Connecticut HIV Planning Consortium

Quality and Performance Measures (QPM) Team Meeting Summary

February 19, 2025

Date:	Wednesday, February 19, 2025	**Type:**	Online
Start Time:	10:22 am	**End Time:**	11:50 am
Leaders	Peta-Gaye Tomlinson (Chair), Sue Major and Denese Smith-Munroe (DPH Liaisons)		
Participants:	26	**Next Meeting:**	March 19, 2025 (online)

WELCOME AND OVERVIEW

QPM Chair Peta-Gaye Tomlinson: (1) introduced herself and DPH liaisons Sue Major and Denese Smith-Munroe, (2) reviewed the charge of the committee, (3) outlined the purpose of the meeting, and (4) reviewed QPM's approach for creating a positive, productive meeting climate.

ADMINISTRATIVE MATTERS

Review of Prior Meeting Notes. The team approved the January2025 meeting notes with no changes.

PERFORMANCE MEASURES (PM)

Connecticut PrEP Data. Luis Diaz (DPH) presented data on state-funded PrEP programs and statewide data from AIDSVu. See this link for the full presentation. Highlights include:

- Data for state-funded programs is from January 1, 2021 through November 15, 2024. During this time period, 67,110 people were screened for PrEP, 46,857 were determined eligible for PrEP, and 13,570 people (29%) were referred to a PrEP provider.
- Statewide data from AIDSVu shows that 4,743 people were taking PrEP in 2023. The 2023 PrEP-to-Need-Ratio (see sidebar for definition) is 21.6, and has been increasing in recent years (e.g., from 14.0 in 2021).
- There are major disparities in PnR by race (Black PnR = 6.2), ethnicity (Latino PnR = 9.2), and sex (Female PnR = 8.0).

> The **PrEP-to-Need Ratio (PnR)** compares the number of people using PrEP to the number of people newly diagnosed with HIV. This shows how well PrEP usage aligns with need for HIV prevention. A lower PnR indicates more unmet need for PrEP.

Participants discussed the implications of the data:

- Eligibility vs. Referrals for PrEP. Luis and Sue Major noted that the new PrEP eligibility guidelines are very broad (i.e., include nearly everyone who is sexually active), so many people who are technically eligible may decide they do not need PrEP. In addition, health insurance may only cover the generic PrEP (Truvada).
- Coordinating PrEP efforts. Due to staffing constraints, DPH has not held PrEP Mobilization Workgroup meetings in recent years. As DPH hires staff, Luis is hopeful that these meetings can be re-started. Regional leads can also convene PrEP providers to discuss challenges and promising practices.
- State funding for PrEP. While the state does not specifically fund PrEP navigators, most sites have expertise in educating clients on PrEP / PEP and addressing barriers to PrEP (e.g., co-pay assistance programs to cover the cost). Once PrEP-DAP (Drug Assistance Program) is launched, this will also help in addressing the cost of medications. Luis noted that there is not state funding at this time for PrEP navigators.

Luis stated that Mitch Namias will be the new PrEP Coordinator, but that Luis will remain at DPH and can continue to serve as a resource for PrEP.

Identifying Barriers and Challenges to PrEP Uptake among Black Women. Anna Pelc presented her study that was conducted as part of her MPH (Masters in Public Health) program at Yale – with Luis Diaz as her study supervisor (see this link for the full presentation). The study builds directly on the statewide PrEP data showing major disparities in PrEP uptake among Black women. Highlights include:

- The study included a literature review, landscape assessment of existing efforts, and interviews with Black women.
- The research literature indicates lack of awareness of PrEP, concerns about side effects and cost, perceptions of low risk, stigma, and lack of trust in medical system as reasons for not using PrEP. Among clinicians, there was also a lack of awareness of PrEP among other concerns. Effective approaches include support groups, workshops at women's health events, Black women as educators, and the use of social media among others.
- The landscape analysis indicates that challenges include provider resistance to prescribing PrEP, concerns about side effects and drug interactions (e.g., with birth control), difficulty navigating health insurance, and the fact that most campaigns focus on men. Promising strategies include noting that side effects are rarely an issue and decrease over time, using sister circles to educate women, and using messaging that focuses on pleasure vs. risk.
- The interviews found that most Black women are comfortable discussing PrEP but are concerned about discussing it with their partners, were concerned about side effects, and were concerned about societal stigma. Interviewees wanted to see people "who look like me" in materials. The presentation including a range of educational materials (flyers, brochure, resource listings) that feature Black women.

