

New Jersey HIV Planning Group

Community Engagement Committee Meeting Agenda

Wednesday, February 19th, 2025

Via Zoom from 6pm-8pm

Stephanie Berroa-Allen

Co-Chair

Shalik Thompson

Co-Chair

*The Community
Committee will work*

care, treatment needs, and interventions for high-risk populations; develop outreach strategies to inform and engage communities while meeting them where they are through access and equity, presence at community events; cultivate/develop future leaders in the community; and build community space, presence & trust.

*Engagement
to identify prevention,*

***Please note all times are approximate**

6:00pm	Welcome Attendees & Moment of Silence Establishment of Agenda Approval of Meeting Minutes Welcome new committee members Justin LiGreci and James Valentin	Stephanie Berroa-Allen
6:15pm	Check-In	Stephanie Berroa-Allen
6:25pm	Evaluation Review & NJHPG Overview	HCPST
6:30pm	Old Business <ul style="list-style-type: none">Finalize Program Activity 5.1 & 5.4	Stephanie Berroa-Allen & Shalik Thompson
7:40pm	Community Engagement Committee- Next Meeting: March 19th, 2025	Shalik Thompson
7:45pm	Meeting Evaluation	HCPST
7:50pm	Attendee Announcements	Stephanie Berroa-Allen
8:00pm	Adjournment*	Shalik Thompson

HCPST – HIV Community Planning Support Team

Quorum, 4; Abraham Corsino, Crystal Mitchell, Jocelyn Perry, Lynnette Abdulwaliyy, Shalik Thompson, Stephanie Berroa-Allen, Gabrielle Ferrigno



The NJHPG is maintained by the Divisions of HIV, STD, and TB Services (DHSTS) with support from the South Jersey AIDS Education and Training Center (AETC) – Jefferson Health.

Community Engagement Activities from January 2025 – December 2025

Program Activity 5.1: Increase knowledge of HIV among people, communities, and the health workforce in geographical areas disproportionately affected. **& Program Activity 5.4:** Engage people who experience HIV risk in traditional public health and health care delivery systems as well as in nontraditional community settings.

Program Activity 5.2: Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, substance use, and mental health disorders, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits.

Stigma Activity 5.2: Develop a model for how to create and provide training on how to take stigma-free sexual health histories for healthcare providers providing targeted HIV testing. (NHAS 2.3.2 and 3.2.2) **& Stigma Activity 5.4:** Develop and provide trainings on stigma reduction to providers in non-traditional settings, as defined above. (NHAS 1.1.1, 3.1, 3.3)

Policy Activity 5.3: Work in collaboration with the New Jersey State League of Municipalities (NJLM) to include routine HIV screening and harm reduction as topics presented at the annual NJLM Conference. (NHAS 1.1.2)

Systems Activity 5.6: Work with health care payers to issue annual HIV testing “report cards” assessing providers’ HIV testing proficiency. (NHAS 2.4.1 and 3.4.2)

Systems Activity 5.7: Work with non-traditional screening sites to ensure access to rapid, fourth-generation HIV testing. (NHAS 1.2.2) **& Systems Activity 5.8:** If screening sites do not have access to testing, ensure screening sites have the correct and most up-to-date resources to refer and link clients to HIV testing. (NHAS 3.4.2)



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New Jersey HIV Planning Group
Community Engagement Committee
Meeting Minutes

Wednesday, January 22, 2025
Electronic Meeting via ZOOM Video Conference

ATTENDANCE			
NJHPG Member			
Abraham Corsino	P	Lynnette Abdulwaliyy	A
Crystal Mitchell	P	Rafael Kaipa Llovera	A
Jocelyn Perry	P	Shalik Thompson	p
Jose Avila	P	Stephanie Berroa-Allen	A
Kelly Williams	A	Saquan Stevenson	P
Luis Otaño	P		
Committee Member			
Gabrielle Ferrigno	P		
Non-voting Attendees			
Barbara Teh, Clarise Bradshaw, James Valentin, Judy Collins, Khadiza Haque, Victoria Wong Murray			
HIV Community Planning Support Team			
Taylor Lightner	P	Dottie Dowdell	P

