

New Jersey HIV Planning Group
Data and Research Committee Meeting
Agenda

Wednesday, November 27th, 2024
 Electronic Meeting via ZOOM Video Conference

Angela Petrone
 Co-Chair

Rosie Ruiz
 Co-Chair

The Data and Research Committee takes the lead in requesting data from the State and then analyzing and understanding the data received. The Committee is a resource for all other committees and their data needs.

*Please note all times are approximate		
10:00 am	Welcome & Moment of Silence	Angela Petrone
10:05 am	Establishment of Agenda & Approval Meeting Minutes	Rosie Ruiz
10:10 am	Introductions <i>Name & Expertise/Type of Work</i>	Angela Petrone
10:20 am	October Evaluation & NJHPG Overview	HCPST
10:30 am	Old Business <ul style="list-style-type: none"> • Draft System Activity 3.5 	Angela Petrone & Rosie Ruiz
11:45 am	Data and Research Committee Agenda Next Meeting: December 18, 2024	Rosie Ruiz
11:50 am	Announcements	Angela Petrone
11:55 am	Meeting Evaluation	HCPST
12:00 pm	Adjournment*	Rosie Ruiz

HCPST – HIV Community Planning Support Team

Members of Committee (Quorum: 3): Angela Petrone, Debbie Mohammed, Jess Diaz, Rosie Ruiz, & Steve Dunagan

Reminder: Please raise your hand or use the chat box to contribute to the conversation.



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New Jersey HIV Planning Group
Data and Research Committee Meeting Minutes

Wednesday, October 23rd, 2024

Electronic Meeting via ZOOM Video Conference

ATTENDANCE

NJHPG Member

Angela Petrone	P	Jaivon Lewis	P
Rosie Ruiz	P	John Nelson	P

Committee Member

Debbie Mohammed	A	Jessica Diaz	P
Steven Dunagan	A		

Non-voting Attendees

Ayo, James Valentin, Karyn Berk, Shwetha Kamath

HIV Community Planning Support Team

Dottie Rains-Dowdell	P	Taylor Lightner	P
Selena Aponte	A		

P- Present; A- Absent; LoA – Leave of absence



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AGENDA	
Item	Discussion
Welcome and Moment of Silence	Angela Petrone welcomed attendees and began the meeting at 10:02am followed by a moment of silence to honor those lost to HIV and those still fighting the virus.
Approval of Agenda & Meeting Minutes	<p>Rosie Ruiz reviewed the meeting Agenda. John Nelson motioned to approve the Agenda, seconded by Jess Diaz. The Agenda was voted on and approved.</p> <p>The Support Team reviewed the September Meeting Minutes. John Nelson motioned to approve the Meeting Minutes, seconded by Jess Diaz. The Meeting Minutes were voted on and approved.</p>
Introductions	Angela Petrone asked attendees to introduce themselves and share their expertise/area of work.
September Evaluation Review	<p>The Support Team reviewed the September Meeting Evaluation with attendees. There were 5 people who responded to the evaluation; 1 Committee Member, 2 NJHPG Members, 1 State Representative & 1 guest.</p> <ol style="list-style-type: none"> 1. I felt prepared to participate in the meeting: <ul style="list-style-type: none"> • 100% agreed 2. What questions do you have for DHSTS? <ul style="list-style-type: none"> • None at this time 3. What additional topics would you like discussed or featured at future Data and Research meetings? <ul style="list-style-type: none"> • Housing Support Services and their efficacy in NJ 4. Final Comments, Questions, or Concerns



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	<ul style="list-style-type: none"> • NA • Good discussion and meeting
NJHPG Overview	<p>The Support Team next presented the NJHPG Overview PowerPoint. This presentation covered the Purpose of NJHPG, the 5 Priority Populations, and the Goal of the Data and Research Committee. They also highlighted the Cycle 3 Work Plan and narrowed in on what the Committee was going to be working on today (drafting System Activity 3.5)</p>
New Business	<p>Angela Petrone transitioned the Committee to Old Business. The first agenda item in this section was to review the System Activity 3.5 Education Didactic. Below are some of the key takeaways from this presentation.</p> <p>System Activity 3.5 – Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the strategy’s goals. (NHAS 4.5)</p> <p>National HIV/AIDS Strategy Goal 4.5:</p> <ul style="list-style-type: none"> • 4.5 Improve mechanisms to measure, monitor, evaluate, and use the information to report progress and course correct as needed in order to achieve the Strategy’s goals <ul style="list-style-type: none"> ○ 4.5.1 Streamline and harmonize reporting and data systems to reduce burden and improve the timeliness, availability, and usefulness of data. ○ 4.5.2 Monitor, review, evaluate, and regularly communicate progress on the National HIV/AIDS Strategy. ○ 4.5.3 Ensure that the National HIV/AIDS Strategy’s goals and priorities are included in cross-sector federal funding requirements.



