



MEETING SUMMARY

19 May 2021

Date:	19 May 2021	Start Time:	11:03 a.m.	End Time:	12:34 p.m.
Chair:	Barry Walters	DPH Liaison:	Gina D’Angelo	Location:	Zoom
Attendees:	Refer to page 7	Recorder:	M. Nickel		

RESULTS

1. The group approved by consensus the April 2021 meeting summary with no further additions or corrections.
2. Ms. D’Angelo shared an update on the Connecticut Department of Public Health’s efforts to produce reports from 2018 G2Z listening sessions and to re-engage G2Z commissioners as well as the completion of a G2Z website modernization effort by the O’Donnell Company with an expected launch on or before June 1, 2021.
3. Mr. Sapero and Mr. Butcher shared a comprehensive presentation on the G2Z capacity building grant administered by the City of New Haven.
4. The group decided to pilot a breakout room approach at the June committee meeting. The breakout rooms will be organized into two groups to support the development of capacity building tool kits.

ACTION ITEMS

1. Committee staff will draft a meeting summary. Participants will review the draft meeting summary and will provide any additions and/or corrections.
2. Dr. Demidont will share what organizations are delivering results in the area of PrEP and rapid start by zip codes.
3. Participants are encourage to send any relevant content for the resource guides / tool kits to the Mr. Walters, Mr. Datcher, Ms. D’Angelo or committee staff.
4. The group will meet virtually on 16 June 2021 @ 11:00 a.m.



CALL TO ORDER

Mr. Barry Walters called to order the committee meeting at 11:03 a.m.

WELCOME AND INTRODUCTIONS

Mr. Walters introduced himself as the CHPC Co-Chair and stand-in G2Z Committee chair in the absence of Brian Datcher who could not attend due to a death in the family. Mr. Walters described the purpose of the G2Z Committee. Mr. Walters used a roll call process that allowed each individual to say their name, position, organizational or town affiliation.

APPROVAL OF PRIOR MEETING SUMMARY

Mr. Walters shared that the April 2021 G2Z Committee notes had been circulated in draft format. He asked participants who attended the April 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 April 2021 meeting notes.

COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES

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

UPDATE: CTDPH – Development of the Syndemics Plan

Ms. D'Angelo shared the following update:

- Ms. D'Angelo shared an update on the Connecticut Department of Public Health's ETE efforts. DPH is exploring the feasibility of publishing the listening session data from the original G2Z campaign.
- DPH is also working with the O'Donnell Company to revamp the G2Z website to focus on Ending the Syndemics of HIV, STI and Viral Hepatitis. DPH is also planning to re-engage G2Z commissioners to discuss current efforts and provide support.

Update: New Haven G2Z Capacity Building

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 setting up discussion space and conversations in a positive, visioning approach to identify how to end the HIV epidemic.

- Stakeholder engagement occurred from November 1, 2020 to March 31, 2021.
- Participants represented health departments, community-based organizations, providers, planning bodies, task forces, and persons living with HIV
- More than 115 people from all six G2Z communities participated and contributed 347 strategies which were distilled into 25 themes. The top themes included:
 - HIV testing (53 mentions)
 - Education (52)
 - Access to care (35)
 - Innovation (32)
 - Systems improvement (27)
 - PrEP (26)
 - Stigma reduction (26)



Getting to Zero (G2Z) Committee



- Client centered (25)
- Community engagement (23)
- Media initiatives (23)
- Collaboration (20)
- Mr. Sapero explained the process to organize individual ideas using an excel spreadsheet. The thematic areas represented broad categories. The analysis organized actual ideas within in thematic area. For example, under the theme of HIV testing, subthemes included:
 - Diversity and expand HIV testing sites (9 mentions)
 - Universal opt-out HIV testing (7)
 - Increase testing in general (6)
 - Make routine HIV testing a standard of care (6)

Pages 8 to 11 contain the presentation slides. Mr. Sapero and Mr. Butcher than answered questions and offered insights and clarifications. The main themes from the discussion include:

