



Getting to Zero (G2Z) Committee

16 September 2020 Meeting Summary

ATTENDANCE Refer to page 6

START 11:16 a.m.

END 12:13 p.m.

LOCATION Virtual GoToMeeting

CHAIR Gina D'Angelo

STAFF Mark Nickel

QUICK SUMMARY

ACCOMPLISHMENTS

- The G2Z Committee approved by consensus the 19 August 2020 meeting summary.
- John Sapero shared an implementation update on the City of New Haven G2Z capacity building grant. City leaders will meet and activities to increase awareness and build local teams/partnerships will continue.
- Participants identified options and next steps for taking more intentional actions to conduct outreach and partner engagement for developing a statewide, integrated syndemics plan. This may include joint presentations by John Sapero and Gina D'Angelo.

ACTION STEPS

- Gina D'Angelo will work with G2Z committee participants to develop some prototypes for tools and resources to advance the planning work.
- Committee staff will complete a meeting summary. Participants will provide additions and corrections via a remote process.

NEXT MEETING

- 21 October 2020 at 11:15 a.m. virtual Zoom meeting.

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MEETING NOTES

WELCOME AND CALL TO ORDER

Ms. D'Angelo called to order the meeting at 11:16 a.m. Ms. D'Angelo introduced herself as G2Z committee chair and explained that the purpose of the committee included statewide coordination of G2Z recommendations made by G2Z commissioners. Ms. D'Angelo shared suggestions about virtual meeting etiquette (e.g., turn-on web cameras, self-mute, use chat box). Participants completed self-introductions by sharing names and organizational affiliations or town of residence.

REVIEW MEETING SUMMARY

Participants approved by consensus the 19 August 2020 meeting summary. The meeting summary had been circulated for revisions once and a "pending approval" version was sent by e-mail to all participants who attended the meeting.

COORDINATION OF ACTIVITIES TO END THE HIV EPIDEMIC

Development of an Integrated, Statewide Syndemics Plan

Ms. D'Angelo explained that DPH programs include TB, HIV, STDs, and viral hepatitis. DPH would like to develop a syndemics plan that addresses HIV, STDs, and viral hepatitis. A syndemic plan addresses a set of linked health problems involving two or more afflictions that interact synergistically and contribute to excess disease burdens in a population. Ms. D'Angelo shared that:



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- DPH is currently in the process of developing a CHPC support staff RFP for services beginning in January 2022. This RFP will include support as it relates to a syndemics plan.
- Ms. D'Angelo will be transitioning out of her role as the DPH designated CHPC Co-Chair and will be replaced by Dante Gennaro. Ms. D'Angelo will continue to serve as the primary DPH resource liaison to the G2Z committee, and will be responsible for coordinating the development of a syndemics plan that focuses on HIV, STDs, and Hepatitis. This work will include increasing interaction across relevant partners and initiatives. For example, Planned Parenthood does routine HIV testing, STD education and services, and is a primary resource for PrEP prescribing. Her role will include engaging these partners and soliciting input to develop best practice and strategies to move forward with a syndemics plan. This work will be coordinated with the CHPC efforts.
- John Sapero and Gina co-presented information on G2Z at a recent Regional Behavioral Health Action Organization (RBHAO) meeting which brings together DMHAS-funded partners. The presentation was well received and should result in additional conversations and partnerships.

Meeting participants discussed the importance of creating a shared table beyond the HIV community. Roberta Stewart emphasized how the HIV community must work collaboratively with other groups to address issues of social justice, racism, and inequalities. Themes from the discussion included:

- Dante stated that an opportunity exists now to support the efforts of other initiatives and movements and build upon intersectionality of homelessness, addiction, and other social determinants of health.
- Roberta suggested using a more intentional approach to understand the commonality of issues and join others where it makes sense. For example, Apex (Danbury) participates in Community Care Team and the Opioid Task Force. This allows Apex to introduce the concept of Getting to Zero new cases of HIV or reducing stigma, and how these efforts connect to serve the community's most vulnerable residents.
- Roberta and Tom Butcher describe past efforts of the Ryan White Part A (NH/FF Counties) to use a "pod" approach when developing definitions of service standards. This meant similar groups by subject matter or jurisdictional areas were assembled to complete work tasks that fed into a larger plan or approach. Tom emphasized the importance of expanding participation and inclusion beyond the regular players in the monthly meetings of local HIV continuum of care meetings.
- Gina encouraged the group to use the CHPC G2Z committee as a forum to do coalition building and community engagement at a statewide level.
- Delita Rose Daniels suggested the group make a list of who is missing and who needs to be in these discussions. Next, the group can determine a priority and engagement strategy which may include participating in their efforts, inviting these individuals to CHPC, or both. Someone needs to make an ask. These individuals will not just show up at a G2Z local meeting. Also, Delita stated that each person is part of many different communities already involved in social justice and equity movements. The approach needs structure and tools.
- Natalie Dumont stated that in her role as a DMHAS Regional Manager (Regions 3 and 5), she could engage community care teams and various task forces. Also, she works with Beacon Health Options, the administrative service organization for Medicaid behavioral health services. She can share information at these meetings as well.
- Roberta stated that social justice and stigma is a priority for mental health, substance abuse, education, and much broader than HIV. Everyone is now "owning" these issues. The HIV community has many lessons to share on how to help unseen people be seen, unheard people be heard, and disengaged persons to be active. Tools will make it concrete and easier to reach out.
- AC Demidont asked for clarification about the approach and whether it would include narrowing the focus to engage partners relevant to a specific outcome or result such as best practices for HIV testing, referral,



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and engagement in care for substance abuse populations. AC offered to make available these types of best practices for specific populations using educational resources at Gilead. Oscar Mairena stated that Gilead has presentation decks on topics like stigma and people who use drugs. The main point of these suggestions was to offer solutions that created specific value for a more focused set of partners.

- Tom Butcher and John Separo discussed the importance of building a broader foundation and awareness that would lead to more productive discussion spaces with partners. John described the Victory over HIV in Arizona. This effort assembled 100s of diverse people and partners. It focused on inequity of knowledge about HIV and used a series of information building events such as local and national community speakers who could build knowledge, discuss how organization and entities interact with this population, provide services, increase awareness about strengths and weaknesses. The process was designed to invest in the communities and providers and in return to ask them to help address ending the HIV epidemic – even if it was as simple as these partners taking the time to discuss what HIV is to them and/or their organization. Mr. Saperro said he could help champion the use of this approach if it seemed like a good fit.
- Dante described how some of these efforts are in process. For example, DPH and the City of Hartford are working on a Hep C Summit (December, 2020). The summit will follow the format of the very successful virtual LGBTQ health equity summit. Another summit will take place in February. This will focus on capacity building for Hep C providers. More emphasis must be placed on sexual health education. The current approach is not working: STD incidence and prevalence rates in late teens and early 20s continue to increase.
- Will Kenny provided perspective about opportunities to improve routine HIV testing. For example, pharmacists (infectious disease) he knows test people who do not present with symptoms. These individuals leave and get a telephone call to discuss results. These conversations may or may not connect patients to resources.
- Gina D'Angelo stated that an additional area of focus includes routine HIV testing in all healthcare settings with an emphasis on urgent care and emergency departments as it is a G2Z recommendation.
- Delita Rose Daniels felt the committee and work would benefit by adding more focus and encouraged the focus to be on what will help youth populations which experience higher risk/rates of STDs, more newly diagnosed HIV, higher unemployment, and unstable housing, among others.
- AC Demidont shared information via the chat box on youth populations. 13-24-year-olds make up 21% of the new HIV infections in the US yearly. HIV Prevention Challenges for Youth:
 1. Inadequate Sex Education. Sex education is not starting early enough: in no state did more than half of middle schools teach all 20 sexual health topics recommended by CDC.
 2. Low rates of testing. Only 9% of high school students have been tested for HIV. For YMSM, only 15% have ever been tested for HIV.
 3. Substance use.
 4. Low rates of condom use. 46% of all sexually active high school students and 48% of YMSM did not use a condom the last time they had sexual intercourse.
 5. The number of partners.
 6. Older partners.
 7. Socioeconomic challenges for young people with HIV. HIV + young people aged 18 to 24 are more likely than older people to be living in households with low-income.
 8. Low rates of pre-exposure prophylaxis (PrEP) use. A 2018 study found that young people are less likely than adults to use medicine to prevent HIV.
 9. Feelings of isolation. 33% of LGBT students reported being bullied on school property in the previous 12 months.