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



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AGENDA	
Item	Discussion
Welcome and Moment of Silence	The Support Team began the meeting at 6:08 by welcoming all attendees and engaging all attendees in an ice breaker. The Support Team led the committee in a moment of silence to honor those lost to HIV and those still fighting the virus.
Approval of the Agenda & Minutes	<p>The Support Team reviewed the meeting's Agenda. Jose Avila motioned to approve the agenda, second by Crystal Mitchell.</p> <p>The Support Team reviewed the Meeting Minutes from December's Committee Meeting. James Valentin motioned to approve the Meeting Minutes, seconded by Jocelyn Perry.</p>
Meeting Evaluation	<p>The Support Team reviewed December's Meeting Evaluation with attendees. There were 11 people who attended the meeting. Nine responded to the evaluation; 4 NJHPG Members, 2 Committee Members & 3 Guest.</p> <p>What questions do you have for DHSTS?</p> <ul style="list-style-type: none"> - N/A, None, None at this time (x5) - How can we be a part of creating the RFAs moving forward? - Will there be updates on the SMARTIES submitted last year? <p>What additional topics would like discussed or featured at future Meetings?</p> <ul style="list-style-type: none"> - None, N/A (x4) - Great discussion - Amazing meeting as always
NJHPG Overview	The Support Team presented the NJHPG Overview PowerPoint, which outlined the purpose of NJHPG, the six priority populations, and the goal of the Community Engagement Committee. The presentation also highlighted Cycle 3 activities, Cycle 4 Work Plan and the 3P's for making



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	<p>recommendations. Today's focus is on drafting recommendations for Program Activity 5.1/5.4.</p>
<p>New Business</p>	<p>The Support Team transitioned the Committee to New Business to draft the recommendations for Program Activity 5.1/5.4.</p> <p>Program Activity 5.1: Increase knowledge of HIV among people, communities, and the health workforce in geographical areas disproportionately affected.</p> <p>The brainstorm consisted of the following:</p> <ul style="list-style-type: none"> • Establish MOUs with key stakeholders for HIV education, testing, and care. • Partner with PCPs, Clinics, FQHCs, and ID Providers to integrate HIV education and testing into routine care. • Collaborate with CBOs to enhance outreach and provide HIV-related services. • Use social media platforms (Facebook, Instagram, TikTok, Twitter, YouTube) for education and awareness. • Implement youth-centered word-of-mouth outreach through peer ambassadors. • Partner with cannabis dispensaries to distribute take-home HIV tests and explore community service agreements with the NJ Cannabis Regulatory Commission. • Revive peer education programs to train youth and offer community service hours. • Incorporate broader health topics (sexual health, STI prevention, reproductive health) to introduce HIV discussions. • Provide HIV education training for healthcare providers to enhance patient and community education. • Develop or identify an HIV education app for both the community and healthcare providers. • Partner with Jack'd and Grindr to offer free HIV awareness lessons for a month to increase knowledge in high-risk populations.



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	<p>Program Activity 5.4: Engage people who experience HIV risk in traditional public health and health care delivery systems as well as in nontraditional community settings.</p> <p>The brainstorm consisted of the following:</p> <ul style="list-style-type: none"> • Identify disproportionately impacted areas with high HIV prevalence and limited ID care (e.g., Sussex, rural areas, South Jersey). • Prioritize populations that are most at risk for HIV in these regions. • Expand academic detailing to map and engage primary care networks in high-impact areas. • Leverage Medicaid and Medicare to offer free HIV and STI screening during routine primary care visits.
<p>Next Committee Meeting February 19, 2025</p>	<p>The Support Team announced that the next Committee meeting will be on February 19, 2025, via Zoom.</p>
<p>Evaluation</p>	<p>The Support Team shared a link to the meeting evaluation link.</p>
<p>Attendee Announcement</p>	<p>Crystal Mitchell announced that the Fresh Food Market is open to everyone with no eligibility requirements or restrictions. The Market operates every 4th Thursday of the month from 12:00-2:00pm at Iris House (209 West 8th Street, Plainfield New Jersey). Crystal also mentioned that the community closet is open every Tuesday and Thursday.</p> <p>Luis Otaño announced that Cooper will expand to Burlington NJ. Every 3rd Wednesday of each month PrEP counselors and navigators will be serving the Burlington County area. If anyone needs PrEP services, PEP services and DOXY PrEP, please feel free to reach out.</p> <p>Shalik Thompson stated that Zufall Health Center offers dental services, but there are specific eligibility requirements</p>



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	<p>for coverage. Patients living with HIV who wish to receive dental care at Zufall must transfer their care to the health center for their services to be covered. However, for individuals who are uninsured and not living with HIV, dental services are available without any restrictions. This update is to ensure transparency and prevent any misunderstandings regarding patient recruitment.</p> <p>Hyacinth AIDS Foundation is offering Leadership Training that focuses on advocacy. The trainings will be held in the North Central and Southern regions of NJ. For more information contact Axel Torres Marrero.</p>
Adjournment	Saquan Stevenson made a motion to adjourn the meeting at 7:45 p.m. Motion was second by James Valentin.

Meeting Documents

- DRAFT NJHPG Community Engagement Committee January Agenda
- DRAFT NJHPG Community Engagement Committee December Meeting Minutes
- CE Draft Program Activity 5.1 & 5.4



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