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- 4.5.4 Strengthen monitoring and accountability for adherence to requirements, targets, and goals by funded partners.
- 4.5.5 Identify and address barriers and challenges that hinder achievement of goals by funded partners and other interested parties.

NJ DOH Update:

- Measure & Monitor functions well – with funded agencies the data sharing will help track progress
- Evaluation methods are under development

Angela updates:

- New Jersey has quality management initiatives (NJCQM/NJCPC) that analyze the need for/develop performance measures; these performance measures look at things such as demographic groups, retention in care, medication adherence, etc. Performance measures are then evaluated on a routine basis and aggregate data is shared at networking events.
- Data team is integrated at DOH to analyze data across programs.
- NJ was one of the last states in the country to legislate HIV reporting, but regulations are now in place: NJAC 8:65, NJ State 26:5C-6
- DOH Website revamp to include contact info.

Best Practices:

- Data-sharing Agreements between funded agencies/partners.
- States Implement reporting laws for providers, laboratories, and testing sites to report HIV positive cases to the state’s surveillance unit.



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- Analyze surveillance data for new cases and trends (newly diagnosed HIV positive cases, virally suppressed individuals, and HIV-negative individuals at high risk who are receiving PrEP).
 - Newly diagnosed individuals can be linked to care quickly.
- Data integration (data programs, data systems, etc.) to improve outcomes across the care continuum.

Barriers:

- Lack of funding makes it difficult to find all encompassing data systems, making the integration of data a challenge. Therefore, data is often managed in silos, reducing the quality when analyzed.
- Data inaccessibility. Current means of data collection is not easily accessible cross-agency or to the public.
- Agencies have financial limitations preventing them from hiring a data analyst or quality assurance staff.
- Maintaining privacy and adhering to HIPAA makes it difficult to share data among multiple interested parties.
- Influx of migrants, agencies must rely on self-reporting and don't have access to previous records.

Recommendation Ideas:

- Hire regional quality assurance staff who can collect and compile data for analysis before it goes to the health department.
- Hosting the databases at the DOH
 - Having the data at the department's fingertips will allow for more efficient, routine analysis.
 - DOH can analyze data collectively.



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- Would possibly allow for agencies to share data more easily (provided HIPAA is adhered to).
- Data systems for prevention so that all prevention providers can utilize formatted reporting.
- Annual survey
- Data collection should already be required by each grant; however, the newly integrated DOH data team could implement scheduled quarterly meetings to identify trends in data collected and develop new performance measures/data collection requests.
 - For Ryan White, sub-recipients are required to send progress reports to the DOH quarterly that provide information about the total number of unduplicated clients & services provided. Can we ask sub-recipients to send more client-level data in their progress reports so that we can determine risk factors and identify key populations?
 - Standardize collection of data so that it is not left up to each agency
 - Communication on the counseling & testing site from DOH if they have more case info.
- Implement routine data matching between surveillance and other programs overseen by DOH
- Regional or programmatic MOAs put in place
- Shared collective data routinely
- Providers having contacts at the department of health
- Integrate different parts of division (HIV, STD, TB)

After the Co-Chairs presented the Education Didactic, the Committee began drafting their



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	<p>recommendations.</p> <p>Because the first possible recommendation idea was similar to a past Action Step from this Committee, the Committee decided to add it to System Activity 3.3. They also decided to add the second possible Action Step to PS System 3.2 recommendation since it was similar.</p> <p>After this discussion the Committee began having some conversations about the other potential Action Steps. The Committee decided that the best first step may be to recommend an annual survey to gather information about what data systems are being used and what information is being collected. They also would like to see more discussions about trends at quarterly meetings, so that the newly integrated data team at the DOH can analyze the data and discuss possible interventions.</p>
Data Request Volunteers	The Support Team briefly described the Data Request Process and asked for 2 volunteers to complete potential requests for the Priority Setting Committee. Jess Diaz was the only volunteer.
Announcements	<p>Rosie Ruiz transitioned to ask the attendees if there are any new announcements.</p> <p>There were no new announcements at that time.</p>
Data and Research Committee Agenda Next Meeting: November 27th, 2024	The next meeting will be on November 27 th from 10am to 12pm. HCPST shared the meeting agenda for this meeting.
Meeting Evaluation	HCPST shared meeting evaluation link for attendees to complete.



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Adjournment	Rosie Ruiz adjourned the meeting at 11:23 am. Motioned by John Nelson, seconded by Jaivon Lewis.
Meeting Documents	
<ul style="list-style-type: none"> • Draft Data and Research Meeting Minutes_9.25.24..pdf • NJHPG Data and Research Committee Agenda_10.23.24.pdf • System 3.5 Education Didactic 	



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