

New Jersey HIV Planning Group
General Assembly Meeting Agenda

Thursday, January 16th, 2025

Hybrid via In person and ZOOM Video Conference
 NJCRI WOW CommuniTEA Center (45 Commerce Street Newark, NJ)
 11:30 am – 4:00 pm

Chelsea Betlow
 Government Co-Chair

Johanne Rateau
 Community Co-Chair

Saquan Stevenson
 Community Co-Chair

***Please note all times are approximate**

NJHPG Members Only

11:30 am	Welcome & Moment of Silence Review & Approve Agenda Review & Approval of October Minutes	Johanne Rateau
11:40 am	Appointment of Government Vice-Chair	Chelsea Betlow
11:45 am	New Member Ratification	Laurie Litt
11:50 am	Evaluation Review	HCPST
12:00 pm	NJHPG Media Day	Saquan Stevenson
Open Portion		
12:30 pm	<i>Lunch & Networking; Greeters- Jaivon Lewis & Kevin E. Taylor</i>	
1:00 pm	Welcome & Moment of Silence	Saquan Stevenson
1:15 pm	NJHPG End of Year Report & Cycle 4 Work Plan	HCPST
1:25 pm	Recommendation Report-Out- Cycle 1 & 2	DOH Team
2:00 pm	EDUCATION • Public Policy Presentation	Axel Torres Marrero
Break (10 min)		
2:40 pm	DHSTS Updates	Chelsea Betlow
2:55pm	Partner Updates-5 <i>minutes</i> • Newark Eligible Metropolitan Area (NEMA) • Middlesex, Somerset, Hunterdon Transitional Grant Area (TGA) • Hudson TGA • Bergen Passaic TGA • Philadelphia Office of HIV Planning	
3:20 pm	Quarterly Spotlight Recognition	Jaivon Lewis
3:30 pm	Welcome to New NJHPG Members & New Co-Chairs	Johanne Rateau
3:35 pm	Thank You to Members Terming Out	Saquan Stevenson
3:40 pm	Member & Community Announcements	Johanne Rateau
3:55 pm	Evaluation	HCPST
4:00 pm	Adjournment	Johanne Rateau

Next meeting: Thursday, April 16, 2025 (Central Region)



October 2024 Meeting Minutes



General Assembly Voting



General Assembly Meeting Evaluation

ATTENDANCE			
NJHPG Member			
Abraham Corsino	P	Kelly Williams	P
Anjettica Boatwright	P	Kevin Taylor	P
Allison Delcalzo-Berens	P	Laurie Litt	A
Angela Petrone	P	Luis Otano	P
Amir Gatlin-Colon	P	Lynnette Abdulwaliyy	P
Chad Balodis	P	Michelle Harvey	P
Chelsea Betlow	P	Monique Springer	P
Claudia Ortiz	P	Rafael Kaipa Llovera	P
Crystal Mitchell	P	Ric Miles	P
Denise Brown	P	Robert Lord-Schell	P
Jaivon Lewis	P	Rosie Ruiz	A
Jamir Tuten	P	Samarie Rivera	P
Jocelyn Perry	P	Saquan Stevenson	P
Johanne Rateau	P	Shalik Thompson	P
John Nelson	P	Stephanie Berroa-Allen	P
Jose Avilla	P	Tameka Allen	P

NJHPG Committee Member			
Amy Pereira, Karen Walker, Kathy O'Brien, Gabrielle Ferrigno, Jessica Diaz			
Non-Voting Members			
Alicia Gambino, Alicia Kearney, Andrea Norberg, Ayo Ajiboye, Carol Vincent, Chris Derrico, Clarise Bradshaw (she/her) (Clarise), Cliff Barnett, Cynthia Mimmo, Ed Barron, Emmanuel Gamarra, Ena, Evelyn L, Gabrielle Ferrigno (she/her/they), Georgett Shelton, Greg Langan, Jacques Joseph, Jahnae Morgan (she/her), James Valentin, Jamie Steiger, Jerome T. Pipes, Jill Nicolosi, Judy Collins, June Dowell-Burton, Justin LiGreci, karyn Berk, KATHY PHILLIPS-HARDING, Kelli Koonce, Khadijah Reid, Kristen Ehlers, Leonard Norris, Lonyona Hamilton, Mary Nolan, Melisa Hart, Michael Hager, Michelle Harvey, Minoo, Monique Springer, Mumah Tawe, Nikeshia Deal, Paul Cate, Rachel Wagner, Rekha Damaraju, Renee Cirillo, Richell Garcia, Shiana Accilien-Adeboye, Shorter-Tonya, Syd, Tri Nguyen, Yolanda Frazier			
HIV Community Planning Support Team			
Dottie Dowdell	P	Taylor Lightner	P
Selena Aponte	P		