- Mr. Sapero noted that a gap in knowledge equity. It appeared that front-line workers did not possess current information or were not aware of important evidence-based strategies and standards of care. For example, some organization may still be promoting abstinence or condom use without mentioning PrEP and U = U.
 - Mr. Butcher shared that possible explanations include a breakdown in information sharing within organizations, limited professional development, and even the possibility that more experienced workers in the field continued to practice with knowledge that they first learned when entering the field.
- The community conversations point to the importance of increasing the pace, scale, and visibility of efforts such as Rapid Start, U = U, and PrEP. All of these represent proven approaches and are identified at the national level as relevant to ending the HIV epidemic. Also, implementation of these efforts exist in some way in Connecticut across system, provider, and practice levels. Implementation across Connecticut is not uniform. For example, Rapid start on PrEP or ART could mean within 24 hours or with 7 days.
- Mr. Butcher noted that efforts to engage personnel from across the continuum such as HIV testing and counseling, case managers, and DIS workers would help everyone get on the same page even to the point of creating a memorandum of understanding.
- Rev. Garbera requested clarification about the extent that one could draw inferences or conclusions from the frequency counts in the main categories. For example, housing was listed less frequently and yet remains a high need. Also, research shows that housing contributes to health outcomes and disease prevention.
 - Mr. Sapero clarified that the fact that something like housing was lower on the list yet often higher in a PLWH needs assessment did not mean that housing was any less important as a solution to ending the HIV epidemic. Mr. Sapero noted that the information enhances what already is known from other important data sources such as CDC, HRSA, Kaiser Family Foundation, national priorities, research studies, and epidemiological trends. The local insights will help identify opportunities for aligning these efforts with national priorities, resources, and evidence-based practices.



- Rev. Garbera expressed gratitude for sharing the data and asked what specific responses or ideas were connected to the theme of more funding. Mr. Sapero showed the detailed responses which included nonrestrictive funding for CBOS, higher compensation to attract and retain talent, remove funding silos or forced partnerships, improve capacity, and assess how funding creates competition among partners/providers.
- Several participants noted that the top 5 themes could be addressed through a unified Rapid Start campaign – HIV testing, access to care, education, innovation, and system change.
- Mr. Sapero noted that harm reduction and innovation means exploration of other approaches such as incentivizing individuals to complete substance abuse treatment. The same could be done with HIV treatment adherence to achieve undetectable status.
- Mr. Butcher stated that funders must drive the system change. For example, in the Ryan White Title I RFP, the City of New Haven will be making strategic adjustments such as requiring any providers who get funded for outpatient ambulatory care to complete rapid testing – including access to PrEP and ART. All of the funders (e.g., Part B, Part C, Part D) should align in these types of efforts as well plus commit to implementing a sero-neutral model that bridges prevention and care systems.
- Mr. Butcher stated that a great deal of effort was invested in Data to Care. Some discussion occurred at the HIV Funders Group about improving data systems around Data to Care. It would be useful to understand the current status and capacity of this effort. This is an important component of addressing health inequities and ending the HIV epidemic.
 - Mr. Sapero explained that the data to care uses epidemic data to identify people who are out of care, or erratically in care. People who have moved out of state, or who have passed away are taken out of the data set. Then, people who have been most recently out of care/erratically in care are prioritized for reengagement efforts. DIS, or agencies who do engagement work.
- Mr. Butcher suggested that a Tier 1 emphasis be placed on status neutral approaches, rapid start, viral suppression, and identification of candidates for PrEP and a Tier 2 emphasis be placed on wrap around services. Tier 3 could be considered efforts that support both Tier 1 and Tier 2 such as data systems, media campaigns, or professional development.
- Mr. Walters asked whether the community conversations could tell us anything about geographic areas that may not be using rapid start. Mr. Sapero stated that a better approach would be to organize a GIS project that could overlay data sets such as incidence/prevalence of HIV by zip code, RW programs, and HIV testing sites.
- Dr. Demidont stated that she will share what organizations are delivering results in the area of PrEP and rapid start by zip codes. Dr. Demidont stated that people know which programs use status neutral models of care as well as which programs are delivering results and which programs are not delivering results. Dr. Demidont offered to share this information – even down to the zip code level where appropriate. Dr. Demidont mentioned some programs by name that indicate they are using status neutral approaches and it does not appear that this is true. Dr. Demidont stated that unless a strong partnership exists with the medical community (e.g., Physicians Academy), it may be difficult to get some patient data sets from private practices.
- Mr. Butcher discussed the emerging engagement of the faith community. This effort is being led by Mr. Butcher and Nancy Kingwood who are current classmates in the Black Ministries program at the Hartford Seminary. Rev. Kingwood identified 12 established faith leaders and Mr. Butcher identified seven up and coming faith leaders to participate in the visioning conversations. The questions included how the faith



