



**MEETING SUMMARY**  
**20 January 2021**

<b>Date:</b>	20 Jan 2021	<b>Start Time:</b>	11:04 a.m.	<b>End Time:</b>	12:24 p.m.
<b>Chair:</b>	Brian Datcher	<b>DPH Liaison:</b>	Gina D’Angelo	<b>Location:</b>	Zoom
<b>Attendees:</b>	Refer to page 8	<b>Recorder:</b>	M. Nickel		

**RESULTS**

1. The group approved by consensus the December 2020 meeting summary with no further additions or corrections.
2. The federal funding sources have not yet released planning guidance to develop the next five-year statewide integrated prevention and care plan. Federal project officers knowledgeable on current planning activities in Connecticut shared that Connecticut should continue to move forward and that the planning guidance will not change substantially.
3. The group made several decisions about how to structure the pilot project for stakeholder group sessions.
4. The group saw examples of the outputs from stakeholder group sessions that have occurred as part of the City of New Haven G2Z capacity building grant.

**ACTION ITEMS**

1. Committee staff will draft a meeting summary.
2. Participants will review the draft meeting summary and provide any additions and/or corrections.
3. Select participants will identify a short list of potential individuals to invite to a pilot stakeholder engagement group:
  - AC Demidont (forward-looking or pioneering leaders in sexual health)
  - Gina D’Angelo (public health educators, sexual health services innovators that may have contracts with DPH or community providers of family planning and sexual health such as Planned Parenthood as well as innovators in harm reduction and delivery of STI services)
  - Natalie Dumont will remain on ready alert to engage the DMHAS network of substance use disorder treatment providers
  - As warranted, others will support outreach and engagement based on their personal networks.
4. The group will meet virtually on 17 February 2021 @ 11:00 a.m.

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## CALL TO ORDER

Mr. Brian Datcher called to order the committee meeting at 11:04 a.m.

## WELCOME AND INTRODUCTIONS

Mr. Datcher introduced himself as the new G2Z Committee chair and explained that Gina D'Angelo will continue to participate in the group as the CTDPH resource liaison to the committee. Mr. Datcher:

- Reviewed the charge of the committee to coordinate and support G2Z activities across the state with a focus on recommendations by the statewide G2Z Commission.
- Explained that the committee uses a consensus model of decision-making and encouraged everyone – CHPC members and public participants to engage in the discussion.
- Shared that committee meetings use simple guidelines for etiquette in virtual meetings such as the use of self-mute, use the chat box, and activate web-cams when you feel comfortable.
- Reminded participants that the meetings were considered public which means that members of the media may be present. Participants were asked to use discretion when choosing to disclose any personal information.

The group completed a round of introductions using a roll call process. Individuals stated their names and organizational affiliations or towns in which they live or work. Page 8 contains a list of meeting attendees.

## APPROVAL OF PRIOR MEETING SUMMARY

Mr. Datcher explained that the G2Z Committee had elected to meet in November and December 2020 – even though the CHPC did not meet during those months. The December 2020 meeting notes were sent out to individuals on the G2Z Committee contact list. Mr. Datcher stated that the committee uses a consensus process for approval of meeting notes. No one offered any additions or corrections. The December 2020 meeting notes were approved by consensus.

## UPDATE: CTDPH – DEVELOPMENT OF SYNDEMICS PLAN

Ms. D'Angelo stated that CTDPH and the CHPC will be addressing Hepatitis and STDs in developing the next five-year statewide integrated HIV prevention and care plan. The approach to including multiple, related diseases is referred to as a syndemics plan. Ms. D'Angelo reported that the federal funding sources have not yet released planning guidance to develop the next five-year statewide integrated prevention and care plan. Federal project officers knowledgeable on current planning activities in Connecticut shared that Connecticut should continue to move forward and that the planning guidance will not change substantially. The project officer encouraged Connecticut leaders and planning participants to review implementation status of the current plan (planned v. actual) to understand what went well and where gaps continue to exist.

## COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES

### Stakeholder Engagement Pilot

Mr. Datcher referred participants to meeting handouts sent that outlined various elements of the stakeholder engagement pilot design: session objectives; agenda and session framework; draft script for introduction and invite (call and e-mail) + participation; Infographic design; other logistical questions; and a working timeline (draft from November 2020 meeting). These handouts were developed as a result of the December 2020 meeting. The handouts contain a draft approach and questions that require additional input from the G2Z Committee members and focus on the field of sexual health.



## Session Objectives

Participants viewed a screen share of the session objectives. Ms. D’Angelo summarized the session objectives and asked the group to provide general or high-level feedback.

