**Date** February 20, 2019

**Location** Chrysalis Center - Hartford, CT **Time** 12:35 p.m. – 1: 50 p.m.

**Attendance**  See team summaries for roster of CHPC members and public participants.

**Welcome**

DAC members moved directly into their team meetings after lunch, at roughly 12:35 p.m.

**Team Meeting Accomplishments**

The DAC participants assembled directly into two teams [Needs Assessment Projects (NAP) and Quality Performance Measures (QPM)] and did not meet as a full DAC group. Each team:

* Completed tasks as described in the first page of the meeting summaries for each team (page 2 and page 6).

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* Identified next steps and tasks for completion prior to the March 2019 DAC meeting.

**Other Business**

No other business was introduced at the team meetings.

**Adjournment**

Team meetings adjourned at or before approximately 1: 50 p.m.

**Meeting Notes**

**Participants:** Clifford Batson, Joyce Boone, Susan Bouffard, Sara Burns, Erick Carrión Rivera, Allison Champlin, David Colbert, Tamara Corley, Angelique Croasdale-Mills, Gina D’Angelo, Dulce Dones-Mendez, Taylor Edelmann, Lauren Gau, Danny Huang, Maria Lorenzo, Luis Magaña, Erin Malgioglio, Angel Medina, Kelly Moore, Peta-Gaye Nembhard, Hilary Norcia, Willy Quesada, Rosie Rodriguez, Sue Speers, Roberta Stewart, Abigail Torres, Idiana Velez, Danielle Warren-Dias

**Facilitator:** Nilda Fernandez  **Recorder:** Dave Bechtel

**Meeting Accomplishments:**

The team accomplished the following tasks:

* **Getting To Zero (G2Z) Presentation**. Gina D’Angelo shared themes from the G2Z listening sessions as they related to stigma. The overall theme is that stigma is pervasive. All focus populations in all five cities identified stigma as having an impact and needing to be addressed in order to Get to Zero.
* **Hartford TGA End + Disparities Project**. Angelique Croasdale-Mills presented information on this initiative to increase viral load suppression rates for disproportionately affected HIV subpopulations. Ms. Croasdale-Mills shared baseline data on viral load suppression rates for Ryan White Hartford and plans for quality improvement interventions to improve viral load suppression rates.
* **Quality Summit**. The team agreed on the following items:
  + Use the Chrysalis Center on September 18, 2019 (the third Wednesday in September) for its quality summit.
  + Angelique Croasdale-Mills (Ryan White Hartford) and Danielle Warren-Dias (UConn Health / CCMC) agreed to co-lead planning and raising funds for the summit.
  + A Quality Summit Work Group will help plan the summit, starting with a conference call organized by CHPC staff member Dave Bechtel.

**Identified Tasks:**

1. Lauren Gau (Family Centers) will check on whether her agency will also support the summit.
2. CHPC and/or DPH staff will check with APNH on supporting the summit.
3. CHPC staff will email the Getting to Zero meeting handouts to the team.

**Welcome and Introduction:**

DAC Co-chair Nilda Fernandez welcomed everyone to the Quality and Performance Measures (QPM) Team meeting at 1:30 pm. QPM reviews and discusses data, develops indicators to track progress in HIV prevention and care, and seeks to improve the quality of HIV care through the Cross Part Collaborative. QPM meetings are participatory, open to the public, and use a consensus model for making decisions.

**Meeting Summary Approval:**

Ms. Fernandez asked participants to review the January 2019 QPM team meeting summary. In January, Peta-Gaye presented on quality improvement and the team agreed to focus on planning a Quality Summit in 2019 for the Cross Part Collaborative.

The team approved the meeting summary without changes.

**Getting to Zero (G2Z) Listening Sessions:**

Gina D’Angelo shared themes from the Getting to Zero listening sessions. Last year, QPM discussed the importance of addressing stigma and learning from groups most affected by HIV, including transgender people (where we have very little data). The listening sessions addressed stigma among other topics, and engaged groups at highest risk of HIV infection in five cities across Connecticut.

Ms. D’Angelo first provided background on G2Z. The G2Z Commission made **six recommendations**: (1) Form a statewide G2Z Working Group to implement the plan; (2) Form Working Groups in each of the five CT cities; (3) Develop and launch a statewide PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis) education and implementation program; (4) Develop and implement multilevel HIV educational and training campaigns; (5) Implement routine HIV testing; and (6) Implement standardized medical care for people living with HIV (PLWH). Ms. D’Angelo noted that Governor Lamont supports the PrEP and PEP effort and that DPH (Department of Public Health) will propose routine HIV testing legislation. See Handout #1 for the G2Z executive summary.