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10. Stigma and misperceptions about HIV. Stigma and misperceptions about HIV negatively affect the health and well-being of young people.
11. High rates of STDs. Some of the highest STD rates are among youth aged 20 to 24, especially youth of color.

Anyone wishing to learn more about this information can contact ac.demidont@gilead.com.

- Dante may propose some out of the box messaging.
 - AC Demidont noted that using a transwoman social media influencer at Anchor Health resulted in connecting 30 new people to services.
 - Vanesha Heron suggested using Tik Tok where videos go viral quickly to a primarily younger population. Hartford Gay and Lesbian Collective uses Tik Tok.
 - Will Kenney noted that resources exist on Tik Tok. It might be a matter of featuring existing resources.
 - LaToya Tyson reinforced the importance of using multiple influencers to reflect diversity of age, race, culture, and language.
- Rev. Alexander Garbera felt encouraged by the discussion and the interest in assembling consumers, practitioners, providers, and partners. He agreed communication was critical and felt that having liaisons from various cities and efforts to attend the G2Z committee would be beneficial. He stated that doing a SWOT analysis of key organizations / partners on priority topics might be informative to show strengths, weaknesses, and opportunities to improve access and address systemic racism. This includes a close look at Connecticut's own policies that may perpetuate inequity and social injustice. For example, Maine, Vermont, and Massachusetts set access thresholds at 500% federal poverty levels. This has been identified as an issue and opportunity in Connecticut for more than a decade with no policy change.

Gina D'Angelo will work with G2Z committee participants to develop some prototypes for tools and resources to advance the planning work.

City of New Haven Capacity Building Grant

John Sapero and Tom Butcher shared the following:

- A leadership team has been established to help John navigate through information across various programmatic and jurisdictional boundaries. The group includes many individuals in the G2Z committee such as Delita Rose Daniels, AC Demidont, and others who have participated in CHPC in the past such as Sam Bowens.
- AC Demidont requested that John receive access to information from the statewide G2Z listening sessions. Gina and Tom confirmed that this information had been shared with John. Gina added that DPH had created mini epi profiles for G2Z cities. These profiles were shared at the G2Z committee and made available to members of the committee as well as the general public (via the DPH website).
- The NH capacity building process may include new listening sessions. Gina observed that it would be interesting to learn how, if at all, the core themes from listening sessions have changed in the past three years.

John Sapero expressed appreciation for the collaboration, partnership, access to resources, and great support at statewide level.

NEXT STEPS / MEETING FEEDBACK

Next Steps

- Offline John and Gina will talk about resources.



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- Gina will develop tools and approach to advance a next level conversation.

Meeting Feedback

- Participants appreciated the smaller sized committee groups and the opportunity for more interactive discussion.
- Several participants stated that it was a great meeting with high energy and enthusiasm.
- One individual suggested making meeting recordings available to the public.

ADJOURN

Ms. D'Angelo adjourned the meeting at 12:13 p.m.