- In general, the group felt that the objectives were reasonable, and if possible should be simplified.
- Rev. Garbera asked for a definition of the term stakeholder. Ms. D’Angelo stated that this was a broad term intended to include professionals, subjective matter experts, customers or beneficiaries of sexual health services, and funders, among others.
- Dr. Demidont suggested that other stakeholder groups might focus on substance abuse treatment facilities. Dr. Demidont explained that Connecticut along the transportation corridors of Boston and New York City – epicenters for substance use and misuse. She stated that baseline understanding of sexual health and sex positivity appears to remain low at treatment facilities.
- Ms. D’Angelo noted that Beacon Health Options reported that PLWH with a substance use disorder (SUD) had 4x the Medicaid claims as the general Medicaid population.
- Ms. D’Angelo suggested that another priority stakeholder group could address routine HIV testing which was a statewide recommendation and appears to be moving toward inclusion in as a legislative agenda item.
  - Rev. Garbera stated that routine HIV testing will require expanded capacity for core medical and supportive services to achieve the intent of viral suppression.
- Dr. Demidont asked about the possibility of developing state funded, state run STI clinics in the 5 most impacted cities – a model similar to NYC.
- Dr. Demidont asked who would attend this type of session in Connecticut. Very few individuals “champion” sex positivity and these individuals tend to be research-oriented. These individuals may know the literature and can quickly confirm the benefits (e.g., reduce stigma). That is different from organizing a group of practitioners in the field.
- Dr. Demidont suggested that DPH should focus on the zip codes where the highest prevalence of HIV, low levels of viral suppression and highest levels of STIs to direct focused trainings on the CHCs in those zip codes or set up pop services or mobile vans in those zip codes.
- Mr. Butcher added that perhaps STI funders could engage to make the necessary changes. The funders must insist on system change. The training is not resulting in any meaningful change. Mr. Butcher noted that local health directors should get HIV case reports like they do for STI reports. We can mobilize faster than the state. Give us the data and we can rally the local resources to get people into care. Systems must change. Vision and leadership must change. STD clinics must be trained and renamed as Sexual Health clinics.
- Mr. Butcher stated that he has data and has commissioned a study of STIs in RW Part A EMA.

## Agenda and Session Framework

Participants viewed a screen share of the draft agenda and session framework. The following discussion points emerged:

- The participants agreed that the session should not last longer than 90 minutes and that the majority of the time should be allocated to listening.



- Ms. D'Angelo described that the group could review a one-page infographic that would show data and define the problem (i.e., Why this conversation? Why us? Why now?).
- Rev Garbera suggested reframing the question to “What is being done now...?” as compared to what is working now.
- Ms. Dumont suggested differentiating between information resources and service-oriented supports as part of the short-term action steps.
- Ms. Dumont asked for clarification on the use of terms STDs and STIs and suggested using one term consistently.
  - Dr. Demidont recommend the group use the term STIs as it is a better fit for sex positivity.
  - Ms. D'Angelo stated that STDs was the name of the unit in the CTDPH and the CDC has yet to change its approach to STIs. Ms. D'Angelo stated that she was comfortable moving forward with the use of the term STIs.
- Mr. Knox stated that these types of conversations are needed in the Black churches, however, it is difficult to engage the leaders in this community on this topic.
- Rev. Garbera stated that approaching Black church leaders or any community leaders requires a value-free approach. It may be the case that they do not know or that they do know about issues facing their community and as an organization they do not have the capacity or capabilities to move this type of conversation forward.
- Several group members suggested gathering faith leaders to explore their current knowledge and perspectives on sex positivity.
- Ms. Dumont stated that she could serve as the point person to invite SUD treatment facilities through her network at DMHAS.
- Dr. Demidont stated that she could serve as the point person to identify sex positivity pioneers and champions in Connecticut.
- Rev. Garbera encouraged an intentional approach to engaging the medical provider community in these types of discussions as a response to ongoing sex phobia and level of comfort in conducting comprehensive sexual health histories.
- Ms. D'Angelo restated that routine HIV testing is part of the comprehensive sexual health history.
- Mr. Butcher reminded the group of examples where organizations have made significant progress in addressing STIs such as Hartford Gay and Lesbian Center model.
- Ms. D'Angelo agreed and acknowledged that CTDPH was also innovating and mailing out (at-home) test kits.

### Draft Script for Introduction and Invitation

Participants viewed a screen share of the draft script for introduction and invitation. The following discussion points emerged:

- The participants should reflect a statewide (v. localized) reach.
- The group agreed that 5 to 7 participants might be optimal. To get this number, you may need to invite twice as many.



# Getting to Zero (G2Z) Committee



- Use the term STIs instead of STDs.
- Identify individuals who already know the potential participants and can speak with them candidly and with their own style.
- Provide the script as a general reference that can and will be customized over the phone or by e-mail based on the nature of the relationship with the potential participant.
- Mr. Sapero asked whether CTDPH had a vision for its STD/STI program. For example, if we do X, then Y results will happen. Knowing this would create a more compelling invitation that would also inspire confidence.
  - Ms. D’Angelo stated that internal meetings have been occurring to develop a vision and align it across HIV and Hepatitis.

## Infographic Use and Design

Participants viewed a screen share of the infographic use and design questions. The following discussion points emerged:

- Participants agreed on using a one page infographic (English front; Spanish back).
- The core messages should be on defining the problem and highlighting emerging solutions (that will provoke curiosity).