Ms. D’Angelo also shared information on the [U = U anti-stigma campaign](https://docs.wixstatic.com/ugd/de0404_9953eed1181949618d205be7e368635f.pdf). U = U means undetectable is untransmittable. Multiple studies have shown that people with undetectable viral loads cannot transmit HIV through sex. The campaign to get this message out was started by PLWH and can help address stigma.

Themes from the presentation are summarized below. See the “Summary of Stigma Findings” handout for details.

* **Stigma is pervasive**. All focus populations in all five cities identified stigma as having an impact and needing to be addressed. This included focus groups with MSM (men who have sex with men) of color, Black women, and transgender women. Separate services for PLWH are stigmatizing, comprehensive education is needed to combat transphobia and lack of information / stereotypes, universal messages like U=U are needed, and inclusivity for LGBTQ youth in health classes is needed.
* **Recommendations** from the focus groups include: normalizing HIV testing; including focus populations in educational opportunities and forums in schools, homes and community settings; addressing HIV in the faith community; training medical providers in HIV and in working with focus populations; creating welcoming and affirming environments for all LGBTQ people; and pushing prevention messages into the community. Ms. D’Angelo stated that we call can speak up to address stereotypes and stigma.

Participants discussed the findings and implications:

* **Access to materials**. Erick Carrión Rivera asked if a version of the U=U handout was available. Ms. D’Angelo will check with Susan Major about having the current handout available at the Distribution Center. Danielle Warren-Dias asked about getting access to campaign and intervention materials in multiple languages besides Spanish, and suggested this would be a good role for the state to play (e.g., use census data to identify the top 5 languages to translate). Ms. D’Angelo stated that this is currently not available at DPH. Roberta Stewart suggested that this could be a good project for an intern. Ms. Fernandez suggested looking at New York City’s materials; they may already be translated into multiple languages. Ms. D’Angelo also noted that the CDC’s handout on ending the HIV epidemic was available in multiple languages.
* **Risky behaviors**. Willy Quesada stated that when educating people, the “U=U” recommendation depends on the person’s relationship with their partner. If their partner is having sex with multiple people, PrEP is still the best option. Ms. D’Angelo agreed that it is important to give people all the information so they can make an informed choice.
* **G2Z video and stigma**. Ms. Stewart stated that a consumer at the New Haven Ryan White Planning Council meeting was put off by the G2Z video, feeling more stigmatized by the fact that there were no white people featured. This could reinforce the message that HIV is just for “those folks.” David Colbert agreed, noting that the consumer also talked about the lack of heterosexuals in the video. Lauren Gau noted that the G2Z Commission’s task was to focus on the three populations, but didn’t mean to single out these groups. Ms. Warren-Dias shared a similar experience with a group of older Black women, who were “cussing me out” that HIV was not a Black disease. Taylor Edelmann stated that in his work, many transgender women say that cis-gender heterosexual men are spreading HIV in the trans community. These men may be married but have a transgender girlfriend on the side.

Participants noted that despite good intentions, the video could contribute to a different kind of stigma. One suggestion was to focus on positive, empowering images of young Black men, rather than targeting young Black MSM. Ms. Fernandez suggesting normalizing the conversation, Ms. Stewart suggested continuing to advocate for routine testing, and Mr. Colbert suggested providing a better explanation of the G2Z context before showing the video.

**CareWare Disparities Project:**

Angelique Croasdale-Mills presented information on Hartford’s End + Disparities Project, an initiative to increase viral load suppression rates for disproportionately affected HIV subpopulations. This is part of a [larger project](https://targethiv.org/cqii/end-disparities-echo-collaborative) by the National Quality Center (NQC); Hartford joined the effort before it was formally extended to Connecticut. Ms. Croasdale-Mills shared baseline data on viral load suppression rates for Ryan White Hartford and plans for quality improvement interventions to improve viral load suppression rates.

Ms. Warren-Dias stated that the presentation showed data for a point in time. For youth, the viral load suppression rates change every month as youth fall in and out of suppression. That is why UConn/CCMC schedules four visits per year, and uses a stricter “retention in care” measure. Peta-Gaye Nembhard noted that when you consistently look at the data, you can see patterns (e.g., lower attendance during the summer or winter). This can help in deciding when to schedule visits. Ms. Warren-Dias noted that viral load suppression rates among youth are much lower than overall rates, with other areas of the country below 50%. Connecticut is in the forefront in its work with youth.

