecticut Department of Public Health – DPH / DIS *Linda F. / Curtis P. / Tia G.*	• Love idea about replicating the HYHIL model. Is it possible to catalogue who is doing what and pull some people together and get the SDE? • We need to do a better job of identifying educational opportunities to help leaders connect the dots between what the data shows and where action must occur.
Planned Parenthood of Southern New England *Sarah G. / Shen P.*	• EBIs have many positives yet we need to expand and make them culturally relevant and client centered. • Other curricula exist and may not have had the funding to complete a rigorous evaluation (to become an EBI). • Schools need a shorter version of EBIs that can be implemented at scale and with fidelity.
Klingberg Family Centers *Deb M.*	• Agrees with all comments shared by subject matter experts.

Subject Matter Experts	Question 4: What one action can Connecticut take to Sexual Health Education / STI Programs the norm?
GBAPP – *Marcelin J.*	Subject Matter Experts re-iterated themes they had already identified as a short list of action items: • Inventory of programs and approaches that are in place and making a difference • Identify champions who are like minded • A list of models that are working or effective • Addition of a behavioral health counseling / behavior change component • A change in culture at the providers so that residents/patients gain trust and confidence in their care providers • Shorter or condensed educational approach that represents a better fit for available time in educational settings; ideally, however, more time for programs that are proven to work • Provider awareness and education (STI and increased probability to contract HIVs; DIS role) • Send letters / information to all providers about the connection between STIs and HIV • Additional funding • Tool Kit that can be used elsewhere • Advocacy and policy – local and community-based level that will sound the alarm
Connecticut Children's Medical Center (CCMC) HYHIL Program *Danielle W. / Nilda F.*	
Connecticut Department of Public Health – DPH / DIS *Linda F. / Curtis P. / Tia G.*	
Planned Parenthood of Southern New England *Sarah G. / Shen P.*	
Klingberg Family Centers *Deb M.*	

General Discussion

- LaToya Tyson encouraged everyone to use a more sensitive term like “priority” v. “target” when talking about populations. Some words/terms hold very negative connotations in the black and brown community, and will result in even more barriers to engagement. In fact, perhaps even find a different word for infection.
- The chat box conversation included the importance of sex positivity. For example:
    - Mr. Sapero stated that sex-positivity is "an attitude towards human sexuality that regards all consensual sexual activities as fundamentally healthy and pleasurable, encouraging sexual pleasure and experimentation." The sex-positive movement also advocates for comprehensive sex education and safe sex as part of its campaign. Essentially, not shaming people about the sex they have, discussing enjoying pleasure while still reducing HIV/STD risk.
    - Ms. Fernandez stated that sex positive means Open, communicative, and accepting of individuals’ differences. Not about having frequent sex or condoning all sexual activity; built on the concepts of safety and consent. ´ Sexuality is shaped by interactions of many factors, including biological, psychological, cultural, legal, and spiritual. Each person is unique when considering the complex intersectionality among dimensions of human diversity. ´ SO WHAT? When sex is a taboo topic or when it is talked about in whispers or hushed tones (signs of sex negativity), it severely restricts the range of human diversity and contributes to marginalization and othering. Source: Commentary in Social Work, 58:3, July 2013, “Resolving Social Problems Associated with Sexuality” (pp. 273-276)
- John Sapero asked subject matter experts to provide additional detail about some of the evidence-based interventions, and where possible funding sources for their efforts. The tables contain descriptions of the programs. None of the programs are funded by CDC.
    - HRSA funds several programs including those relevant to teen pregnancy prevention – which includes STIs. Ms. Ferraro stated that Representative DeLauro holds an important position in congress in the Appropriations Committee.
    - CTDPH also provides funding through school-based health centers and family grants which explains the source of some funding for programming at Klingberg.
- Ms. D’Angelo stated that CTDPH and SDE used to maintain a cadres of trainers who trained CBOs on EBIs approved by the CDC. She stated that she was thrilled to hear some of this work has been sustained, and acknowledged that some of the EBI curricula is time intensive, may be outdated, and may not be relevant to all community settings (e.g., juvenile detention centers, alternative schools).
    - Subject matter experts noted that various programs have been updated (e.g., Making Proud Choices). Room exists for more improvement.
- Ms. Fernandez noted that the City of Hartford used Teen Pregnancy Prevention Program funding to reduce teen pregnancy from 18% to 5%. The process trained school teachers, school personnel and other community partners. It is clear the community can join together to do this work.
- Ms. D’Angelo noted that Connecticut must do a better job at re-engaging community partners.
- Mr. Walters stated that several examples exist of collaborating with limited or no resources. This could be part of the solution. Mr. Walters referenced an approach used for Black Pride in which several corporations supported efforts that supported programs that reached into the general population.