leaders perceived issues associated with HIV, how to move forward with the initiative in the faith community, how the faith community currently engages its constituents in areas such as access to food, clothing, housing, recovery, and how any of those messages are communicated through the pulpit and sermons.

- The group has already begun to move forward with ideas.
- Some of the unspent capacity building grant funds will be used to support additional conversations with faith leaders and to develop a plan within the coming year to make those ideas a reality.
- Mr. Knox asked Mr. Butcher to connect him with this effort. Mr. Butcher stated that he would connect Mr. Knox to the group and the liaison would be Bishop Watts.
- Mr. Sapero noted that, as part of the carryover request, RW Part A City of New Haven has asked for funding to provide the community (HIV stakeholders and PWH) to bring equity of knowledge about innovations, leadership, racism/social equity/health equity. Sessions will be developed with the community and organized in three tracks. People: Personal growth, professional development, and leadership; Purpose: Innovations in service delivery and Ending the HIV Epidemic initiatives; and Power: Exploring diversity and inclusivity to give power to the lives, health, and well-being of people with HIV.

Participants thanked Mr. Sapero and Mr. Butcher for sharing the document and discussing this effort.

STAKEHOLDER ENGAGEMENT GROUP SERIES: SEXUAL HEALTH EDUCATION / STI PREVENTION

Mr. Walters acknowledge that only a small amount of time was left to discuss next steps on the stakeholder engagement groups. Mr. Walters reminded the group that:

- The G2Z Committee had conducted two pilot groups: 1) Routine HIV Testing; and 2) Sexual Health Education / STI Prevention and Care.
- The next steps identified by each group resembled a similar approach.
- An idea is on the table about producing a resource guide / tool kit.

Framework for Resource Guide / Tool Kit

Mr. Walters stated that the format for the resource guide / tool kit was included in the agenda. Page 12 of this document shows the draft framework.

- Mr. Butcher stated that funders need to take the lead on making the system changes happen. The resources should align with system change efforts.
- Dr. Demidont stated that performance measures and metrics must be established – similar to Key Performance Indicators (KPIs) in the corporate world. Without these, it will not be possible to assess progress.
- Mr. Walters stated that any effort at G2Z Committee or HIV Funders will lead to themes that will be showing up in the next five-year plan: status neutral approaches, sex positive approaches, rapid testing, PrEP uptake, and U=U, among others. The work must move forward. The efforts will need indicators and performance measures. The QPM is exploring indicators around stigma reduction and perhaps could pursue measures around status neutral care or sex positive approaches. These may be more organizational or contract-level issues that funders should address.
- The group agreed that the initial framework could be used as a starting point to organize information. Participants liked that fact that:



- Two topics addressed a capacity building priority and a major G2Z recommendation.
- The resources included data, definitions, and resources to build knowledge equity.
- The resources could include access to models.
- The resources included content relevant for consumers.

Process to Develop Resource Guide / Tool Kit

Ms. D'Angelo stated that the other discussion point involved the process the group would use to develop the tool kits.

- The group did not want to schedule any additional meetings.
- Numerous responses in the chat box indicated a preference for within G2Z meeting breakout rooms.
- The group thought it could try a breakout room approach and use part of the G2Z committee meeting to complete work and report back to the full group.

