

Date: May 9, 2022

Location: Zoom (virtual meeting)

Time: 10:06 a.m. – 11:30 a.m.

Attendance: See last page for attendance

Meeting Accomplishments

1. Dante Gennaro provided an update on the status of the PPCT chair recruitment
2. The group reviewed a campaign proposal comprising a creative brief and a creative concept presentation for their work on the CHPC's integrated plan.
 - a. The group provided feedback and agreed to refine this proposal in the coming weeks

Identified Tasks

1. PPCT members will review the previous month's meeting summary before attending the monthly meeting to confirm its accuracy.
2. PPCT leaders will follow up with the CHPC members who have expressed interest in co-chairing the PPCT committee.
3. PPCT leaders will coordinate with partners to develop an action plan to complete the Prevention Pack Campaign.
4. PPCT leaders and support staff will share drafts of the creative brief and creative concept presentations with the May meeting attendees for further review.
5. PPCT leaders will work with the MAC committee and/or other partners to coordinate focus groups among our target populations.
 - a. Offer Incentives (\$10 Walmart)
 - b. Black Faith Leader Group
6. PPCT leaders will request Disease Intervention Specialist partner referral data to understand better the demographics of the partners of individuals who have been newly diagnosed with HIV.

Next Meeting: Monday, June 13, 2022, @ 10:00 am via Zoom

PPCT Co-Chair(s): CT DPH: Dante Gennaro (dante.gennaro@ct.gov)

Recorders: David Reyes (reyes@xsector.com)

A. GETTING STARTED AND CHAIRS' WELCOME

- Department of Public Health (DPH) Liaison and CHPC co-chair Dante Gennaro welcomed everyone to the Positive Prevention Connecticut (PPCT) group meeting at 10:06 am. He then asked attendees to introduce themselves by stating their name, preferred pronouns, the agency they represent, and the reason for joining the meeting today.
- Mr. Gennaro asked the attendees to review and confirm the accuracy of the April meeting summary. The attendees approved the April meeting summary.
- Mr. Gennaro explained the following:
 - PPCT is a U.S. Centers for Disease Control and Prevention (CDC)-funded workgroup dedicated to creating HIV prevention messaging focused on Connecticut populations at the highest risk of infection. Those populations are men of color who have sex with men (MSM), transgender folks, people who use drugs, and heterosexual women of color.
 - PPCT is now a sub-committee of the Connecticut HIV Planning Consortium (CHPC). The sub-committee's work will contribute to the CHPC's Integrated Plan to End the HIV Epidemic or End the Syndemic.
 - PPCT meeting attendees are urged to adhere to the following guidelines:
 - One Mic/Mute Mic
 - Respect One Another
 - 100% Confidentiality
 - ELMO (Everybody/Enough Let's Move On)
 - Don't Yuck My Yum
 - Manage Electronics

B. PPCT UPDATES

Reminder: Monthly Meeting Date/Time Change | From Third Wednesday, 11 am-12:30 pm to Second Monday, 10 am-11:30 am | Meeting Format Constraints

- Mr. Gennaro reminded the group that PPCT is an extension of the CHPC. Therefore, if the CHPC is running its monthly meetings virtually, the PPCT must also conduct its monthly meetings virtually. Consequently, if the CHPC and its committees choose to run their monthly meetings in person, then the PPCT may run its monthly meetings in person.
 - Mr. Gennaro noted that this caveat exists because of the uncertainty with state-mandated COVID safety precautions and the potential complications of providing transportation services or resources for PPCT attendees. However, PPCT is permitted to host in-person meetings, as needed, outside of the standing monthly meeting time to complete PPCT projects that require in-person activities.

PPCT Chair/Leadership Recruitment

- Mr. Gennaro reminded the attendees that PPCT is recruiting a workgroup chair. He noted that the applicants for the chair position must be members of the CHPC. Mr. Gennaro has employed a targeted recruitment strategy to fill this role. He has solicited interest from three candidates, who have responded and requested follow-up meetings to discuss the opportunity further.

- Mr. Gennaro stated that, if the three original candidates fall through, PPCT has a backup chair candidate in Stephen Feathers. Mr. Feathers has expressed that he is willing to step in if the other individuals aren't able to take on the role, but he thinks having one of the other candidates take up the position is the best option.
- Mr. Gennaro reminded the attendees that if they have been approached to fill the chair position and are interested in taking up the role, please feel free to reach out to schedule a time to talk.

Mindful Minute Review/Test Drive & Poll

- Mr. Gennaro described that the Mindful Minute had been a standing agenda item. A potentially calming video is displayed, and attendees are encouraged to settle into themselves and do whatever practice it takes to relax for just a minute. He then requested that the Mindful Minute video be displayed and asked the members to react to it via a poll.

