



Getting to Zero (G2Z) Committee

May 20, 2020 Meeting Summary

ATTENDANCE Refer to page 6
START 11:00 a.m. **END** 11:55 a.m. **LOCATION** Virtual GoToMeeting
CHAIR Gina D’Angelo **STAFF** Mark Nickel

QUICK SUMMARY

ACCOMPLISHMENTS

- The G2Z committee participants held the first virtual Getting to Zero (G2Z) Committee meeting using an adjusted agenda and format.
- The G2Z Chair stated the intention by the Connecticut Department of Public Health (DPH) to use the Ending the HIV Epidemic Plan as the framework to develop the State’s required integrated HIV prevention and care plan for 2022 – 2027.
- Participants shared information about G2Z activities occurring in the five G2Z communities identified in the statewide G2Z recommendations and shared information about implementation progress of the City of New Haven G2Z capacity building grant for six G2Z communities (includes Danbury).
- Participants provided suggestions about how to re-engage communities and partners in G2Z, especially amidst the COVID-19 pandemic response and re-opening process.

ACTION STEPS

- Committee staff will complete a meeting summary. The February and May meeting summary will be sent to participants for review and input, and approved by consensus using a process to be determined by the Executive Committee.
- Gina D’Angelo will contact Mr. Butcher to get the information for the consultant who has been hired to support G2Z capacity building activities. The purpose of this call will be to understand the capacity building work and coordinate activities.
- Gina D’Angelo will reach out to the local Health Directors of the G2Z communities in the statewide report and inquire about how G2Z efforts are positioned in their communities.
- Participants, especially those who live in or work in G2Z communities, will use a call to action to identify other partners or efforts ongoing in their communities that address health disparities and involve outreach or engagement of similar priority populations. This outreach might include acknowledgement of serving similar priority populations, increasing awareness of the organization’s role in the community, and the extent to which a history of delivering HIV prevention and/or care and G2Z or Ending the HIV Epidemic activities may help strengthen these community initiatives.
- Participants suggested seeing more faces on the screen. Committee staff will send out guides on how to engage web cam sharing and view all faces using the GoToMeeting platform.

NEXT MEETING

- June 17, 2020 at 11:00 a.m. virtual GoToMeeting.



MEETING NOTES

WELCOME AND CALL TO ORDER

Ms. D'Angelo called to order the virtual meeting at 11:00 a.m. and introduced herself as the G2Z committee chair. Ms. D'Angelo observed that over 20 participants were in attendance. Ms. D'Angelo: a) suggested that everyone mute their microphones unless when speaking; b) encouraged individuals to use the chat box for questions and to share information; and c) exercise patience as participants adjust to this virtual approach with this type of discussion. Ms. D'Angelo stated that the meeting design intentionally limits the use any screen sharing or presentations to increase participant interaction and re-engagement. Also, some participants have joined the meeting only by phone and will not be able to see shared screens.

Ms. D'Angelo explained that the G2Z Committee exists to coordinate and scale Getting to Zero activities statewide and facilitate best practices sharing, among others.

REVIEW MEETING SUMMARY

Participants did not review a meeting summary. The February and May meeting summary will be reviewed and approved by consensus prior to the June meeting using a process developed by the Executive Committee.

RE-SETTING THE G2Z COMMITTEE WORK PLAN

Confirmation by DPH to Apply the Ending the HIV Epidemic (ETE) Plan as a G2Z

Ms. D'Angelo reminded the group that at the beginning of the 2020 planning year, the CHPC had begun to re-orient its meeting activities to include more of an emphasis on G2Z. For example, knowledge building segments were added into the agenda to help all CHPC participants develop a common knowledge base to become champions in their communities and networks. In January, the CHPC reviewed G2Z basics. In February, the group reviewed surveillance data and facts about incidence and prevalence in priority populations. At the G2Z Committee level, efforts were underway to identify how to position the committee to facilitate statewide impact (e.g., use of social media to share important messages such as routine HIV testing) and to leverage lessons learned from six communities involved in the G2Z capacity building process.

