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| **Date:** | Wednesday, November 20, 2024 | **Type:** | In-person, New Haven |
| **Start Time:** | 12:55 p.m. | **End Time:** | 2:00 p.m. |
| **Leaders** | Marianne Buchelli, Luis Diaz, and Mitchell Namias (CT DPH Resource Liaisons) | | |
| **Participants:** | 25 | **Next Meeting:** | January 15, 2025 |

**WELCOME AND INTRODUCTIONS**

Marianne Buchelli, Luis Diaz, and Mitchell Namias (CT DPH Resource Liaisons) (1) introduced themselves, (2) reviewed the charge of the NAP committee and its relationship to the Integrated Plan goals and objectives, (3) outlined the purpose of the meeting, and (4) asked participants to introduce themselves to the group by stating their name, place of work, and their favorite hobby.

**ADMINISTRATIVE MATTERS**

Ms. Buchelli shared that Dr. Anthony Santella (NAP Committee co-chair) was not able to attend the meeting today, but that Cross-Sector staff, Ken Plourd and David Reyes, as well as DPH staff, Luis Diaz, and Mitchell Namias would be assisting.

**OPEN LETTER TO MEDICAL PROVIDERS**

**Overview**: Ms. Buchelli distributed paper copies of the letter to all the attendees. She provided the group with some context to better understand why this letter was drafted. She stated, in 2022, the CT HIV Planning Consortium (CHPC) in collaboration with the CT Department of Public Health (DPH) conducted a Prevention Needs Assessment (PNA) Survey. The purpose of the survey was to identify gaps in HIV, Sexually Transmitted Infections (STI), hepatitis C (HCV), and substance use disorder (SUD) treatment needs; to help individuals from acquiring HIV, STIs, and HCV; to assess for challenges and barriers to receiving prevention services, and to improve and make services more available to the public. The 2022 PNA survey results were analyzed by DPH scientists and reviewed by the CHPC and the NAP committee. Dr. Santella and DPH leadership worked with NAP committee members to draft a “call to action” Open Letter (informed by the PNA survey results) which outlined suggested actions for medical providers to take to drive meaningful change and to provide the highest standard of care for their patients.

**Interactive Activity – Review Open Letter**: Ms. Buchelli stated that today community members will have an opportunity to review the Open Letter and provide feedback. She explained to the group that feedback gathered today will be shared with DPH leadership and considered during final revisions. Mr. Namias reminded the group that once the Open Letter is finalized, they will collect signatures to build credibility, increase visibility, and enhance influence. He led the group through the interactive activity by asking attendees to review the letter, to provide any feedback/suggestions and to highlight the top three items that NAP should emphasize.

**Feedback/Suggestions:** Attendees reviewed the Open Letter and provided the following suggestions:

* *Add benefits to the provider for sharing the letter - including ICD codes, 340B information, or hyperlinks to websites and training organizations (NEATC)*
* *Add DoxyPEP & PrEP and cost-savings of screening for HIV/HCV/STDs in their healthcare settings*
* *Should include the 5 big cities stated in the G2Z initiative*
* *Should the letter be signed by the State or include other medical providers, members of the community such as local health departments (LHD), and FQHCs.*
* *Add logos from all partners not just DPH*
* *Say something in the subject line of the email that would incentivize them*
* *Letter can be shared at conferences, meetings and presentations*
* *Letter can be shared on Ending the Syndemic website*
* *Add the word “prevention” – currently only mentions “care”*
* *Consider replacing the word “patients “with “clients”*
* *Include the benefits of engaging in this work*
* *Embed a video of someone reading this letter in their email*
* *Add “and HCV” to “the HIV epidemic” in the first sentence*
* *Add “Hep C” to the first sentence*
* *Add PEP & PrEP to Education/Awareness and add PrEP to #4*
* *Replace HIV with HIV/HCV*
* *Add PrEP to # 2 and #4*
* *Place emphasis on #1 and #3*
* *Can pharmacies play a role in distributing*
* *Emphasis on #1-#3*
* *Combine #4 with #2*
* *Letter needs to include more information*
* *Add age group targets*
* *Add links to resources for #3*
* *Emphasis on #2 and #3*
* *Add a list of Frequently Asked Questions with providers*
* *Include link for testing law*
* *Get the signature of the DPH Commissioner*
* *Add provider incentives and billing information (codes)*
* *Billing guide with testing guidelines*

