

The meeting  
will start at  
9:10 a.m.

If you are  
comfortable,  
turn on your  
web cams so  
you can see the  
faces of our  
community

## Virtual CHPC Meeting



CONNECTICUT HIV  
PLANNING CONSORTIUM

17 August 2022

Answer the poll  
question while  
you wait for the  
meeting to start.

Use the Chat Box:

- Say hello
- Share any public announcements

# Call To Order

## Meeting etiquette

- Turn on your web cams if you feel comfortable
- Mute your microphones
- Use the chat box:
  - **To network – share your name and e-mail**
  - To ask questions
  - To share experiences or perspectives
  - To share public announcements



# Meet Your CHPC Co-Chairs

**Barry Walters**



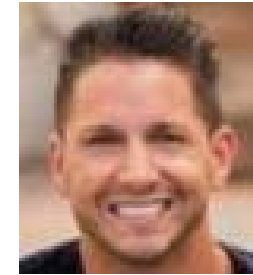
- APNH - A Place to Nourish Your Health
- Co-Chair of West Hartford Human Rights Commission
- Former CHPC NAP chair

**Nilda Fernandez**



- UConn Health/CT Children's Pediatric & Youth HIV Program
- Field instructor for UConn School of Social Work
- Former CHPC QPM chair

**Dante Gennaro, Jr.**



- Connecticut Department of Public Health
- International HIV Prevention Specialist
- Leads Positive Prevention CT
- Named to the "POZ 100" list by POZ Magazine

# Moment of Silence



- Community members who have died
- Those living with and affected by HIV
  - Family members
  - Friends
  - Caregivers
  - Champions
- Those who are affected by other injustices or natural disasters



# Mission & Goals

## Mission

Establish and maintain a coordinated statewide prevention and care system that reduces the rate of new HIV infections and connects those living with and affected by HIV/AIDS to appropriate services.

## Goals

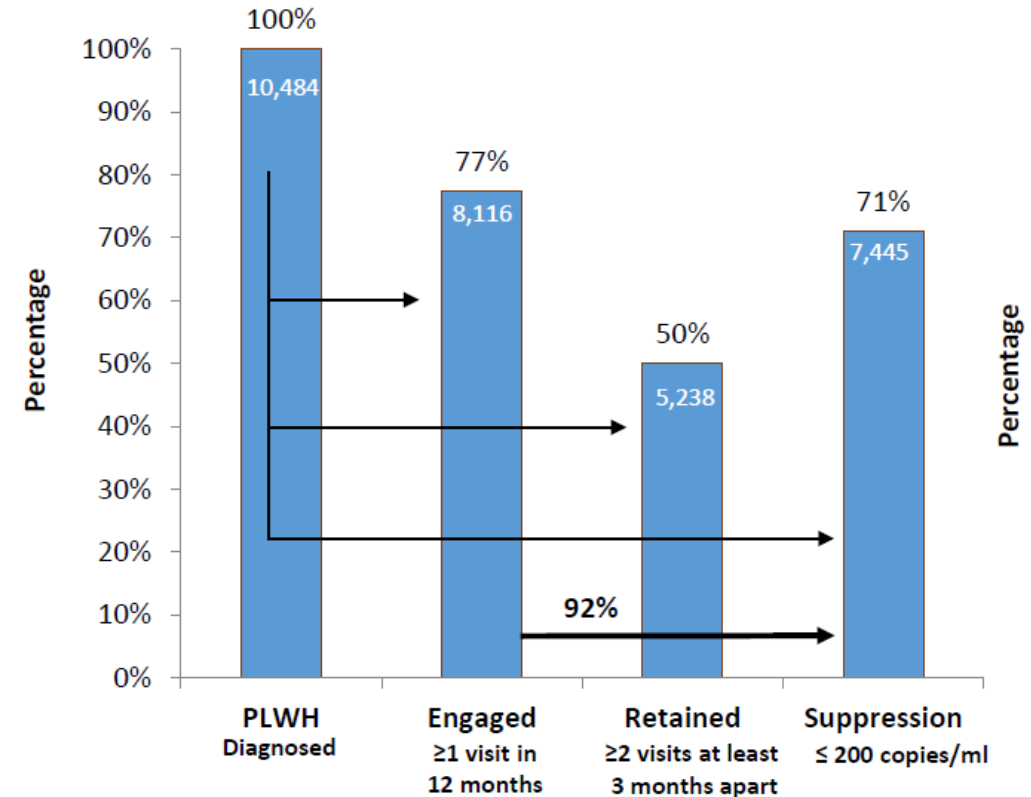
1. Prevent new HIV infections
2. Improve health outcomes of persons with HIV
3. Reduce HIV-related disparities and inequities
4. Achieve a more coordinated statewide response to end the HIV epidemic

