



# Getting to Zero (G2Z) Committee

## January 15, 2020 Meeting Summary

**ATTENDANCE** Refer to page 5

**START** 10:35 a.m.

**END** 11:55 a.m.

**LOCATION** Chrysalis Center, Hartford

**CHAIR** Gina D'Angelo

**STAFF** Mark Nickel

### QUICK SUMMARY

#### ACCOMPLISHMENTS

- G2Z approved by consensus the Getting to Zero (G2Z) Committee meeting summary from September 2019.
- G2Z reviewed statewide G2Z recommendations.
- G2Z identified activities, options, partners, and an emerging framework to organize and coordinate resources around three of the G2Z recommendations.

#### ACTION STEPS

- Committee staff will complete a meeting summary which includes developing tools to organize G2Z resources and assets.
- Committee staff will interact with T. Butcher (Ryan White Part A New Haven / Fairfield Counties) to identify common tools and processes for the G2Z committee and the Part A G2Z capacity building grant).
- Committee staff will organize a survey or an interactive activity (next meeting) for G2Z participants to assess their interest in various teams and/or operational assets they bring to the group.
- CHPC co-chairs will continue to solicit and to manage the process of recruiting and selecting a G2Z committee chair to replace the interim chair.

#### NEXT MEETING

- February 19, 2020 at 10:30 a.m. during the CHPC meeting in Hartford, CT at the Chrysalis Center.

### MEETING NOTES

#### WELCOME AND CALL TO ORDER

Ms. D'Angelo called to order the meeting at 10:35 a.m. and introduced herself as the interim G2Z committee chair. Individuals stated their name and organizational/town affiliation as a form of introductions. Ms. D'Angelo thanked participants for changing room assignments (due to the large G2Z attendance). Ms. D'Angelo thanked G2Z participants for their patience and understanding as the G2Z committee did not convene as planned during October and November. Ms. D'Angelo reviewed the meeting objectives: 1) Approve September 2019 meeting summary (by consensus); 2) Refresh awareness of statewide G2Z recommendations; 3) Get current knowledge about City of New Haven G2Z capacity building grant; and 4) Identify committee priorities and develop 2020 work plan and deliverables. Ms. D'Angelo stated that the committee follows the same rules of etiquette as the CHPC and uses a consensus approach to decision-making (no votes). Ms. D'Angelo reminded the CHPC members in the committee that a leadership opening exists for the committee chair, and she is serving as the interim chair.

#### REVIEW SEPTEMBER 2019 MEETING SUMMARY

The participants approved by consensus the meeting summary with no additions or corrections.



**REVIEW OF STATEWIDE G2Z RECOMMENDATIONS**

Participants reviewed an Executive Summary of the Statewide G2Z Recommendations. The table below shows the recommendations and the current thinking about how to proceed. Ms. D’Angelo explained that establishing a base of common understanding will help the group develop priorities and a 2020 work plan. Go to the section of notes titled, “2020 work plan discussion” for additional discussion themes.