**Distribution Plan:** Once the Open Letter is finalized, Luis Diaz will coordinate the distribution using a variety of methods including email, direct mail, in-person (sales-rep model), including a video of the letter, social media, and via websites (Positive prevention CT/Ending the Syndemic). Additional suggestions from the group for distributing the Open Letter included:

* *Request help from local health departments to sign off*
* *Have DPH commissioner endorse*
* *Keep minimal but powerful signatures attached to letter, too many signatures will dilute the importance*
* *When providers annually renew their licenses with the state, include this letter with their renewal*
* *Offer CMEs or work with DPH Physician licensing (PLIS) to offer incentives for doing the screening in healthcare settings.*

**NAP RESTRUCTURE DISCUSSION**

Mr. Namias opened the discussion by acknowledging previous assessments completed at NAP and asked what other types of assessment projects the NAP Committee should prioritize in the coming year. He identified several examples of assessments that were completed within the last two years were, 1) Ryan White Part B Needs Assessment 2) Prevention Needs Assessment, 3) Pilot Project conducted by CCMC on Stigma, and 4) Assessing the resources for Housing resources. Mr. Namias acknowledged there are currently no needs assessments requiring this group’s attention, and suggested that moving forward, a workgroup/taskforce can assemble “as needed” to work on those projects.

Several attendees identified *undocumented patients* as a priority population to consider for a future needs assessment survey.

Mr. Dante Gennaro offered training and support from the AETC as it relates to provider involvement in improving services and disseminating surveys/needs assessments.

Mr. Xavier Day suggested a rebranding of the NAP committee that would include developing a new mission statement and charge. He reminded the group if they decided to take this approach, then we would have to come up with new metrics to measure the committee’s success.

**2025 NAP WORKPLAN**

Ms. Buchelli reviewed the NAP committee work and how it connects to the statewide Integrated Plan (IP). She explained that NAP activities relate directly to IP Objective 3.1, “Define and incorporate at least one (1) stigma and discrimination indicator(s) to add to the CHPC indicator list”. Also, IP Objective 4.2, “to document the integration of HIV services with other areas of syndemic focus for inclusion in the Plan.” NAP also facilitates and conducts special projects that increase coordination of the planning groups. Ms. Buchelli asked for suggestions and feedback from the committee on how to approach the Stigma objective.

Several individuals noted the challenges in measuring stigma especially when the same questions are not being asked across agencies and organizations.

Ms. Susan Major noted that QPM does still plan to include Stigma Measure in their workplan, but further information on the best metrics is needed.

Ms. Croasdale-Mills stated there are currently 7 National Plans that are currently being reviewed and are requesting feedback. This is an opportunity to see how we can shift and integrate these recommendations into our plan in the future. She also reminded participants there is a National Stigma Conference this month. The conference is held annually, and she recommended that CHPC participants attend in the future.

**Priorities Identified for 2025:**

* Stigma Measure
* Stigma Needs Assessment- expand upon the one CCMC conducted
* Undocumented Population Needs Assessment

**HOUSING RESOURCE**

Ms. Buchelli asked participants to review the the list of housing resources compiled by NAP committee members in 2023. She explained that this was created as a resource after the NAP committee organized a panel discussion in 2023 featuring leaders from housing organizations/agencies in CT. This list is a working document housed on the CHPC website, and it is intended to give HIV providers a quick resource to refer to and to link their patients/clients.

Ms. Erica Mott, from ACT, Inc shared that there are sites offering services that are not on the list as well as sites that have new staff due to turnover. She also stated that it may be helpful to include a step-by-step process to assist individuals with immediate housing needs. Ms. Mott indicated she would be able to assist in the development of this process flow.

Ms. Buchelli asked if the housing resource list could be reshared with the participants so that they could provide their input and feedback.

**OTHER BUSINESS/ANNOUNCEMENTS**

Ms. Croasdale suggested NAP create a crosswalk for the work CHPC/NAP has done since January-Present to demonstrate the work activities completed or in process.

Ms. De La Cruz shared that English is not the first language that people speak and can be a barrier to members of the community attending NAP.

**ATTENDANCE**

Attendance records are kept on file with the CHPC support staff.

**ADJOURN**

The committee meeting ended at 2:00 p.m.