# CHPC Indicators and Progress

We measure progress by assessing specific data sets that connect to our goals. For example:

- Number of new HIV diagnoses
- Viral load suppression
- Linkage to care
- Late testers
- Retention in Care
- PrEP-to-Need Ratio

## HIV Continuum of Care, Connecticut - 2020



# CHPC Members & Committee Process

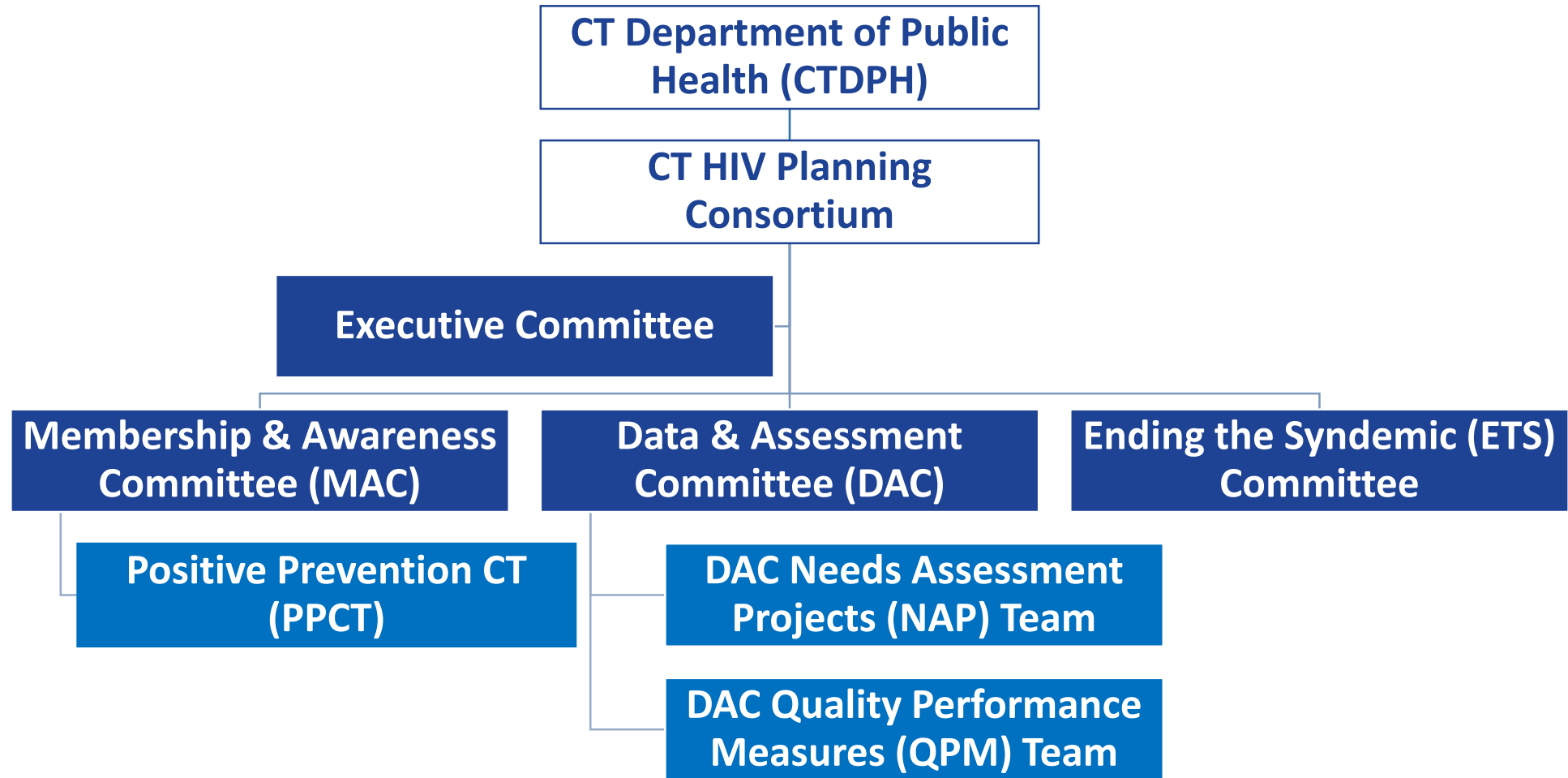
## CHPC Members

- We currently have 25 diverse CHPC members who serve two-year terms that can be renewed
- We recruit new members throughout the year and select new members in November and December
- CHPC members are the only individuals who “vote” on CHPC business matters such as meeting notes, election of CHPC Co-Chairs, or the statewide HIV integrated prevention and care plan