**G2Z Commission Recommendations**

Recommendation	Examples of current activities (that may or may not be formally identified as “G2Z”)	Examples of opportunities for G2Z Committee to add value
1. State-wide G2Z Implementation	<ul style="list-style-type: none"> <li>• G2Z website</li> <li>• Participation in G57 calls with other geographic areas implementing G2Z plans</li> </ul>	<ul style="list-style-type: none"> <li>• G2Z committee serve as a coordinator and mechanism to assess progress</li> <li>• CHPC reframes 2022 – 2027 plan using G2Z priorities</li> <li>• Encourage attendance of G2Z cities at G2Z committee</li> </ul>
2. G2Z Implementation in the Five Cities	<ul style="list-style-type: none"> <li>• G2Z capacity building grant secured by the City of New Haven</li> <li>• Start-up and early implementation in G2Z communities</li> </ul>	<ul style="list-style-type: none"> <li>• Assist in development of implementation tools</li> <li>• Share best practices (workshops, website)</li> </ul>
3. PrEP and PEP Education and Implementation	<ul style="list-style-type: none"> <li>• PrEP navigator program and training</li> <li>• Private sector (pharmacies) increasing direct marketing and advertising of PrEP</li> </ul>	<ul style="list-style-type: none"> <li>• CHPC added an indicator on PrEP to Need Ratio</li> </ul>
4. State-wide multi-level educational campaign and provider capacity building training	<ul style="list-style-type: none"> <li>• Positive Prevention CT communications capacity building</li> <li>• Connecticut signs on to access U=U campaign resources</li> <li>• Use of CDC messages</li> <li>• AETC conducting trainings</li> </ul>	<ul style="list-style-type: none"> <li>• Assist in testing messages and content</li> <li>• Facilitate content distribution</li> <li>• Knowledge building at CHPC meetings</li> <li>• Celebrate viral suppression</li> <li>• Training on cultural humility and stigma reduction</li> </ul>
5. Implementation of HIV Testing	<ul style="list-style-type: none"> <li>• Exploring legislative changes and approaches from other states</li> <li>• Identifying models and best practices to increase consumer and provider awareness to conduct HIV testing</li> <li>• Positive Prevention CT communications capacity building</li> <li>• Some FQHCs already implement these models (e.g., Generations, Anchor Health)</li> </ul>	<ul style="list-style-type: none"> <li>• Use community connections to help “normalize” and create demand for routine testing</li> <li>• Facilitate access to best practice models and subject matter experts who can facilitate training or mentoring at organizations interested in building capacity</li> </ul>
6. Implementation of standardized medical care for PLWH	<ul style="list-style-type: none"> <li>• Quality improvement efforts that focus on viral suppression</li> <li>• Updating the CADAP formulary (remove toxic drugs)</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to work with DPH CADAP to improve processes (e.g., reduce re-enrollment gaps)</li> </ul>

**CITY OF NEW HAVEN CAPACITY BUILDING GRANT UPDATE**

Mr. Tom Butcher, Ryan White Part A – New Haven / Fairfield Counties, stated that the City received a two-year G2Z capacity building grant that will focus on major urban centers including the five G2Z communities in the statewide report as well as Danbury. The implementation process remains in the start-up stages project-wide as well as within each G2Z community. Mr. Butcher will work with G2Z committee staff to identify opportunities to coordinate and collaborate with the G2Z committee.



**2020 WORK PLAN DEVELOPMENT**

The participants began to generate ideas and activities that could inform the development of a 2020 work plan and G2Z priorities.

The participants offered numerous suggestions and insights on important activities that may inform work plan priorities. Important themes emerged:

- Participants discussed some challenges in implementing G2Z recommendations:
  - Capacity at the local level to implement and to engage diverse partners.
  - The politics and resistance generated by challenging the status quo (even with compelling data).
  - Lack of awareness of resources – sometimes deliberate because access and protocols to services continue to be under development.
  - Attitudes and norms such as the use of phrases like “you got AIDS” by young people in their daily conversations.
  - Concern about lawsuits against pharmaceutical companies that are offering PrEP and other drugs as solutions.
  - Stigma, insensitivity, and shaming by providers during patient requests for PrEP. In some cases, the marketing or focus on priority populations excludes focus populations such as black, heterosexual females.
  - PrEP navigation is implemented differently by providers.
  - PrEP and PEP protocols are not consistent across providers, and sometimes even causes confusion for providers. Lack of consistent implementation results in a more conservative approach to marketing these solutions.
- Any work plan priorities should incorporate a health equity lens and incorporate activities designed to reduce stigma. Stigma reduction is a primary objective of G2Z.
- The table below shows a framework to help think through how to in simple terms how to coordinate existing activities or best practices and strengthen G2Z implementation in the five cities and statewide. The G2Z Commission recommendations are high level and a framework like this shows how the efforts must be coordinated (within communities, across audiences). It’s possible to think of the HIV Awareness and Education Recommendation as a “how” that fits across the other recommendations. This will immediately increase the focus and specificity of the education/awareness activities.