OTHER BUSINESS

Participants introduced the following:

- Ms. Warren Dias suggested using more interactive approaches for the meeting.
- Rev. Garbera suggested that the HIV community access any available resources through the American Rescue Plan funding. The state has or will receive significant resources and much of this will reach the community level. It could be a great opportunity to address health inequities that impact the HIV community.

NEXT MEETING

The group will meet virtually on 16 June 2021 @ 11:00 a.m.

MEETING FEEDBACK

Participants shared comments through the chat box included:

- The presentation information was phenomenal.
- The capacity building information aligns with the emerging direction of the next five-year plan goals and strategies.
- Thank you for sharing.

ADJOURN

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



Getting to Zero (G2Z) Committee



ATTENDANCE

Name	CHPC Member	1/20	2/17	3/17	4/21	5/19			
C. Adams				x					
E. Benedetto	Yes	x	x	x	x	x			
S. Birth				x					
J. Bonelli				x					
S. Bowens				x					
J. Brown			x	x	x	x			
T. Butcher	Yes	x	x	x	x	x			
A. Croasdale-Mills			x	x	x				
G. D'Angelo		x	x	x	x	x			
B. Datcher	Yes	x	x	x	x				
M. De Le Cruz	Yes				x	x			
A.C. Demidont		x	x		x	x			
N. Dumont	Yes	x	x	x	x				
P. DuVerger						x			
L. Ferraro					x				
N. Fernandez					x				
S. Gannon					x				
A. Garbera		x	x	x	x	x			
Ricardo G.									
L. Irizarry				x	x				
N. Jones				x					
M. Joseph	Yes	x	x	x	x	x			
R. Knox	Yes	x	x	x	x	x			
O. Mairena		x	x						
Gal Mayer					x				
L. McNair				x					
L. McPherson				x					
D. Milano					x				
K. Moore				x	x	x			
A. Nepal					x				
C. Patterson					x	x			
D. Pawlow		x	x						
F. Quettant			x	x	x				
S. Reid					x				
M. Rodrigo						x			
J. Sapero		x	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	x			
D. Warren-Dias			x	x	x	x			
Unidentifiable		2	1	2	2	0			
	TOTAL	16	20	27	31	16			



In It To End It: Stakeholder Engagement Analysis

Presentation to the CHPC GTZ Committee May 19, 2021

John Saperro, Director, Ending the HIV Epidemic, Collaborative Research

Stakeholder Engagement

November 1, 2020
to March 31, 2021

HIV Stakeholders

- Public Health Staff
- Staff at Community-Based Organizations and Providers
- Members of Planning Bodies
- Members of Mayor’s Task Forces

Asked to Define

- Activities needed to end the local HIV epidemic
- Issues and tasks that need to be addressed before these activities can occur

More than 115 people participated from all six regions

Participants

Health Departments, Community-Based Organizations and Providers

- Family Centers
- Waterbury Health Department
- APEX Community Care
- Greater Bridgeport AIDS Prevention Program (GBAPP)
- Mid-Fairfield AIDS Project (MFAP)
- Liberation Programs
- A Place to Nourish your Health (APNH)

Planning Bodies/Task Forces

- New Haven Mayor’s Task Force on AIDS
- New Haven Planning Council
- Hartford Planning Council
- Positive Prevention Connecticut
- Bristol Mayor’s Task Force on AIDS
- New Haven Mayor’s Task Force on AIDS



Analysis

- **347** individual ideas have contributed to date.
- **65** strategies have been identified. Each strategy has 1 to 13 responses
- The strategies have been organized into **25** themes, with responses organized by commonality

- **HIV Testing: 53 mentions**
- **Education: 52 mentions**
- **Access to Care: 35 mentions**
- **Innovation: 32 mentions**
- **Systems Improvement: 27 mentions**
- PrEP: 26 mentions
- Stigma Reduction: 26 mentions
- Client Centered: 25 mentions
- Community Engagement: 23 mentions
- Media Initiatives: 23 mentions
- Collaboration: 20 mentions
- Peer Mentoring: 17 mentions
- Funding: 13 mentions
- U=U: 13 mentions
- Outreach: 11 mentions
- Vaccine/Cure: 11 mentions
- Condoms: 10 mentions
- Health Literacy: 9 mentions
- Housing: 8 mentions
- Provider Education: 8 mentions
- SSP/Harm Reduction: 8 mentions
- Faith: 7 mentions
- HIV Like Covid: 5 mentions
- Policy: 3 mentions
- Research: 2 mentions