Ms. D'Angelo stated that the Connecticut Department of Public Health (DPH) has decided to use the Ending the HIV Epidemic (ETE) Plan as the framework to develop the State's required integrated HIV prevention and care plan for 2022 – 2027. Also, Ms. D'Angelo has been assigned by the DPH to lead the development of this effort using the same type of federal guidance that other (funded) states are using to access federally available resources. Connecticut is not one of the 57 geographic areas (also referred to as the G-57) designated to receive federal ETE funding for development of comprehensive plans that end the HIV epidemic because the HIV case numbers fall below the threshold for inclusion. However, Connecticut can participate in the process, access technical assistance, secure other resources, implement best practices, and position the individuals, providers, partners, and communities to End the HIV Epidemic in Connecticut.

Ms. D'Angelo reviewed briefly the five pillars of Ending the HIV Epidemic Plan by 2030. The ETE plan aligns with the G2Z goals of Zero new HIV infections; Zero HIV-related deaths; and Zero HIV-related stigma. The ETE plan identifies five pillars: 1) Diagnose all people with HIV as early as possible; 2) Treat people with HIV rapidly and effectively to reach sustained viral suppression; 3) Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs); 4) Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them; and 5) an "HIV HealthForce" will establish local teams committed to the success of the initiative in each jurisdiction.



Ms. D’Angelo stated that the G2Z recommendations (e.g., routine HIV testing, increase PrEP uptake) will dovetail nicely into an ETE plan as priority objectives. To a great extent the current statewide integrated HIV prevention and care plan contains many of the G2Z recommendations, and many efforts at the statewide and community level support implementation of evidence-based and evidence-informed strategies that are making a difference. In fact, the COVID-19 pandemic has resulted in additional innovation with the use of social marketing, virtual support groups, and telehealth, among others.

The table contains an excerpt from the February 2020 G2Z meeting summary. It provides examples of how Connecticut’s existing efforts or G2Z recommendations fit into the ETE framework. The G2Z Recommendation 1 (statewide coordination) would be fulfilled by the G2Z Committee.

ETE Pillar	Connecticut G2Z Recommendation	Examples of Connecticut G2Z Building Blocks
Diagnose	5: Implementation of Routine HIV Testing.	<ul style="list-style-type: none"> • Best practice models by community health centers and providers to conduct annual testing. • Emerging efforts to promote and normalize HIV testing (Request the Test). • In-home HIV testing kits. • Preliminary research of legislation in other states about routine (annual) HIV testing.
Treat	6: Implementation of Standardized Medical Care for People Living with HIV.	<ul style="list-style-type: none"> • DPH Data 2 Care initiative. • CADAP and ongoing improvements. • Awareness that viral load suppression in Ryan White providers is much higher than non-Ryan White providers.
Prevent	3: PrEP and PEP Education and Implementation	<ul style="list-style-type: none"> • SSP programs. • PrEP navigation. • PrEP education sessions in community. • Access to U=U campaign. • PositivePreventionCT communication efforts and website.
Respond	4: Statewide Multilevel HIV Educational Campaign and Provider Capacity Building Training	<ul style="list-style-type: none"> • Improvements to DPH surveillance data systems and emerging options for dashboards • Development of real-time response systems at the community level for opioid overdose strengthen communications infrastructure
HIV HealthForce	2: G2Z Implementation in the Five Cities	<ul style="list-style-type: none"> • G2Z capacity building grant to the City of New Haven to establish coalitions • Efforts such as Partner Services and Disease Intervention Specialists (DIS) to engage late testers and re-engage those not in care • CHPC HIV workforce development survey and emerging recommendations • Existing training efforts organized formally (e.g., DPH, AETC, clinical quality improvement teams) or informally (e.g., on-the-job training at providers)

In general, participants agreed:

- The emphasis on developing an ETE plan made sense, aligned with the G2Z priorities, and would benefit from the added attention of Ms. D’Angelo to organize and coordinate activities.
- The CHPC and current plan, to a great extent, already use similar goals and strategies. Using the ETE pillars to organize the plan will improve clarity and focus.

Implementation Update on City of New Haven G2Z Capacity Building Grant

In February, the G2Z committee received an update on the City of New Haven’s two-year G2Z capacity building grant that would include the five G2Z communities plus Danbury. The project implementation process moved along more



slowly than anticipated. The implementation model was changed in 2019 with a new request for proposals issued by the City of New Haven. More recently, the COVID-19 pandemic affected the local G2Z implementation landscape.

Ms. D'Angelo asked participant from G2Z communities to share information about the current status of the G2Z implementation.