P- Present; A- Absent; E -Excused; LoA - Leave of absence



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New Jersey HIV Planning Group General Assembly Meeting Minutes

Thursday, October 18th, 2024

Hybrid via In person and ZOOM Video Conference
Hilton Waterfront | 1 Penn Street, Camden, NJ

AGENDA

Item	Discussion
Welcome and Moment of Silence	Jaivon Lewis began the meeting at 1:11 pm, followed by a moment of silence to remember those we've lost and recognize the resilience of individuals living with HIV/AIDS. We continue the fight for access to treatment and a future free from HIV stigma and HIV transmission.
Approval of the Agenda	Jaivon Lewis reviewed the Agenda. Jaivon asked for a motion to approve the Agenda for today's meeting Anjettica Boatwright motioned, seconded by Stephanie Berroa-Allen. HCPST conducted a vote, and the motion passed.
Approval of Meeting Minutes	Jaivon Lewis asked for a motion to approve July 18, 2024, meeting minutes. Samarie Rivera motioned, seconded by Anjettica Boatwright. HCPST conducted a vote, and the motion passed.
Voting Items	Ric Miles introduced himself as one of the Governance Co-Chairs for NJHPG. The Governance Committee has the responsibility to ensure that the Bylaws are up to date and work in accordance with having a functional planning body. The purpose of the Bylaw changes was to amend language in bylaws to align with current practice of NJHPG leadership and detailing the process for an additional Government Chair. HCPST conducted a vote, and the bylaws were approved. Next Ric Miles transitioned the group into the Community Co-Chair Vote, all three nominees were able to read their biography prior to the vote; Saquan Stevenson, Jose Avila, & Luis Otano. HCPST conducted a vote, and Saquan Stevenson was voted in as the 2025-2026 Community Co-Chair for NJHPG!
NJHPG Overview	<p>We are a planning body that works through the NJ Integrated Plan with the goal of ending the transmission of HIV within the state of New Jersey. There are 122 Activities listed within the Integrated plan that explain what needs to happen to achieve the goal of ending the epidemic. It is up to the individual committees to inform the Department of Health how they would like these activities to be implemented. NJHPG fulfills the role of planning through the completion of SMARTIE Recommendations.</p> <p>There are 6 Priority Populations listed within the Integrated Plan;</p> <ol style="list-style-type: none"> 1) Black, Hispanic, White MSM - 25 years old - 44 years old 2) Males Who Inject Drugs 3) Black & Hispanic Heterosexual Females - 25 years old - 44 years old 4) Transgender Women 5) Youths 6) Others; Sex workers, Immigrants, Older Adults, Disabled & Justice Involved Individuals <p>At NJHPG we have Quarterly General Assembly's Meetings and Monthly Committee Meetings;</p> <ul style="list-style-type: none"> • Executive Committee- Closed Meetings, NJHPG Co-Chairs Only • Governance Committee- Closed Meetings, NJHPG Members Only • Open Committees- Follow Assigned Workplans • Integrated Plan- Assign Activities & Develop Recommendations • Priority Setting- Develop Recommendations