HIV Testing

Diversify and expand HIV testing sites	9 mentions
Universal opt-out HIV testing	7 mentions
Increase testing (general)	6 mentions
Make routine HIV testing a standard of care	6 mentions
Mandatory HIV testing	4 mentions
Expand self-test options	4 mentions
Incentives for HIV testing	3 mentions
Minimize testing barriers	3 mentions
Promote HIV testing	2 mentions
Easier access to HIV testing	2 mentions
Rapid linkage to care	2 mentions
Allow new HIV tests to be used	2 mentions
Streamline HIV testing	1 mention
HIV testing card as proof of status	1 mention
Use mother to child prevention/care model	1 mention



Education

Age-appropriate HIV/STD/Sex positivity education for youth	12 mentions
Comprehensive sex education in schools	12 mentions
HIV education for the community	11 mentions
Stigma reduction	7 mentions
Peer education	4 mentions
Access to HIV information	3 mentions
Educate parents and families on HIV/STDs/sex	3 mentions

Access to Care

Methods to increase the number and types of services provided	13 mentions
General "Easy Access" statements	9 mentions
Free, accessible, diverse PrEP services	7 mentions
Universal HIV testing	2 mentions
Equitable Care	2 mentions
Rapid Start linkage-to-care	2 mentions

Innovation

Ideas for innovation	14 mentions
Incentivize testing and care	3 mentions
Providers offer comprehensive services	3 mentions
Administration is open, honest, transparent	3 mentions
Peer-to-peer connections	3 mentions
HIV jobs and leadership opportunities for PLWH	2 mentions
Foster dignity for all	2 mentions
Innovative stigma reduction campaigns	2 mentions



Systems Improvement

Specific systems improvements	7 mentions
Eliminate institutional racism/stigma/inequities	6 mentions
Address administrative burden	5 mentions
One-stop access to services	5 mentions
Data-informed care	2 mentions
Healthcare access (general)	2 mentions



DRAFT Prototype for Resources / Tool Kit to Promote G2Z Recommendations				
Section	Title	Content	Anticipated Length	Comments
1	Purpose – How these resources will help you	<ul style="list-style-type: none"> Context Benefits to user Key terms 	1 page	<ul style="list-style-type: none"> Include link to full G2Z Commission report + any other resources (e.g., G2Z website?)
2	Data Summary – What you need to know	<ul style="list-style-type: none"> Info graphic and/or fact sheet 	1 to 2 pages	<ul style="list-style-type: none"> Use also as a stand-alone to define problem and display magnitude of issue Align with core messages Connect to DPH surveillance and webpage so that content gets refreshed regularly
3	Inventory of initiatives and champions	<ul style="list-style-type: none"> List of relevant initiatives underway + lists of champions / subject matter experts 	1-2 pages	<ul style="list-style-type: none"> Use G2Z stakeholder groups as a starting point to build the list
4	Models / Best Practices (Connecticut / Nation)	<ul style="list-style-type: none"> Identify evidence-based strategies and/or sample policies 	varies (1 page per program)	<ul style="list-style-type: none"> Provide summary and links to more extensive documents / reports
5	Professional Development Resources on this Topic	<ul style="list-style-type: none"> Identify core competencies or knowledge base relevant to advance work + available training resources 	1-2 pages	<ul style="list-style-type: none"> Connect to AETC or emerging workforce training processes (NAP)
6	Advocacy and Empowerment Materials for Consumers	<ul style="list-style-type: none"> Customer facing / user friendly materials to encourage and support action and empowerment 	1 to 2 pages	<ul style="list-style-type: none"> Will need additional input (perhaps from MAC)
7	Other Resources	<ul style="list-style-type: none"> 		<ul style="list-style-type: none"> For example, home test kit resources or national helplines