Ms. Gau asked if Laura Aponte and Tom Butcher are involved in the project now that the NQC has brought it to Connecticut? Ms. Croasdale-Mills reported that Hartford started the project the year before NQC reached out to Connecticut, and was unsure of the status in the other parts of the state. Ms. Croasdale-Mills noted that the measures are in the CareWare data system, and providers can contract her office if they need more information.

**Planning a Quality Summit**

Ms. Fernandez noted that in January, the team decided to focus on planning a Quality Summit for the Cross Part Collaborative. The January meeting notes include initial ideas for topics and how to organize the summit. Several QPM participants also signed up to serve on a Summit Work Group.

First, Dave Bechtel provided an update on initial planning efforts:

* DPH staff reported that there are no funds in the CHPC budget for a summit, and DPH has constraints in raising funds from outside organizations like drug companies. Given these constraints, options for the team to consider include: (a) holding the summit during a portion of an existing CHPC meeting; or (b) recruiting other lead agencies to raise funds and help organize the summit. Ms. Croasdale-Mills and Ms. Warren-Dias are open to co-leading the summit, and Ms. Gau is exploring the option at her agency.
* A lower-cost alternative to a hotel is using the Chrysalis Center for the summit. This would likely be less than $2,000 for the space and food for a session with approximately 100 participants. Mr. Bechtel reported that Chrysalis is currently holding the third Wednesday in September (the 18th), which would follow the CHPC calendar.

Ms. Croasdale-Mills expressed confidence in the group’s ability to organize a summit. Ryan White Hartford has good relationships with drug companies to help fund the summit. Ms. Croasdale-Mills also suggested engaging AETC (AIDS Education and Training Center), NQC and HOPWA (Housing for People Living with AIDS) in the summit. Ms. Warren-Dias agreed, noting that they had a speaker from a pharmaceutical company on quality management at another event, and the company paid for the facility and food. Ms. Nembhard also agreed, noting their experience in organizing past summits.

Hilary Norcia asked: what is the goal of the summit? Ms. Nembhard stated that past quality summits highlighted new medication regiments and new initiatives, and included presentations on successful quality improvement projects.

Ms. Nembhard suggested focusing on the use of technology at the next summit; recent national conferences have highlighted new initiatives in this area. Ms. Warren-Dias suggested focusing on the connection between housing and health outcomes; Ms. Fernandez suggested a HOPWA presentation. Ms. Croasdale-Mills noted pending changes in the housing sector, and Ms. Warren-Dias noted new grants being issued that connect housing and health. Allison Champlin agreed that a housing presentation would be helpful, and suggested that the session start at 10:00 am for folks traveling to Hartford. Ms. D’Angelo agreed that it would be helpful to reach beyond the Ryan White world, but cautioned that a focus on housing and health may be bigger than the quality summit.

Ms. Warren-Dias suggested looking to other arenas where consumer involvement is strong (e.g., substance use, mental health). This can help providers who struggle to engage consumers in quality management. Ms. Fernandez and Ms. Warren-Dias suggested having a panel of consumers / peers at the end of the summit to address the connection across areas (i.e., HIV, housing, substance use).

***Participants agreed to move ahead with the quality summit at Chrysalis on September 18***. Next steps included:

* The Summit Work Group will include: Andrea Lombard, Hilary Norcia, Nilda Fernandez, Sue Major, Luis Magaña, Tawana Guadarrama, Martina De La Cruz, Peta-Gaye Nembhard, and Noemi Soto. QPM members interested in joining the work group can contact Mr. Bechtel.
* Mr. Bechtel will organize an initial conference call with the work group to start planning the summit. Ms. Norcia suggested creating a 1-page visual of the summit as an early task. Ms. Croasdale-Mills suggested aligning the quality management components of Connecticut’s HIV Prevention and Care Plan with the quality summit.
* Ms. Gau will check on whether her agency will also support the summit.
* CHPC and/or DPH staff will check with APNH on supporting the summit.

**Meeting Feedback:**

Ms. Fernandez asked for feedback on the meeting. Participants liked the discussion, feedback and presentations.

**Adjourn:**

Ms. Fernandez thanked everyone for their participation. The meeting adjourned at 1:45 pm.

**##End QPM Notes##**

**MEETING SUMMARY**

**Date:** February 20, 2019 **Location:** Chrysalis Center (Hartford, CT)

**Start Time:**  12:35 p.m. **End Time:** 1:50 p.m.

**Participants:** Page 2 shows attendance

**Chair:** Barry Walters **Recorders:** Emily Jablonski, Mark Nickel

**Meeting Accomplishments**

* Participants approved by consensus the January 2019 meeting summary.
* CHPC members were encouraged to apply for the open leadership position of NAP Team chair.
* Participants reflected on the CHPC morning presentation highlighting statewide needs assessment survey results.
* Participants continued identifying and discussing options related to needs assessment survey focus groups.