    - Ms. Fernandez agreed and stated the HYHIL model proves his point.
    - Ms. Tyson stated that peer educators and parents as educators are helpful and must be strengthened. Ms. Gannon agreed.

- Mr. Walters stated that the process must build credible partnerships with clear purpose, roles/responsibilities, and commitments.
- Mr. Datcher stated that this type of synergy has not happened at the community level for some time.
- Ms. DuMont stated the conversation was on point. She found herself thinking about how issues and services get siloed within DMHAS. She is interested in exploring how to create/strengthen linkages to services, improving language, and connections to community. Also, she recognized the opportunity in the ED to do STI screening particularly in the context of behavioral health issues. Ms. DuMont will reach out to Ms. D'Angelo to find solutions to bridge these gaps.
- Dr. Demidont recalled that she was a G2Z Commissioner and the process was very data driven. The approach must include collaborations between STIs and HIV – especially in prevention messaging. The approach must include a status-neutral model, incorporate PrEP and behavioral therapy, and reduce stigmas and triggers. The approach must be sex positive and embrace that everyone has sexual rights. Also, the capacity of data systems to identify hot spots should be countered by increased resources to help those areas.
- Ms. D'Angelo agreed that STIs and HIV messaging must be coordinated.
- Mr. Butcher suggested exploring the use of STI home test kits.
- Rev. Garbera stated that the SDE continues to be a gap. With all of the emphasis on social emotional learning, sexual health education and sex positive fits nicely into health development.
- Dr. Demidont stated that people need to understand the correlation of STIs and HIV infection. It should be analogous to chest pain for coronary artery disease. And, providers who are testing for HIV – including at the ED, should be testing for HIV.
- Ms. Ferraro shared links to two reports that raise visibility of STIs and do not advocate for additional funding.
    - https://www.hhs.gov/programs/topic-sites/sexually-transmitted-infections/plan-overview/index.html
    - https://www.nationalacademies.org/our-work/prevention-and-control-of-sexually-transmitted-infections-in-the-united-states
- Ms. NePaul shared that on numerous occasions individuals with STIs do not get tested for HIV and eventually end of with HIV as a result of not changing their behavior and not getting tested for HIV. She stated that DPH is bracing itself for an uptick in STI and HIV cases. DPH reaches newly diagnosed PLWH and engages them on STIS. If clients test positive for syphilis, workers share information about PrEP and encourage them to start this medication.
- Ms. Warren Dias shared several experiences in which a client had tested positive for syphilis and was not getting appropriate treatment or a connection to PrEP. In some instances, the breakdown is so significant that clients file complaints. More training of providers needs to occur. Also, Ms. Warren Dias stated that these providers must be held accountable. This should be part of the contact tracing process to find out where they were tested and/or getting care.
- Ms. Tyson encouraged the group to reach out to seniors who are sexually active and lack awareness. The approach will reach seniors as long as it is presented as a family and community topic.