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	<ul style="list-style-type: none"> • Community Engagement- Develop Recommendations • Data & Research- Create Resources, Fulfill Data Requests, Develop Recommendations <p>At our meetings we have three types of attendees;</p> <ul style="list-style-type: none"> • Guests/Non-Voting Attendee <ul style="list-style-type: none"> ○ Participation Only, CANNOT VOTE • Committee Members <ul style="list-style-type: none"> ○ Participation and Voting within their Prospective Committee ○ Must attend 3 meetings within 6-months • NJHPG Members <ul style="list-style-type: none"> ○ Participation, Voting within their Committee of Choice & at General Assembly Meetings
<p>Meeting Evaluation Review</p>	<p>The HCPST provided a summary of the July meeting evaluation. The following was identified:</p> <ul style="list-style-type: none"> • In-Person; 31/45 (69%) and Online; 21/56 (38%) • There were only 4 (7%) Committee Members, 29 Guests (56%) & 19 NJHPG Members (37%) • Strengths <ul style="list-style-type: none"> ○ 100% of the information presented was understood. ○ 98% agreed they would attend future meetings. ○ 96% felt they had enough time to ask questions or make comments. ○ 96% felt the flow of the meeting was effective. ○ 94% felt prepared to participate in the meeting discussion. • Areas of Improvement <ul style="list-style-type: none"> ○ Meeting Accessibility- dropped to only 81% agreeing the meeting was accessible. ○ "I will attend future meetings" (dropped from 100% to 92%) • Areas of Improvement <ul style="list-style-type: none"> ○ Meeting Accessibility- 76% agreed the meeting was accessible.
<p>NJHPG Quarterly Review</p>	<p>The Support Team shared an educational presentation that included the work NJHPG has been able to accomplish last quarter;</p> <ul style="list-style-type: none"> • All Committees are on Track to Complete the Cycle 3 Workplan • Successful First Launch of the Newsletter • All 2025 Co-Chairs are Named <ul style="list-style-type: none"> ○ Governance Committee; Ric Miles & Laurie Litt ○ Integrated Plan; Allison Delcalzo-Berens & Tameka Allen ○ Priority Setting; Samarie Rivera & Kevin Taylor ○ Community Engagement; Stephanie Berroa-Allen & Shalik Thompson ○ Data & Research; Angela Petrone & Jessica Diaz • Successful Co-Chair Orientations & Beginning of Mentorship • In-Person Committee Meeting- Community Engagement • First NJHPG Technical Assistance Meeting • NJHPG Recognition; Annual Awards & Quarterly Spotlight <ul style="list-style-type: none"> ○ Quarterly Spotlight- Quarterly, leaders at NJHPG will spotlight or feature members on the NJHPG Website who have gone above and beyond in the eyes of their Committee's Co-Chair. This form of retention will provide an opportunity to showcase the planning body's work and the people involved to a wider audience. Showcasing the interesting work done by the planning body can attract new members and guests. Overall, a well-designed spotlight program can contribute to a more vibrant, engaged, and effective planning body. <ul style="list-style-type: none"> ▪ Eligibility:



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	<ul style="list-style-type: none"> • Any NJHPG Member, Committee Member, or Guest. • Individuals that have demonstrated exceptional service within the past quarter. • Self-nominations are not allowed ▪ Nomination Process: <ul style="list-style-type: none"> • Co-Chairs will have the opportunity to nominate any one attendee who has had exemplary participation within their Committee in the past quarter. Co-Chairs are not required to nominate a member every quarter. • Co-Chairs will provide a case for their one nomination at the Executive Committee meeting. This would include behaviorally specific examples and reasoning as to why they believe this individual is deserving. ○ Annual Awards- Commitment to Advocacy: Recognizing a member who has tirelessly advocated for the needs of people living with and affected by HIV/AIDS. <ul style="list-style-type: none"> ▪ Effective advocacy efforts on behalf of people living with and affected by HIV/AIDS. ▪ Ability to build relationships with policymakers and decision-makers. ▪ Contribution to positive changes in policies and legislation. ○ Annual Awards- Member of the Year: Recognizing a member who has fostered meaningful partnerships and engagement with communities most impacted by HIV/AIDS. <ul style="list-style-type: none"> ▪ Effective engagement with communities most impacted by HIV/AIDS. ▪ Fostering partnerships and collaborations with community-based organizations. ▪ Building trust and understanding between the NJHPG and the community
<p>Cycle 1 Report Out</p>	<p>Johanne Rateau transitioned the group into discussing the Updates and Report Out from the Department of Health (DOH) Division of HIV, STD, and TB Services (DHSTS). She stated this report required an immense amount of preparation from the committees in 2023 when they first started making recommendations, to the review approval from the executive committee, all the way to the monitor & evaluation framework that was completed by the DOH. Dottie Rains-Dowdell added this report out would be done collaboratively with the committee co-chairs and our DOH DHSTS 'Dream Team'.</p> <p>System Activity 5.3 - Work in collaboration with the New Jersey Board of Medical Examiners to promote requirements for continuing education for primary care providers that include HIV/AIDS-related content, including but not limited to HIV testing, HIV prevention, and HIV/AIDS care. These topics, along with conducting sexual health assessments and discussing sexual health, should also be an integral part of the curriculum for students in NJ's medical schools. (<i>Priority Setting Committee</i>)</p> <p>Action Step 1: Conduct an assessment of the current curriculum of nursing programs. Investigate HIV related CEUs that are required & recommended.</p> <p>Report Out – Chris D’Errico: Subcontract an assessment on all required HIV related CEUs for all levels of nursing.</p>



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Script: This will be focused more through the work NJDOH will be doing through Public Health Detailing and onboarding more clinics to do routine testing, rather than in mandates for CEUs. Through engagement with an FQHC, a primary care doctor or an emergency medical practice through Public Health Detailing or Project FOCUS, we'll then be able to set up training to expand their education and understanding of HIV. The more we work with our counterpart at Primary and Rural Health for the FQHCs, we'll be able to work it into their in-services to raise awareness for the practitioners and build relationships. NJDOH will look to compile a list of recommended CEUs.