## Committee Process – ALL Participants

- Five committees and/or teams plus an Executive Committee
- CHPC members lead the committees
- Committees use a consensus approach to increase participation and expand the discussion space to include diverse voice and perspectives – including those from other HIV Planning Groups

# CHPC Committee Structure



**CONNECTICUT HIV  
PLANNING CONSORTIUM**



# Meeting Objectives for Today

## **CHPC business matters**

- General updates from CHPC Co-Chairs
- Committee reports
- Recap of the small group discussions from July

**Knowledge build:** 2022 – 2026 Plan goals, objectives, and review of priority activities

**Small Group Discussions:** Input on activities

**Other business**

**Committee meetings** will begin at 11:00 a.m.

# General Updates

## VIRTUAL VOTE RESULTS

CHPC Members voted virtually to **APPROVE** the **July 2022** CHPC meeting summary.

16 Yes 0 No

0 Abstentions

9 did not vote

**Appreciation to CHPC Member Melanie Alvarez** who will be stepping down as a CHPC member at the end of August due to a change in job positions.

**The CHPC is extending the deadline** for CHPC Community Co-Chair candidates to apply until August 31, 2022.

August 31	September - October	November - December
<ul style="list-style-type: none"><li>Deadline for applications on <b>August 31, 2022</b></li></ul>	<ul style="list-style-type: none"><li>Candidates share their interests with CHPC members at CHPC meeting</li><li>CHPC members vote</li></ul>	<ul style="list-style-type: none"><li>CHPC Co-Chair elect “shadows” and participates in leadership activities</li></ul>

# Brief Committee Reports

## **Membership and Awareness (MAC)**

*Stephen Feathers*

## **Positive Prevention CT (PPCT)**

*Marcelin Joseph*

## **Quality and Performance Measures (QPM)**

*Peta-Gaye Nembhard*

## **Needs Assessment Projects (NAP)**

*Anthony Santella*

## **Ending the Syndemic (ETS)**

*Roberta Stewart*

1. Areas of focus for committee meeting today at 11:00 a.m.

2. Other announcements

\*In these reports you will hear how the committee work is advancing the development of the statewide integrated HIV plan.

# Committee Updates: Membership and Awareness (MAC)

## CHARGE

Recruit and retain CHPC members

Facilitate information sharing and public awareness

Amplify community voice

## Outreach to GBAPP Black Men of Resilience (Stratford)

- Due to political and religious barriers not enough sex education in schools, including for youth as young as 12
- Community members are not aware of HIV prevention services available in the community
- Clinics tend to be in very public places. More understanding about confidentiality would make people more likely to access services
- One member asked if HIV is no longer transmitted through needles
- One member mentioned seeing TV ads about people who are undetectable not being able to transmit HIV to others

## AUGUST MEETING

- Review of newsletter articles
- Support group visit
- Voice of the People panel planning
- Member attendance, retention, and recruitment

# Committee Updates: Positive Prevention Connecticut (PPCT)

## CHARGE

Create health communication campaigns and strategies for those populations at the highest risk of getting HIV in Connecticut

## AUGUST MEETING

Routine HIV Testing Awareness Campaign Progress

Refined drafts of campaign materials

Confirmed campaign tagline

TEST CT - Tell Everyone to Start Testing Connecticut

Canceled August PPCT meeting and instead met as an ad-hoc group to collect B-Roll footage at Hubbard Park on August 8<sup>th</sup> @ 10 AM

## FUTURE PPCT UPDATES

Campaign engagement opportunities

Wednesday, August 24<sup>th</sup> – 6 PM @ Elizabeth Park Conservancy

**T.E.S.T. CONNECTICUT!**  
Tell Everyone to Start Testing!

- DIABETES/A1C LEVELS
- HEPATITIS
- SEXUALLY TRANSMITTED INFECTIONS
- HIV
- CHOLESTEROL
- BLOOD PRESSURE

**TEST TODAY!**

GETTESTEDCT.COM

connected til the end

The graphic features a purple background with orange and white diagonal stripes on the right side. A circular inset shows a male doctor in purple scrubs with a stethoscope around his neck, talking to a patient. The text is in white and orange.