Q: How do you feel about Mindful Minute? (n=11)	
Enjoyed It	90.90% (10/11)
Prefer Something Else (Suggest in Chat)	9.09% (1/11)

- Mr. Gennaro noted that attendees could send him or David Reyes (PPCT support staff) an email with their preferred method of quickly decompressing or refocusing.

C. COMMITTEE WORK FOR NEW INTEGRATED PLAN

Brief and Concept Overview

- Mr. Gennaro shared a brief overview of the projects that PPCT will complete to contribute to the new integrated plan. He stated that, in previous meetings, the committee decided that it would finish the work on the Prevention Pack campaign and initiate the development of campaigns that strategically prioritize the objectives and target populations described in the new integrated plan. To begin the development of the new campaigns, Mr. Gennaro shared that he had developed draft versions of a creative brief and a creative concept presentation that he would like to review with the attendees to receive feedback.
 - Mr. Gennaro explained that the creative brief would summarize the campaign by laying out the following:
 - Anticipated Product Theme
 - Background Information (Local Data)
 - Purpose of the Campaign
 - Focused/Priority Populations
 - Phased Messaging Themes and Timing (Bullet form Timeline)
 - Overall Messaging Considerations (Context Specific Considerations and Bureaucratic Considerations and Strategies to address considerations)
 - Benefits to Consumer
 - Brand Character/How We Wish to be Perceived
 - Mandatories/Limitations
 - Format of Communications
 - Campaign Schedules

Campaign Brief Review

- Mr. Gennaro requested that the creative brief be displayed and then discussed the sections of the creative brief.

- *Anticipated Product Theme* - Reduction of HIV-Related Health Disparities: Promotion of Routine HIV Testing
 - Mr. Gennaro reminded the group that this theme emerged from a poll that occurred during the March CHPC meeting. The poll question and results can be found in Table 1 at the end of this meeting summary.
 - Mr. Gennaro noted that the promotion of routine testing was chosen as a theme because the routine testing bill passed in the CT legislature. He stated that CT residents should be informed and aware of this service that they should be receiving.
- *Background sourced from the 2021 CT Epidemiological Profile of HIV* - Mr. Gennaro reviewed data on the topics listed below:
 - Number of people currently living with HIV
 - Number of people newly diagnosed with HIV
 - Change in the number of people who have been newly diagnosed over time
 - Disparities in new diagnoses across sex, gender, race, ethnicity, and age
 - Transmission category
- *Marketing Objectives* – Mr. Gennaro stated that the marketing objectives were based on the data presented in the background section and outlined those objectives as follows:
 - Increase the number of individuals getting tested for HIV
 - Promote routine HIV testing
 - Educate priority populations about the new (soon-to-be) law
 - Educate priority populations on the benefits of HIV testing and knowing their status
 - Status-Neutral Approach
 - Getting into treatment
 - Pre-exposure prophylaxis (PrEP)
 - Undetectable=Untransmittable (U=U)
 - Reduce stigma and discrimination surrounding HIV testing
 - Normalize conversations about HIV testing among friends, family, sexual partners, health providers
 - Storytelling (Having folks share their experience in a manner that is poignant)
- *Focused/Priority Populations Selected by CHPC* – While talking through this section, Mr. Gennaro noted that the ranking of these priority populations emerged from the results of a poll that occurred during the March CHPC meeting. The referenced poll question and results are in Table 2 at the end of this meeting summary. The focus populations were prioritized as follows:
 1. Men who have sex with men (MSM) of color
 - (1) Primary: 18-29 years of age
 - (2) Secondary: 30-39 years of age, 40-49 years of age
 2. Black Women & Men
 3. Transgender Community
 - (1) Primary: Transwomen of Color
 - (2) Secondary: Transgender community as a whole
 4. Youth
 5. People who use drugs (PWUD)
- *Overall Messaging Considerations*
 - Anyone can get HIV
 - Everyone can get linked into care – HIV negative or positive

- Knowing your status preserves and protects your immune system
- HIV-Negative? Stay HIV-Negative
- Get your life back to “normal” as much as possible/Get back to being you: U=U
- *Brand Character/How We Wish to Be Perceived*
 - Plain Language
 - Positive/Uplifting/Empowering
 - Supportive
- *Mandatories/Limitations*
 - All communications available in English & Spanish
 - All communications should drive to currently available resources:
 - ETSCT.org (Ending the Syndemic CT Website)
 - Avoid static imagery; all campaign elements to be in motion (animated, GIFs, TikToks)
- *Format of Communications*
 - Social Posts (Square & Story-Sized; English & Spanish)
 - GIFs, videos
 - 15 – 30 second videos
 - Social and over the top sized