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Attendance Record

| Name | CHPC Member | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
|----------------------------|--------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Susan Bouffard | X | ● | ● | | | ● | ● | ● | ● | |
| Thomas Butcher | X | ● | ● | | | ○ | ● | ● | ● | ● |
| Gina D'Angelo | X | ● | ● | | | ● | ● | ● | ● | ● |
| Lauren Gau | X | ● | ● | | | ● | ● | ● | ● | |
| Dante Gennaro | X | ● | ● | | | ● | ● | ● | ● | ● |
| Corey Gerena | X | ● | ○ | | | ● | ○ | ● | ○ | ○ |
| Reggie Knox | X | ○ | ● | | | ● | ● | ● | ● | ● |
| Luis Martinez | X | ● | ● | | | ● | ○ | ○ | ○ | ● |
| Jeffrey Snell | X | ● | ● | | | ● | ● | ○ | ● | ● |
| Roberta Stewart | X | ● | ● | | | ● | ● | ● | ● | ● |
| Barry Walters | X | ● | ○ | | | ● | ● | ● | ● | ● |
| | Member Count | 10 | 9 | | | 10 | 9 | 9 | 9 | 8 |
| PUBLIC PARTICIPANTS | | | | | | | | | | |
| Albertina Baptista | | | | | | | ● | | | |
| Cinque Barlow | | ● | | | | | | | | |
| Beasha Bartlette | | | | | | | | | | ● |
| Maritza Bond | | | | | | | ● | ● | | |
| Christian Brooks | | | | | | | ● | ● | | |
| Carolos Carbonell | | ● | | | | | | | | |
| Christian Castro | | ● | | | | | | | | |
| Lauren Ciborowski | | ● | | | | | | | | |
| Reina Cordero | | ● | ● | | | | | | | |
| Angel Cotto | | | | | | ● | | ● | | |
| Delita Rose-Daniels | | ● | ● | | | ● | ● | ● | ● | ● |
| Megan Davidson | | ● | ● | | | ● | | ● | | |
| AC Demidont | | | | | | | | | | ● |
| Emily DeJesus | | | ● | | | | | | | |
| Martina DeLaCruz | | | | | | ● | | | | |
| Natalie Dumont | | | | | | | | | ● | ● |
| Taylor Edelman | | | ● | | | ● | | | | |
| LaToya Fitzwilliam | | | | | | | ● | ● | | ● |
| Brittany Gardener | | ● | ● | | | | ● | ● | | |
| Monica Gonzalez | | | ● | | | ● | | ● | | |
| Juan Hernandez | | ● | | | | ● | | | | |
| Venesha Heron | | ● | ● | | | ● | ● | ● | ● | ● |
| Coley Jones | | ● | | | | | | | | |
| Marcelin Joseph | | ● | ● | | | | | | | |
| Nancy Kingwood | | | | | | | ● | | | |
| Heather Linardos | | | | | | | | ● | ● | |
| Oscar Mairena | | | | | | ● | | ● | ● | ● |
| Kiana McDavid | | | | | | | | | ● | ● |
| Nicole Morgan | | | | | | ● | ● | | | |
| Maribel Nieves | | ● | ● | | | | | | | |
| Francesca Quettant | | | | | | ● | ● | ● | | |
| Dustin Pawlow | | | | | | | | ● | | |
| Lorrie Pope-Wiggins | | ● | | | | | | | | |
| John Saper | | | | | | | ● | ● | ● | ● |
| Suzanne Speers | | | | | | | | ● | | |
| LaToya Tyson | | | | | | | | ● | | ● |
| Jennifer Vargas | | | | | | | | ● | ● | ● |
| Yolanda Velez | | ● | | | | ● | ● | ● | ● | ● |



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Attendance Record

| | | | | | | | | | | |
|--|--------------|----|----|--|--|----|----|----|----|----|
| Melinda Yopp | | | | | | | | ● | ● | |
| Unidentified Callers (may be duplicates) | | | | | | 3 | 2 | 2 | 3 | 2 |
| | Public Count | 15 | 10 | | | 14 | 14 | 19 | 12 | 12 |
| | Total Count | 25 | 19 | | | 24 | 23 | 30 | 22 | 20 |