## Other Logistical Considerations

Participants viewed a screen share of the other logistical considerations. The table reflects the responses to the questions and other notes.

## Work Plan and Timeline

The group would like to organize at least one session by mid-April and a second session by June.

## Overall Status

The table below shows a summary status of the current approach.

Component	Approach	Notes
1. Who are the two team “leads” who will coordinate and organize this pilot project?	<ul style="list-style-type: none"> <li>• Dr. Demidont indicated that he could recruit sex positivity pioneers and champions</li> <li>• Ms. Dumont stated that she could engage leaders from SUD treatment programs</li> </ul>	<ul style="list-style-type: none"> <li>• Gina D’Angelo stated that she would support the process and would not lead the process</li> </ul>
2. Who are the co-facilitators for the virtual events?	<ul style="list-style-type: none"> <li>• Gina D’Angelo stated that she would serve as a co-facilitator.</li> </ul>	<ul style="list-style-type: none"> <li>• Language capabilities include Spanish?</li> </ul>
3. What are best dates / times for the session?	<ul style="list-style-type: none"> <li>• TBD</li> </ul>	<ul style="list-style-type: none"> <li>• Sufficient lead time to develop infographic.</li> </ul>
4. Who are the top 10 to 15 invitees (assume 50% will commit to attend)	<ul style="list-style-type: none"> <li>• TBD</li> </ul>	<ul style="list-style-type: none"> <li>• Committee participants identifying potential participants.</li> </ul>
5. What committee member will commit to personally	<ul style="list-style-type: none"> <li>• TBD</li> </ul>	<ul style="list-style-type: none"> <li>• Committee participants (TBD) will take the lead once event logistics and support materials are available</li> </ul>



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Component	Approach	Notes
inviting potential participants on the list?		
6. Who schedules the zoom event?	<ul style="list-style-type: none"> <li>G2Z committee staff or the lead facilitator</li> </ul>	<ul style="list-style-type: none"> <li>G2Z committee staff members will organize the technology support</li> </ul>
7. Who will prepare and finalize the session materials?	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>Facilitators guide</li> <li>Infographic</li> <li>Notes templates</li> <li>Action step</li> <li>Feedback form</li> </ul>
8. Will the zoom event be recorded?	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
9. Other	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

## 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 table below reflects completed and upcoming local stakeholder events.

Completed Events	Upcoming Events
<ul style="list-style-type: none"> <li>New Haven Mayor’s Task Force on AIDS</li> <li>Positive Prevention CT</li> <li>Waterbury Health Department</li> <li>APEX</li> <li>APNH Over 50 client group</li> <li>APNH Trans Youth client group</li> <li>GBAPP</li> <li>MFAP</li> </ul>	<ul style="list-style-type: none"> <li>Liberation Programs planning activity</li> <li>MFAP client group</li> <li>APNH planning activity</li> <li>Hartford Part A Planning Council planning activity Wednesday</li> </ul>

Common themes emerging from these events are shown below and many of them align with the topics identified by the G2Z Committee for further (statewide) discussion:

<ul style="list-style-type: none"> <li>Reimagine sex education in schools</li> <li>Reignite community conversations about HIV</li> <li>Innovative messaging and services</li> <li>Rethink HIV funding – strategize to maximize</li> </ul>	<ul style="list-style-type: none"> <li>Routinize HIV testing in all care settings</li> <li>Make access to HIV care and PrEP care easy</li> <li>Respond to HIV like we’ve responded to Covid</li> <li>Teamwork makes the dream work</li> </ul>
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The image below represents an example of how graphic design is being used to capture discussion themes.



## OTHER BUSINESS

Participants did not introduce any other business items.

## NEXT MEETING

The group will meet virtually on 17 February 2021 @ 11:00 a.m.

## MEETING FEEDBACK

Mr. Datcher asked individuals to give a “thumbs up” using zoom icons and/or share any comments in the chat box that reflected their meeting experience.

- Comments in the chat box reflect that the meeting was good and it is “good we are moving toward an action plan” and that “a lot of work has to be done to pick a focus and set up the order of action steps.”
- Some participants felt progress occurred and the process remains too slow moving.
- Some participants acknowledged that they were a bit distracted due to the Presidential inauguration.
- Some participants – including the committee chair acknowledged that the leadership was a bit “rusty”.

## ADJOURN

Mr. Datcher adjourned the meeting at 12:24 p.m.



# Getting to Zero (G2Z) Committee



## ATTENDANCE ATTENDEES

Name	CHPC Member	1/20	2/17						
E. Benedetto	Yes	x							
T. Butcher	Yes	x							
G. D'Angelo		x							
B. Datcher	Yes	x							
A.C. Demidont		x							
N. Dumont	Yes	x							
A. Garbera		x							
M. Joseph	Yes	x							
R. Knox	Yes	x							
O. Mairena		x							
D. Pawlow		x							
J. Sapero		x							
Y. Velez		x							
B. Walters	Yes	x							
Unidentified call-ins		2							
	<b>TOTAL</b>	<b>16</b>							