Campaign Brief Feedback

- Mr. Gennaro asked the group if they had any thoughts, ideas, or questions on his presented items.
- Angel Ruiz brought up a concern regarding the proposed focus population with this routine testing awareness campaign. He thought it might be too narrow of a target population. Mr. Ruiz suggested that the group’s campaign have a broad target population to inform every resident of the importance of knowing your HIV status. He also indicated that this campaign could work to normalize routine HIV testing among the general population.
 - Mr. Gennaro asked how Mr. Ruiz envisioned a broader campaign. He also recognized that the data on disparities across demographic identities might indicate a low testing rate among the partners of black women.
 - Mr. Ruiz said that he envisions a young group of people of diverse backgrounds or demographic identities talking about the new routine testing law, sexual behavior, and how they could all benefit from getting tested.
- Mr. Ruiz also suggested that the group leverage the power and networks of its members to develop and distribute public service announcements (PSAs) on local English & Spanish radio stations. The PSAs would describe the new law and routine testing.
 - Mr. Gennaro shared that local radio stations are sometimes sensitive about the language they permit on their broadcasts. He suggested that the PSA say something like, “Hey, Did You Know? This new legislation just passed. Make sure you ask for an HIV test the next time you get a checkup. The CDC recommends it – Make sure you ask for your test!”
- Venesha Heron shared Mr. Ruiz’s belief and added that she had learned some valuable messaging strategies while at the HIV Biomedical Prevention Summit. Specifically, presenters from the Pittsburgh Department of Health recommended that prevention messages incorporate “you, I, our, us, and together” statements. Additional recommendations included integrating the target community members’ values into the prevention messages and emphasizing that every community member can and should take action to end the epidemic. Ms. Heron suggested that we incorporate messages like “I can end the epidemic because we can do this together.”

- Sam Bowens posed a question regarding the rise in new HIV diagnoses among black women. He asked the following rhetorically: “Is it assumed that these newly diagnosed black women are having sex with Black men, thus, is it also assumed that the transmission is occurring between Black men and Black women?”
 - He was curious whether questionnaires asked people who were newly diagnosed about their partner’s demographics.
 - Sue Major shared that DPH has Disease Intervention Specialists (DIS), who interview the newly diagnosed to identify their partners. She recommended that the group request DIS data to determine whether the assumption Mr. Bowen pointed out is valid. Ms. Major also shared that there is a partner referral form that is on the DPH website, which can be used with anyone who is newly diagnosed to collect information on their partners.
 - Mr. Bowens is interested in reviewing additional data to test this assumption and to determine whether there is a target that is invisible in the current data reports.
 - Gina D’Angelo shared that she is open to reviewing additional data on partners’ demographics. Still, she is opposed to incorporating any data that describes people who transmit the virus into the campaign. Ms. D’Angelo is concerned that this data may be stigmatizing and could discourage folks from getting tested.
 - Ms. D’Angelo recommended that the group’s campaign be structured similarly to the COVID-19 testing campaign. Whereas everyone, regardless of their demographic identity, can see themselves in the campaign and mission to stop the spread of COVID-19. She would like for HIV testing to as normal and routine as regular COVID testing.
 - Mr. Gennaro stated that he is interested in using the DIS partner data to uncover target populations that may be hidden in the current EPI profiles. Yet, he agreed with Ms. D’Angelo that we should do everything to avoid stigmatizing folks.
 - Stephen Feathers suggested that the workgroup members be very clear about their intentions while speaking about potentially stigmatizing data because the meeting minutes are accessible to the public.
 - Mr. Gennaro then expressed that he is not, nor anyone in this group, blaming any person or group of people for anything in the State of CT regarding HIV. He and the group will continue researching to inform campaign strategies. This research includes facilitating focus groups or messaging development groups among members of our target populations.
 - Sam Bowens shared that the Waterbury Health Department is working with Sue Major and Ramon Rodriguez-Santana to run a focus group of Black women regarding PrEP. Mr. Bowens shared that he would keep the group posted on the outcome of that focus group.

Creative Concept Presentation Reviewed

- Mr. Gennaro requested that the creative concept presentation be displayed and then discussed the sections of the concept presentation.
 - He reviewed the essential components that included the routine testing bill passed into law, background epidemiological data on HIV diagnoses in the State of CT, and the chosen theme of the messaging campaign.
 - He then reviewed additional epidemiological data previously discussed in the creative brief. The epidemiological data included information on disparities in new HIV diagnoses across demographic identities and transmission categories. Mr. Gennaro differentiated this presentation from the creative brief. He said it would serve as a more engaging piece of

background information for folks that wanted to learn more about the development of the campaign.