- Ms. Gau stated that the individual leading the Stamford G2Z group transitioned into another job, and that COVID-19 and its impact was the center of focus for the community.
- Ms. Gau stated that a conference call was scheduled for next week in which the G2Z communities will meet with the new project consultant.
- Ms. Stewart shared the name of the individual.
- Gina D'Angelo will contact Mr. Butcher to get the information for the consultant who has been hired to support G2Z capacity building activities. The purpose of this call will be to understand the capacity building work and coordinate activities.
- Gina D'Angelo will reach out to the local Health Directors of the G2Z communities in the statewide report and inquire about how G2Z efforts are positioned in their communities.

Moving Forward

Ms. D'Angelo asked participants to share comments and observations about how to re-energize the ETE and G2Z process in the context of the current COVID-19 pandemic.

- Ms. Stewart stated that perhaps it is time to join existing efforts that address important health disparities and community needs as compared to starting another (G2Z) community coalition. Ms. Stewart described that Danbury (not a state G2Z community and expected to participate in G2Z capacity building activities) uses this approach already by participating in meetings such as the Community Care Teams (e.g., Emergency Department patients). In these meetings, the partners view the organization as a trusted partner for a specific role. Why not build on these existing relationships and bring the conversation to existing groups in a way that responds to community priorities.
- Others agreed this was an important pivot point for infusing G2Z into the communities. Participants identified other existing community efforts:
 - Opioid Overdose Task Forces
 - Affordable housing initiatives
 - Social determinants of health work
 - Population-based health initiatives (e.g., chronic disease, STIs)
 - Social justice and health equity initiatives (e.g., inclusive planning)
 - Substance prevention coalitions
 - Youth coalitions
- Mr. Walters asked for the group to define a specific call to action that individuals can complete in their communities prior to the next G2Z committee meeting. The group identified two items:
 - Be able to convey the G2Z objectives and five pillars of the ETE plan.
 - Identify a subset of existing community-based coalitions or initiatives underway in your community that must reach the same G2Z priority population to achieve success. These might include COVID-19 related response (e.g., preparing to support mental health needs, food security).



- Mr. Edelmann indicated that in Bridgeport, the G2Z effort is not highly visible at this time. Mr. Edelmann reminded the group that it had already created many useful tools such as a framework to identify existing activities and partners, an assessment of the G2Z implementation status in 2019, and any other materials available through technical assistance efforts. These may be useful in supporting any “call to action” activities at the local level.
- Mr. Gennaro stated that the G2Z website can become a bigger part of the solution. Specifically:
 - It must be updated. The content contains much information from 2018. It was anticipated that this could be the vehicle to support statewide scaling and sharing of best practices.
 - This website could be a resource to support statewide messaging and facilitate access to resources.
- Ms. D’Angelo stated that the Epi Profile update available in June will have special analyses for G2Z communities.
- Members of the group agreed that the HIV prevention and care community represents an important asset of every community, especially when thinking about the COVID-19 pandemic and the importance of education and awareness; prevention; testing; contact tracing; treatment; and connection to an individual and community health team.

Ms. D’Angelo thanked the participants for their insights and suggestions.

NEXT STEPS AND MEETING FEEDBACK

Next steps will include:

- Committee staff will complete a meeting summary. The February and May meeting summary will be sent to participants for review and input, and approved by consensus using a process to be determined by the Executive Committee.
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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 Gennaro	X	●	●			●			
Corey Gerena	X	●	○			●			
Reggie Knox	X	○	●			●			
Luis Martinez	X	●	●			●			
Jeffrey Snell	X	●	●			●			
Roberta Stewart	X	●	●			●			
Barry Walters	X	●	○			●			
	Member Count	10	9			9			
PUBLIC PARTICIPANTS									
Cinque Barlow		●							
Carolos Carbonell		●							
Christian Castro		●							
Lauren Ciborowski		●							
Reina Cordero		●	●						
Delita Rose-Daniels		●	●			●			
Megan Davidson		●	●			●			
Emily DeJesus			●						
Martina DeLaCruz						●			
Taylor Edelman			●			●			
Brittany Gardener		●	●						
Monica Gonzalez			●			●			
Juan Hernandez		●				●			
Venesha Heron		●	●			●			
Coley Jones		●							
Marcelin Joseph		●	●						
Oscar Mairena						●			
Morgan Nicole						●			
Maribel Nieves		●	●						
Francesca Quettant						●			
Lorrie Pope-Wiggins		●							
Yolanda Velez		●				●			
Unidentified Callers (may be names above)						3			
	Public Count	15	10			14			
	Total Count	25	19			23			