

New Jersey HIV Planning Group

Priority Setting Committee Meeting Agenda

Wednesday, August 14th, 2024
Electronic Meeting via ZOOM Video Conference

Anjettica Boatwright
Co-Chair

Samarie Rivera
Co-Chair

The Priority Setting Committee is responsible for understanding and accessing where services are now and where they need to be.

***Please note all times are approximate**

10:00am	Welcome & Moment of Silence Establish Agenda & Review Meeting Minutes	Samarie Rivera
10:15am	Evaluation Review	HCPST
10:20am	Old Business <ul style="list-style-type: none"> • Finalize System Activity 3.1 	Samarie Rivera & Anjettica Boatwright
11:30am	Co-Chair Nominations	HCPST
11:40am	Priority Setting Committee Agenda Next Meeting: September 11th, 2024	Samarie Rivera
11:50am	New Announcements	Anjettica Boatwright
11:55am	Meeting Evaluation	HCPST
12:00pm	Adjournment	Anjettica Boatwright

HCPST – HIV Community Planning Support Team

Voting Members (Quorum; 3) - Anjettica Boatwright, Samarie Rivera, Justin Conway, Claudia Ortiz, Kevin Taylor



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Cycle 3 Activities

July 2024- February 2025

System Activity 3.1: Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, substance use, and mental health disorders in the context of social and structural/institutional factors, including stigma, discrimination, and violence. (NHAS 4.1)

System Activity 3.2: Increase coordination among and sharing of best practices from HIV programs across all levels of government (federal, state, tribal, local, and territorial) and with public and private health care payers, faith-based and 60 community-based organizations, the private sector, academic partners, and the community. (NHAS 4.2)

System Activity 3.4: Foster public-private-community partnerships to identify and scale up best practices and accelerate HIV advances. (NHAS 4.4)



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New Jersey HIV Planning Group
Priority Setting Committee Meeting
Minutes

Wednesday, July 10th, 2024

ATTENDANCE			
NJHPG Member			
Anjettica Boatwright	P	Monique Springer	P
Claudia Ortiz	P	Samarie Rivera	P
Johanne Rateau	P		
Kelly Williams	P		
Committee Member			
Justin Conway	A		
Kevin Taylor	P		
Non-voting Attendees			
Abel Saldana, Amy Pereira, Ann, Carol Vincent, Jerome Pipes, June Dowell-Burton, Karyn Berk, Lonyona Hamilton, Mary Nolan, Nahid Suleiman, Renee Cirillo, Shwetha Kamath, Tameka Allen, Thamara Jean-Louis			
HIV Community Planning Support Team (HCPST)			
Dottie Dowdell	P	Taylor Lightner	P
Selena Aponte	P		

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



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AGENDA

Item	Discussion
Welcome and Moment of Silence	<p>Anjettica Boatwright welcomed attendees and began the meeting at 10:06 am. She then led the committee in a moment of silence to honor those lost to HIV and those still fighting the virus.</p>
Approval of Agenda & Meeting Minutes	<p>Anjettica Boatwright reviewed the meeting Agenda. Claudia Ortiz motioned to approve the Agenda, seconded by Johanne Rateau. The Agenda was voted on and approved.</p> <p>The Support Team presented the June Meeting Minutes. Claudia Ortiz motioned to approve the Meeting Minutes, seconded by Kevin Taylor. The Meeting Minutes were voted on and approved.</p>
Review of June Evaluation	<p>The Support Team reviewed the June Meeting Evaluation with attendees. There were 13 people who responded to the evaluation; 6 NJHPG Members, 4 Committee Member, & 3 guests.</p> <ol style="list-style-type: none"> 1. I felt prepared to participate in the meeting discussion. <ul style="list-style-type: none"> • 9 Strongly Agreed, 3 Agreed, 1 Somewhat Agreed 2. What questions do you have for DHSTS? <ul style="list-style-type: none"> • None at this time (x3) • None (x3) • As of now, no • How do we get work DONE beyond recommendations? • Need to make STI testing sites DOH run so CDC grants can be applied for 3. What additional topics would you like discussed or featured at future Priority Setting meetings? <ul style="list-style-type: none"> • None at this time, NONE (x3) • How to stay effective in the community