Participants discussed the implications of the data:

- Use of educational materials. Participants appreciated the materials that Anna created, and wanted to see how they can be more widely disseminated and used. Agencies can print copies, and Sue Major stated that DPH may be able to also print copies (although there is no funding for Positive Prevention in 2025). Peta-Gaye stated QPM will work with DPH to disseminate Anna's resources.
- Educating providers on PrEP. Participants noted the importance of educating providers (i.e., provider detailing). Lionel Thomas noted that provider detailing has been very effective in Danbury. Agencies can also use and disseminate DPH's PrEP Provider Toolkit. Provider education needs to also address implicit bias and cultural beliefs that prevent discussions about sex and PrEP. Ruth Murray suggested identifying opportunities for pre-service education, and Ericka Mott suggested incorporating opportunities into "alternative spring break" trips (e.g., pre-med students). Peta-Gaye will explore options with the CHPC Executive Committee to enlarge the conversation beyond QPM.
- Positive messages. Peta-Gaye noted the "Risk to Reasons" campaign as an example of messaging for Black women that focuses on pleasure and self-care. This is a powerful message.
- Further studies. Naissa Piverger suggested examining cultural beliefs among partners (male and female), and studying unhealthy relationships among Black MSM (e.g., coercive relationships).
- Places for Black women. Education can occur where women gather (e.g., hair and nail salons). How do we create "points of joy" for anyone who wants to be educated? "Sister circles" are another option. Africka Hinds noted her engagement in Black sororities (part of the Divine Nine) and her local church; these are

great platforms for conversations. Africka could invite her sorority sisters to a CHPC meeting on PrEP. Daniel Davidson noted one challenge is that there is no healthcare destination for Black women to receive support (e.g., like gay-friendly healthcare centers). Women are likely going to their local doctors, who may not be aware or PrEP and who may bring their own beliefs.

- Challenges for young adults. Many young adults are on their parents' health insurance, and may not want their parents to see a PrEP prescription. There also needs to be more sex education in school, although local control makes it difficult to address at the high school level. There are opportunities to educate the many Black women who are going to community colleges and local colleges.

Peta-Gaye thanked Anna for all her great work and for developing materials that speak to Black women.

QUALITY (Q)

The team reviewed a revised list of **quality improvement (QI) projects** (see this link for details). This list includes an updated list of Ryan White Part A Hartford projects. Next steps include:

- Dave encouraged participants to share additional QI projects. Clunie Jean-Baptiste suggested contacting Brooke Logan to identify projects for Ryan White Part A New Haven / Fairfield Counties.
- Peta-Gaye encouraged participants to nominate or volunteer to present a QI project or tool at the March meeting, as part of "QI Spotlights." These are brief presentations of 12-12 minutes that will help us share best practices and learn from each others' work.

MEETING FEEDBACK

Participants completed a meeting feedback poll. All respondents "felt comfortable participating in the committee meeting" and "felt the committee meeting I attended was well organized and ran smoothly."

One thing they liked BEST about the meeting was:

- Discussion / engagement. "Combining presentation(s) with discussion." "Engagement and discussion." "The pace and the way you made sure to allow everyone a chance to share." "I loved the discussion and the information that was shared." "The conversations." "Engagement."
- Presentations. "Anna and Luis's presentations were great." "Luis' presentation was awesome!!!" "The great presentations."
- Topic / data. "PrEP data!" "Data and transparency."

Respondents suggested the following ways to improve future meetings:

- Send out presentations in the chat so you can follow along on your own screen.
- More discussions.
- These meetings are so long (not QPM itself but in combination with the main meeting).
- This part should be held separate and in person always.
- [More] time.

ADOURN

The meeting adjourned at 11:50 am.

ATTENDANCE

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