# Committee Updates: Quality and Performance Measures (QPM)

## CHARGE

Develop and monitor CHPC indicators

Facilitate continuous quality improvement

## AUGUST MEETING

- Updates from July
  - Ryan White Conference housing presentation
  - PrEP data
  - CIRA assistance in evaluating plan implementation
- Monitoring implementation of the 2022-2026 Plan
- Future QPM meetings

# Committee Updates: Needs Assessment Projects (NAP)

## CHARGE

Conduct and/or support data collection and analysis that supports planning and/or other special projects

## GENERAL

- Re-focusing the future committee work to address gap areas or studies not being done by other planning groups such as a prevention needs assessment

## JULY

- Debriefed on June training topic of Understanding the Complexity of mental Health and HIV
- Planned training on Social Drivers of Health Equity (October 2022 with AETC)
- Discussed the content from the July CHPC small group discussions

## AUGUST

- Discussion with selected training providers about CHPC initiatives
- Refine emerging themes from July CHPC small group discussions in July
- Feedback on Connecticut Prevention Needs Assessment survey

# Committee Updates: Ending the Syndemic (ETS)

## CHARGE

Coordinate and support expansion of ending the HIV epidemic strategies and activities across the state

## AUGUST MEETING FOCUS

- Discuss recommendations for priority activities, milestones, and timelines that support plan goals and objectives
  - Referral processes
  - Capacity building for Routine HIV testing
  - Professional development (e.g., routine HIV testing, status neutral care, stigma reduction)
  - Coordination across syndemic areas of focus (e.g., standards of care, uniform approach to screening)
- Updates on ad hoc groups for Routine HIV Testing



# Themes from July CHPC Small Group Discussions

## 1. What surprised you the most about the needs assessment presentation?

- Type of need
  - Similar types of needs across assessments and regions
  - Different populations have different needs
  - Dental and housing remain a gap
- Patient knowledge with many not knowing if they were virally suppressed (or understanding that term)
- Access to services
  - So many resources and services and too many not being able to access services especially ambulatory care and case management
  - Stigma
- Need to act on the information (e.g., ongoing dental, housing gap)
- It may be time to rethink the needs assessment process
  - Ask prevention questions
  - Ask questions about what clients need (v. what HIV funding can pay for)

# Themes from July CHPC Small Group Discussions

## 2. What are the top three needs for persons with HIV?

- Housing and housing related (8)
- Ambulatory services (3)
- Oral health (3)
- Medication and treatment adherence and new medications (2)
- Medical case management (2) to coordinate across all needs
- Mental health services (2)
- Addiction services (2) and management of other chronic conditions

# Themes from July CHPC Small Group Discussions

## **3. What other information or needs assessments should the CHPC and its partners consider doing in the upcoming years?**

- Improve the needs assessment tools
  - Use proven surveys
  - Offer surveys in more languages than English and Spanish
  - Ask where clients get their services
  - Ask what patients need in ways that are not defined by HIV funding
- Focus on specific issue areas or subpopulations such as
  - Dental / oral health
  - PrEP uptake
  - Supportive services
  - Reproductive health
- Work together more effectively with partners
- Share results and follow-up actions that occur

# The CHPC partners are already taking action!

- CHPC Co-Chairs coordinating activities with Co-Chairs of RW Part A Planning Councils
- NAP adjusting its approach to conducting needs assessments and coordinating across existing approaches
- QPM developing process to improve plan monitoring and accountability
- PPCT developing information campaigns to reach providers, patients, and the public
- ETS focusing on increasing access to testing, prevention, and care services for RW Providers and non-RW providers
- MAC conducting outreach sessions to engage public and coordinating with RW Part A Planning Councils
- Prevention needs assessment scheduled for fall 2022
- Funders moving toward coordinated funding approaches (e.g., regional networks, prevention and care funding)
- Professional development training partners working together collaboratively to expand capacity and reach