  - Ms. Gannon shared that community navigator and group health care programs for maternity care translate well to STI care. Maternal Infant and Outreach Program (MIOP). These types of models offering "centering" approaches that can be used for different healthcare needs.
  - Ms. Milano stated that she is involved in a centering model used in her work with DCF.
  - Ms. Fernandez stated that the group model of care can be used for PrEP too.
- Ms. Gannon discussed the importance of using trauma informed education and information as abuse is wrapped up with secrecy and shame, and runs counter to a sex positive approach.
- Numerous participants in the chat box agreed that sexual health must be addressed by multiple providers.
- Mr. Sapero shared his experience with a study in metro Phoenix at an STD clinic to look at the transition from STD diagnosis to HIV diagnosis. We found that folks with an initial syphilis or anal gonorrhea diagnosis but a negative HIV test result would generally have an HIV diagnosis within about a year.
- Dr. Demidont encouraged the importance and efficacy of PLWH sharing their lived experiences.
- Mr. Walters stated that the LGBTQ+ health and human services network may be a great partner for advocacy and education. Their current needs assessment survey has resulted in over 1,500 responses.

Mr. Datcher thanked everyone who helped to organize and coordinate the participation of the subject matter experts, and he thanked the subject matter experts for sharing their knowledge, experience, and insights.

COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES

Mr. Datcher requested very brief updates on the coordination of ending the HIV epidemic activities.

<u>UPDATE: CTDPH – Development of the Syndemics Plan</u>

Ms. D'Angelo shared the following update:

- Ms. D'Angelo stated that she had been re-engaging the G2Z Commission members to understand what, if anything, cities are doing to move the agendas forward.

<u>Update: New Haven G2Z Capacity Building</u>

Mr. Butcher and Mr. Sapero provided an update on stakeholder engagement groups underway as part of the City of New Haven G2Z capacity building grant. The process involved:

- Mr. Sapero shared a document in the chat box that provides an overview of the stakeholder engagement completed to date. He noted that people asked for action on the issues discussed today.
- Numerous participants thanked Mr. Sapero for sharing the document.

OTHER BUSINESS

Participants did not introduce any other business items.

NEXT MEETING

The group will meet virtually on 19 May 2021 @ 11:00 a.m.

MEETING FEEDBACK

Participants shared comments through the chat box included:

- Rich conversation
- Great discussion
- Thought provoking
- Lively
- Great conversations
- Conversation great and actions better

ADJOURN

Mr. Datcher adjourned the meeting at 12:34 p.m.

ATTENDANCE

Name	CHPC Member	1/20	2/17	3/17	4/21				
C. Adams				x					
E. Benedetto	Yes	x	x	x	x				
S. Birth				x					
J. Bonelli				x					
S. Bowens				x					
J. Brown			x	x	x				
T. Butcher	Yes	x	x	x	x				
A. Croasdale-Mills			x	x	x				
G. D'Angelo		x	x	x	x				
B. Datcher	Yes	x	x	x	x				
M. De Le Cruz	Yes				x				
A.C. Demidont		x	x		x				
N. Dumont	Yes	x	x	x	x				
L. Ferraro					x				
N. Fernandez					x				
S. Gannon					x				
A. Garbera		x	x	x	x				
Ricardo G.									
L. Irizarry				x	x				
N. Jones				x					
M. Joseph	Yes	x	x	x	x				
R. Knox	Yes	x	x	x	x				
O. Mairena		x	x						
Gal Mayer					x				
L. McNair				x					
L. McPherson				x					
D. Milano					x				
K. Moore				x	x				
A. Nepaul					x				
C. Patterson					x				
D. Pawlow		x	x						
F. Quettant			x	x	x				
S. Reid					x				
J. Sapero		x	x	x	x				
R. Stewart	Yes		x	x	x				
L. Tyson					x				
Y. Velez		x	x	x	x				
M. Virata				x					
B. Walters	Yes	x	x	x	x				
D. Warren-Dias			x	x	x				
Unidentifiable		2	1	2	2				
	TOTAL	16	20	27	31				