What (G2Z recommendation)	Who (Audience)	Where (Implementation area)	How (Activities)
HIV Awareness & Education (and stigma reduction)	General public	TBD	TBD
	G2Z focus populations	TBD	TBD
	Providers	TBD	TBD
PrEP and PEP	General public	TBD	TBD
	G2Z focus populations	TBD	TBD
	Providers	TBD	TBD
Routine HIV Testing	General Public	TBD	TBD
	G2Z focus populations	TBD	TBD
	Providers	TBD	TBD
Standardized Medical Care	General public	TBD	TBD
	G2Z focus populations	TBD	TBD
	Providers	TBD	TBD

- Participants identified the importance of engaging partners beyond the traditional HIV community such as:
  - NAACP as this represents one of their pillars in equity.
  - Religious leaders who are willing to use dialogue to change thought patterns or increase awareness of and access to community resources; progressive thinkers who focus on accepting people (and allowing the higher powers to make final judgments).
  - Wheeler Clinic as a partner that has a visible presence in multiple cities statewide, and encourages routine HIV testing (not rapid testing).



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- Positive Prevention CT which develops educational and messaging campaigns and can provide support for marketing and awareness. Participants brainstormed potential messages specific to focus populations or market segments. One message that resonated: “Request the test” for residents and PLWH.
- CVS / AETNA centers of excellence and minute clinics and/or Urgent Care Centers that represent emerging health access point in the community.
- Stakeholders and community leaders who represent the conduits to the focus populations. These may differ in each G2Z community.
- Providers who are already champions in implementing best practices such as Generations.
- Associations such as Community Health Center Association of Connecticut that offers training and quality improvement capacity building.
- AETC that can offer training or access to subject matter experts to assist in stigma reduction, cultural humility, and technical skills.
- CIRA and subject matter experts that can lend their voices and credibility to community conversations.
- Connecticut Medical Society (encourage routine HIV testing).
- Activities such as provider detailing – an evidence-based strategy to encourage clinical practice change through brief, educational, one-on-one provider visits – exist to improve processes and address stigma/discrimination. These activities do not yet occur (in each community) at a high frequency.
- Participants discussed the idea of conducting an inventory or needs assessment to identify the assets or resources by community and cross walk them by recommendation, or even organize them by type (e.g. organizational, fiscal, policy, and training).
- Participants discussed the idea of breaking into small teams to address various recommendations.

Ms. D’Angelo thanked everyone for contributing to a productive discussion and indicated that she would work with staff and Mr. Butcher (G2Z capacity building grant) to develop a crosswalk to organize the February discussion.

### **NEXT STEPS AND MEETING FEEDBACK**

Next steps will include:

- Committee staff will complete a meeting summary which includes developing tools to organize G2Z resources and assets.
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- The next meeting will occur on February 19, 2020 at 10:30 a.m. during the CHPC meeting in Hartford, CT at the Chrysalis Center.

Participants described their meeting experience as high-energy, positive, and productive. Individuals felt the opportunity to share their perspectives. Ms. D’Angelo thanked everyone for their contributions and insights, and encouraged them to complete the meeting feedback forms before leaving the CHPC meeting.

### **ADJOURN**

Ms. D’Angelo adjourned the meeting at 11:55 a.m.



**Attendance Record**

Name	CHPC Member	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Susan Bouffard	X	●							
Thomas Butcher	X	●							
Gina D'Angelo	X	●							
Lauren Gau	X	●							
Dante Genarro	X	●							
Corey Gerena	X	●							
Luis Martinez	X	●							
Jeffrey Snell	X	●							
Roberta Stewart	X	●							
Barry Walters	X	●							
	Member Count	10							
Cinque Barlow		●							
Carolos Carbonell		●							
Christian Castro		●							
Lauren Ciborowski		●							
Reina Cordero		●							
Delita Rose-Daniels		●							
Megan Davidson		●							
Brittany Gardener		●							
Juan Hernandez		●							
Venesha Heron		●							
Coley Jones		●							
Marcelin Joseph		●							
Maribel Nieves		●							
Lorrie Pope-Wiggins		●							
Yolanda Velez		●							
	Public Count	15							
	Total Count	25							