- He quickly reviewed slides describing the marketing objectives and overall messaging considerations. He noted that these slides mirrored what appeared in the creative brief.
- Mr. Gennaro moved to the concept pitch section of his presentation and introduced the following concepts and accompanying script drafts:
 - Control Your Sexual Health
 - *Knowing what's going on with their sexual health is every adult's responsibility. The confidence you exude when you know you've got your sexual health under control attracts the attention of others. Being in control of your sexual health means, knowing your statuses and keeping yourself as safe as possible from contracting a sexually transmitted infection. Need some help along the way? We've got all the resources and services you need to Control Your Sexual Health.*
 - Mr. Gennaro explained that this concept is intended to promote the understanding that sexual health is simply another component of general health/wellbeing. It is also intended to normalize conversations about sex, routine testing, using PrEP, and using condoms, among other topics.
 - Be Your Best You
 - *With so many stressors happening in the world and in our personal lives, it's essential not to let HIV, HEP C, & STIs be added to the mix. With a wide range of prevention treatment services, there's no reason for HIV, HEP C, or STIs to get in your way and bring you down. By getting tested for HIV, HEP C, & STIs, you can rest assured of what's happening with your health and focus on the other things that matter in your life.*
 - Mr. Gennaro explained that this campaign would emphasize that sexual health maintenance is crucial regardless of your HIV status because it enables you to have a clear mind to do everything else that you enjoy. These things could be your community, work, or relationships.

D. WRAP-UP/GROUP-CHECK-IN

- Mr. Gennaro summarized the next steps the workgroup will take to move the items discussed.
 - Share creative brief and creative concept presentations with the group of attendees for feedback.
 - Coordinate with partners to complete the Prevention Pack campaign.
 - Request DIS partner referral data better understand of the demographics of the partners of individuals newly diagnosed with HIV.

E. ADJOURNMENT

- Mr. Gennaro asked the group if there was anything that folks wanted to share.
- Mr. Gennaro thanked everyone for their participation and adjourned the meeting at 11:30 am.

Table 1.

Question: Positive Prevention CT is interested in your feedback on its first campaign for the CHPC. Goal 4 of the Integrated Plan is to Achieve Integrated Efforts Among All Partners. Which of the remaining 3 goals should this campaign focus on?		
	Number	Percent
Goal 1: Reduce new HIV infections	17	44%
Goal 2: Improve HIV-related health outcomes of people living with HIV	5	13%
Goal 3: Reduce HIV-related disparities and health inequities	17	44%

Table 2.

Question: Based on the selected goal, which of the following populations should this campaign focus on? (select 2)		
	Number	Percent
Gay, bisexual, and other men who have sex with men (MSM)	22	50%
Black women	20	45%
Black men	18	41%
People who use drugs	11	25%
Youth ages 13-24	9	20%
The transgender community	8	18%

PPCT 2022 MEETING ATTENDANCE

Member	Agency	Jan	Feb	Mar	Apr	May
Kim Adamski	HGLHC	X				
Whitney Allen	Yale		X		X	
Sam Bowens	Waterbury Health Dept	X	X	X	X	X
Gigi Chaux	Stamford Cares					X
Gina D'Angelo	CT DPH					X
Atiba DeCruise	Stamford Cares			X		
Nicholas DaRosa	Apex Community Care				X	
Michael Diaz	Gilead Sciences	X	X			
Alixé Dittmore	CT Harm Reduction Alliance	X	X			
Taylor Edelmann	Apex Community Care	X	X			
Stephen Feathers	Perception Programs					X
John Gardner	Gilead Sciences	X	X	X	X	
Dante Gennaro, Jr.	CT DPH	X	X	X	X	X
Charles Hardy	CHPC Member	X	X			
Vanessa Heron	CT DPH					X
Doug Janssen	CHC		X	X	X	
Reggie Knox	CHPC Member	X				
Luis Magana	SWCHC					X
Sue Major	CT DPH					X
Tayla Moore	Community Health Svc	X	X			
Kay Muñoz	Sen. Murphy's office	X				
Joe Norton	APNH			X	X	
River Ramos (Andrew Rep)	Apex Community Care				X	X
Marie Raynor	Hartford Planning Council – Amplify Office Coordinator	X	X		X	
Beverly Reyes	Family Centers		X			X
Carlos Rodriguez	CT DPH	X				
Angel Ruiz	UConn/CT Children's	X	X	X	X	X
Benjamin Saldana	National Network for Youth	X				
Ketia Similien	GBAPP			X		
Keith Taylor	Staywell Health Center	X	X	X		
Cecil Tengtenga	Yale Public Health			X		
Zac Zimmitti	ACT				X	