**Welcome & Introductions**

Mr. Barry Walters (NAP Team chair) welcomed participants to the meeting and asked everyone to introduce themselves. He noted some new faces in the crowd and welcomed those participants attending their first NAP Team meeting and/or CHPC meeting. Mr. Walters emphasized the important of creating an environment of acceptance and respect.

Mr. Walters described the NAP Team and its process.

* The purpose or charge of the Needs Assessment Projects (NAP) Team: to complete special projects that help the CHPC develop its plan and achieve its goals. These projects involve increasing consumer input via focus groups and/or surveys, developing briefing papers that identify best practices or emphasize important aspects of the data related to the HIV care continuum, and supporting other targeted assessments (e.g., HIV workforce, analysis of service providers), among others.
* The decision-making process: The NAP Team uses a consensus model of decision-making (as opposed to a formal vote) to create an environment in which all voices and perspectives receive acknowledgement.
* The work: The NAP Team will continue helping to interpret findings of the statewide PLWH needs assessment, providing input on the design of focus groups, and providing input into a workforce development planning process.

**Review of January 2019 Meeting Summary**

Participants reviewed the January 2019 summary and approved it by consensus. A participant stated that their name was not include, despite having attended the meeting. Staff later noted that the name was, in fact, present on the original summary.

**Needs Assessment Data Updates**

Participants reflected on the morning CHPC presentation, which included an overview of survey data. The slides shared information on the demographics of clients who were surveyed, as well as responses related to employment, housing, substance use, mental health, intimate partner violence, peer models, and other topics. NAP Team participants acknowledged that they had received a preview of the demographics during their January 2019 meeting. Participants then shared a range of reactions to the presentation, and several members connected the presentation data to experiences in their own personal and professional lives.

**Needs Assessment Focus Group Design**

Mr. Walters noted that in January, the NAP Team acknowledged that they would be responsible for designing needs assessment survey focus groups and began the process. Focus groups represent the opportunity to supplement the quantitative results of the needs assessment survey with qualitative information. NAP Team members noted the importance of anecdotal information to help clarify some of the nuance and reasoning behind survey feedback.

Mr. Walters explained that the NAP Team would spend the meeting creating a framework for focus groups. He added that beginning in March, the Membership Awareness Committee (MAC) would plan the logistics portion of focus groups, including where to hold the groups, when to hold the groups, and how to engage / notify participants.

Mr. Walters reminded participants of the four (4) essential questions guiding focus group design:

1. WHO do we want to reach?
2. WHERE do we want to hold focus groups?
3. WHAT do we want to ask?
4. HOW does our approach help answer questions or fill gaps?

NAP Team participants discussed the questions in a flexible dialogue. Mr. Walters organized the discussion and reminded participants as necessary of the meeting’s ultimate outcome: to identify a framework for focus groups. He encouraged participants to look at the bigger picture and let MAC identify logistics.

Based on reactions to the morning presentation, submitted recommendations from CHPC members, and NAP Team participants’ discussion, the following populations were identified as potential focus group populations:

* Newly diagnosed individuals (all ages)
* Newly diagnosed individuals (young)
* People living with HIV under a certain age (young)
  + The exact age “cutoff” will be determined based on how it is defined by other entities.
* Transgender individuals

Other potential populations were identified, but were not further explored at that time.

**Next Steps**

* NAP Team members noted that they would need to continue the focus group discussion in March.
* Mr. Walters will work with CHPC co-chairs and staff to solidify an approach based on NAP Team input.

**Other Business**

* Mr. Walters reminded participants that a leadership opening exists for the NAP Team chair. He asked CHPC members to consider submitting a leadership application form. The deadline to apply for the position is Wednesday, March 6, 2019.

**Feedback**

Mr. Walters asked participants to place any additional meeting feedback on the CHPC general meeting feedback form (e.g., what I liked, what I would change).

**Adjournment**

Mr. Walters adjourned the meeting at 1:50 p.m.

**Meeting Attendance**

Laura Aponte; Audrey Bell; Samuel Bowens; Jahmyia Boyette; Marianne Buchelli; Thomas Butcher; Belinda Clark; Dante Gennaro; Cynthia Hall; Shanay Hall; Barbara Ligon; Andrea Lombard; Kelsey Hust; Jackie Robertson; Ramon Rodriguez-Santana; Nadine Ruff; Angel Ruiz; Jeffrey Snell; Pamela Studley; Cecil Tengatenga; Barry Walters; Shayna Young