# Let's take a closer look at the goals, objectives, and areas where the CHPC can help create more impact

- **The CHPC exists to create a common vision, measurable objectives, and priority activities to end the HIV epidemic in Connecticut**
  - The CHPC does not control the decisions of other partners
  - The CHPC does not manage a budget or any funding allocation decisions by partners
- **The CHPC intends to create a collaborative workspace that helps partners align efforts to address important issues such as:**
  - Routine HIV testing
  - Increasing the viral suppression rates of PWH who receive care from non-Ryan White funded providers
  - Enhancing the connection between and access to prevention and care services
  - Using a syndemic approach (STIs, SUDs, Hepatitis)

# What can we expect during the upcoming months?

**AUGUST: We have an “abridged” version of the plan to share today**

- It begins to introduce the “SMART” objective format used by QPM
- It shows the connection between the committee work to identify priority activities + add in ongoing investments by funders of prevention and care services
- It sets the stage for small group discussions we will have today
- Input will be used to develop the plan (see September)

**SEPTEMBER: CHPC members will receive an “accessible” (20 pages or less) summary version of the plan and discuss.**

- Include additional and required sections of the plan (e.g., the epi data, the CHPC membership roster)
- Incorporate input from small group discussions in August + any input from RW Part A Planning Councils

**OCTOBER: CHPC vote on the plan goals, objectives, priority activities, and measures/metrics.**

**NOVEMBER: Project staff makes edits and adds data tables to complete all federal planning requirements. No changes will be made to plan goals, objectives or priority activities voted on in October.**

**DECEMBER: DPH submits plan to federal funding sources.**

# Committees have been identifying priority activities

**For the past five months, CHPC Committees have identified activities that common ground across Connecticut's partners and interested parties**

- Current service priorities by a particular partner or funding source
- Areas of future emphasis (e.g., routine HIV testing, formation of STD coalition, Hepatitis coalition, DPH syndemic partners group)
- Areas where gaps exist and new approaches need to be explored (e.g., housing, oral health)
- Areas where improvements can occur (e.g., needs assessment processes, plan monitoring, coordinating professional development training, referral processes)

# QPM took a leadership role in customizing goals and objectives

## **QPM has used a data driven approach to customize goals and objectives for Connecticut's statewide integrated HIV prevention and care plan**

- The CHPC draft goals and objectives align with the National HIV AIDS Strategies
  - They provide continuity to help align and connect other Ryan White funded partners
  - They provide continuity with the previous plan (2017 – 2021)
- The CHPC process started in 2021 with the epidemiological update
- It continued during 2022 with review of specific data sets by CHPC indicator as well as presentations on priority topics at CHPC meetings

**The next slides pull together the Committee work and will serve as the reference point for small group discussions**



# Goal 1. Prevent new HIV infections

CHPC Objectives	CHPC Activities *Draft*
1.1. Decrease the number of new HIV infections from 220 to 174	<ul style="list-style-type: none"><li>• Increase knowledge of HIV status to 93% through efforts such as Positive Prevention CT (PPCT) campaigns (2 per year)</li><li>• STD coalition develops plan to strengthen sexual health education programming (e.g., schools, community-based)</li><li>• Hepatitis coalition develops elimination plan</li><li>• Specific services by partners and interested parties<ul style="list-style-type: none"><li>• Increase access to PrEP and PEP (increase PrEP to need ratio from 12 to 36)</li><li>• Expand access to Syringe Services Program</li></ul></li></ul>
1.2. Increase the number of people being tested through Connecticut funded initiatives and other settings	<ul style="list-style-type: none"><li>• Conduct routine HIV testing awareness campaigns</li><li>• Conduct provider outreach events and training for routine HIV testing</li><li>• Support implementation of Emergency Department routine HIV testing work group</li><li>• Outreach, testing, and linkage services by partners and interested parties</li></ul>