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	<ul style="list-style-type: none"> • The possibility of a coordinated marketing effort from NJDOH that can fund pre-existing community-based campaigns. • Clinic outcomes and needs to provide more needed support in gap areas • Can WE host any campaigns? <p>4. If you could make ONE change to the Priority Setting Committee meetings, what would it be?</p> <ul style="list-style-type: none"> • Nothing, None, None at this time (x4) • As of now, no changes • None everything has been great! • Nothing. Engaged and very engaging! • Maybe one day we can meet in person <p>5. Final Comments, Questions, Concerns</p> <ul style="list-style-type: none"> • None, None at this time, Nope (x4) • The dialogue in this group today was awesome • Great work!
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<p>Cycle 2 Recap & Cycle 3 Look Ahead</p>	<p>The Support Team next presented the Cycle 2 Recap & Cycle 3 Look Ahead presentation.</p> <p>This presentation highlighted the Purpose of NJHPG, Goal of the Priority Setting Committee, and the 5 Priority Populations.</p> <p>Following this overview, the Support Team shared the 3 Activities this Committee completed in Cycle 2 (System Activity 1.1, Program Activity 2.1, & Program Activity 2.2). The next step in this process is for those recommendations to go through the Monitor and Evaluation Framework at the end of July. After that, the DOH will begin implementing the recommendations and the Committee will receive updates at the quarterly General Assembly meetings.</p> <p>After the Cycle 2 Recap, the Support Team transitioned to the Cycle 3 Look Ahead. In this section, they shared the full Cycle 3 Work Plan, but then focused on the 3 Activities this Committee will be working on this upcoming Cycle (System 3.1, System 3.2,</p>
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	<p>& System 3.4).</p>
<p>New Business</p>	<p>For New Business, the Co-Chairs began with their Education Didactic for System Activity 3.1. Below are some of the key takeaways from that presentation.</p> <p>System Activity 3.1 - Integrate programs to address the syndemic of HIV, STIs, viral hepatitis, substance use and mental health disorders in the context of social and structural/institutional factors, including stigma, discrimination, and violence. (NHAS 4.1)</p> <p>NJDOH Updates -</p> <ol style="list-style-type: none"> 1. Drug User Health has already done this when it was Arch; will be used as a large pillar in the continued care. 2. Screenings for HIV have been embedded into state funded spaces, and is now available in substance use spaces. 3. CDC NOFO will start to build on free-standing HIV testing sites/FQHC/Agencies to utilize their direct connection to focus on syndemic testing. The RFA will then expand to syphilis testing. <p>Samarie Rivera also pointed out that in previous Activities, they were focusing on specific populations or issues, but in this new Activity, they are focusing more on programs and systematic issues.</p> <p>The Co-Chairs also highlighted that there are current Routinized Testing and Mental Health Programs across the state that could be expanded.</p> <p>After the Education Didactic, the Committee began drafting their recommendations.</p> <p>A guest shared that it would be beneficial to continue educating clients and doing routine testing. They also shared that physicians should also be educated to understand cultural humility.</p>



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	<p>Kevin Taylor added that programs should focus on reducing stigma.</p> <p>Another guest responded by saying there are advisory boards within the Dear Rosa Project that may help with those stigma conversations.</p> <p>After this discussion, the Committee came up with the following Action Steps:</p> <ol style="list-style-type: none"> 1. Connect with ER social workers through NASW-NJ 2. Educational program or health care providers on how to reduce stigma and increase cultural humility. 3. Ensure that health care professionals and front-line workers complete education and training on stigma, discrimination, and unrecognized bias toward populations with or who experience risk for HIV, including LGBTQI+ people, immigrants, people who use drugs, and people involved in sex work by making it part of the FOA or RFA. 4. Use a standardized tool for measuring HIV stigma – include in FOA or RFP process 5. Collect data on what stigma looks like in New Jersey – possibly integrate into current storytelling projects or partner with academic partners.
<p>Attendee Announcements</p>	<p>Anjettica Boatwright transitioned the Committee to New Announcements.</p> <p>Tameka Allen shared that the Newark Department of Health will be participating in a 4-week outreach program on Clinton Ave. They will be providing HIV testing, PrEP counseling, and they will have a mental health provider there as well. This will occur every Thursday starting July 11th for 4 weeks.</p> <p>Claudia Ortiz shared that the Englewood Housing Authority in Bergen County is accepting applications for the Section 8 Program as of July 10th. You can apply on the Englewood Housing Authority website.</p>



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	<p>The Support Team shared that they attended the Philadelphia EMA meeting where they were discussing funding and budgeting. The housing category was a topic of conversation because there was underspending. They are looking to connect with individuals in South Jersey.</p> <p>Jerome Pipes also added that it would really benefit anyone on the call to attend the next meeting, especially grantees in South Jersey because there is a disconnect. He then provided the Committee with contact information for individuals at Philadelphia EMA.</p> <p>Johanne Rateau shared that Hyacinth in Newark is at a new location (201 Washington).</p>
<p>Next Committee Meeting August 14th, 2024</p>	<p>The next meeting will be on August 14th from 10am to 12pm.</p> <p>The Support Team also shared that the next General Assembly will be on July 18th in Camden.</p>
<p>Evaluation</p>	<p>HCPST shared a link to the meeting evaluation.</p>
<p>Adjournment</p>	<p>Anjettica Boatwright adjourned the meeting at 11:53 am. Motioned by Monique Springer and seconded by Claudia Ortiz.</p>

Meeting Documents

- DRAFT NJHPG Priority Setting Committee Agenda_7.10.24
- DRAFT NJHPG Priority Setting Committee Meeting Minutes_6.12.24
- Cycle 2 Recap & Cycle 3 Look Ahead PPT



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