# Goal 2. Improve HIV-related health outcomes for PWH

CHPC Objectives	CHPC Activities *Draft*
2.1. Increase linkage to HIV care for newly diagnosed to 90%	<ul style="list-style-type: none"> <li>Professional development training in status neutral care approach</li> <li>Community engagement / knowledge equity events</li> <li>Improve referral resources and process including DIS component (8% increase in clients interviewed by DIS)</li> <li>Improve referral resources and process (e.g., Hub model)</li> </ul>
2.2. Increase viral load suppression among PWH in medical care to 87% (general) and 95% (those in care)	<ul style="list-style-type: none"> <li>Provider, patient, and public outreach campaign to increase awareness of resources</li> <li>Improve referral resources and process (e.g., Hub model)</li> <li>Specific services by partners and interested parties               <ul style="list-style-type: none"> <li>Rapid start medication</li> <li>Medical case management / care coordination</li> <li>Expand CADAP treatment adherence model</li> </ul> </li> </ul>
2.3 Deliver holistic care and treatment for PWH	<ul style="list-style-type: none"> <li>Coordinate annual quality management summit</li> <li>Expand implementation of status neutral approach to care</li> <li>Expand and enhance access to e-health and telehealth services</li> <li>Expand and enhance access to peer support models</li> <li>Professional development trainings on priority topics</li> </ul>

# Goal 3. Reduce HIV-related disparities and health inequities

CHPC Objectives	Examples of CHPC Priority Activities *Draft*
3.1. Reduce HIV-related stigma and discrimination	<ul style="list-style-type: none"><li>• Develop CHPC stigma measures and methodology</li><li>• PPCT awareness campaigns</li><li>• Professional development training in status neutral care</li><li>• Knowledge equity events</li></ul>
3.2. Achieve a 25% decrease in new HIV diagnoses among MSM, Black men and women, and Latino men and women	<ul style="list-style-type: none"><li>• Program specific by partners and interested parties<ul style="list-style-type: none"><li>• Double SSP services from 4,428 to 9,000</li><li>• Reduce # syphilis cases from 210 to 204</li><li>• Reduce # newly diagnosed chronic Hep C infections from 1,308 to 1,178</li><li>• Reduce # of overdose deaths from 1,528 to 1,178</li></ul></li></ul>
3.3. Increase partnerships that help HIV prevention and care organizations address structural and social determinants of health	<ul style="list-style-type: none"><li>• Knowledge sharing and technical assistance from CIRA</li><li>• Improved needs assessments or exploration of root causes in specific gap areas such as housing or oral health</li><li>• CHPC members join other existing coalitions and partnerships and work to expand resources for priority populations</li></ul>

# Goal 4. Achieve integrated, coordinated efforts that address the HIV epidemic across all partners and parties

CHPC Objectives	CHPC Activities *Draft*
4.1. Integrate partner programming across syndemic areas of focus	<ul style="list-style-type: none"> <li>• DPH convenes syndemic partners group</li> <li>• Establish standards of care (e.g., rapid start medication)</li> <li>• Identify uniform screening tools</li> </ul>
4.2. Expand continuous quality improvement activities	<ul style="list-style-type: none"> <li>• Improve coordination of professional development activities across partners and interested parties</li> <li>• Expand professional development offerings to include syndemic areas of focus and priority topics such as status neutral approach</li> <li>• Coordinate a statewide quality management summit most relevant to priority areas of the plan</li> </ul>
4.3. Improve mechanisms to measure, monitor, evaluate, and use information to achieve goals	<ul style="list-style-type: none"> <li>• Develop and implement a performance monitoring and accountability plan</li> <li>• Improve coordination of needs assessment activities conducted by CHPC and sharing of results from other needs assessments</li> </ul>

# Small Group Discussion Process

- Random assignment to a small group
- CHPC leaders, DPH resource liaisons, and CHPC staff will facilitate and record discussion. You will have access to the slides we just reviewed on goals, objectives, and activities.
- Guided discussion questions:
  - 1. Will the activities for this goal result in Connecticut achieving this plan goal? [Yes or No] What led you to this answer?*
  - 2. What activities are missing? Tell why the CHPC should consider adding more activities.*
  - 3. If we placed our focus on only 2 or 3 activities for each goal, what would be at the top of your list?*
- The large group will re-assemble and share
- Main discussion themes from small group discussions will be included in the meeting summary

# Other Business & Meeting Feedback

## **Any new or other business?**

Enter the topics into the chat box and Executive Committee will consider these for future agenda items.

## **Share your meeting feedback.**

- Type in your experience in the chat box.
- Click on the interactive link to take the 1-minute meeting experience survey.

Please provide **FEEDBACK** on today's meeting at:  
<https://www.surveymonkey.com/r/CHPC-Aug-22>



# Meeting Adjourned

Go to the MEETING DOCUMENTS page for the web links to virtual committee meetings.

**[www.cthivplanning.org](http://www.cthivplanning.org)**

**REMINDER: Committee meetings start at 11:00 a.m.**