Action Step 2: Establish contacts with all listed stakeholders. Develop a written agreement to describe the purpose and goal of the relationship as well as the process/plan of maintaining the work they plan to do.

Report Out – Chelsea Betlow_: With that list DHSTS/DOH will request a meeting with the Board of Medical Examiners to advocate for additional CEUs that are specific to Ending the Epidemic.

Script: We are not prepared to do this yet... It is a big ask. CEUs are being compiled and those who are in RW Network should know how to find them. For those outside of the RW Network, it will be a bigger lift to require CEUs and we are approaching this through FOCUS and PHD at this time.

System Activity 5.5 - NJDOH DHSTS shall take the appropriate measures to provide accurate and more timely surveillance data to facilitate targeted testing initiatives. (*Data and Research Committee*)

Action Step 1: NJDOH DHSTS will build capacity FTE with Tableau experience to work on data analytics and quality management to align with the 2024 state budget. Establish & update the current processes of collecting, cleaning, & disseminating different types of data (ex; surveillance, service, general claims, Medicaid, agencies)

Report Out – Shwetha Kamath: DOH is developing best practices to provide more accurate data.

Script: NJDOH DHSTS has identified some gaps in the data. DHSTS is working towards getting the Surveillance data and Care data in alignment by trying to get a good match of patients in both the data systems. Bridging this gap will give more accurate information about patients and the services that they are receiving from the care providers.

Action Step 2: NJDOH DHSTS will lead an annual training to include guidance on accessing and navigating server with a focus on data migration across various platforms (i.e. CareWare, CHAMPE-Compass, Evaluation Web) for all agencies by December 2024 with a certificate of completion.

Action Step 3: While annual training is being developed, DOH DHSTS will complete and disseminate a video training and Technical Assistance packet to be shared on the NJHPG website by March 2024. DOH DHSTS will identify Regional Trainers to assist with TA needs on a quarterly basis virtually.

Report Out – Shwetha Kamath, Rekha Damaraju, & Chelsea Betlow; Materials and trainings are already established, migration processes are currently underway.

Script: For platforms that our funding uses we offer trainings, materials are being developed and grantees should request additional training when needed through their PMO. We do not support CHAMP or E-Compas.

Program Activity 5.5 - Provide of facilitate professional education



and/or training to healthcare providers in the locations listed below on HIV/AIDS, acute HIV infection, HIV testing, and how to properly support a client who has tested positive. (*Integrated Plan Committee*)

Action Step 2: CEU course will be created by AETC and FXB with the following recommended courses: HIV/AIDS, acute HIV infection, HIV routinized testing, stigma, and how to properly support a client who has tested positive.

Report Out – Chris D-Errico: DOH will find ways to motivate providers to expand their education and understanding of HIV.

Script: Incentivizing providers will come through access to resources through Public Health Detailing and Project FOCUS, such as investing in systems that will allow you to stand-up routine testing, how to properly bill for it & fill any gaps, and opportunities for 340 B revenues.

Program Activity 5.11 - Use social media and dating/hook-up apps to advertise and perform outreach for engagement in HIV testing. Advertising campaigns should be varied and up-to-date. (*Community Engagement Committee*)

Action Step 1: Create or identify a set of standards within a training/guidance for organizations teaching them how to engage their community over social media apps/dating apps/ethnic dating sites while addressing how to maintain boundaries with clients on dating platforms.

Report Out – Lara Dykstra (Renee Cirillo will Report Out): Inform (call to action for) agencies of the steps they can take to access trainings that already exist and PMO's will inform attendants where they can access social media toolkits or technical assistance.

Script: At this time agencies can find different trainings and webinars available at the TACD website, scan the QR code on the slide for access, which currently hosts a variety of trainings that incorporate different aspects of social media engagement. The DHSTS also has partnered with different agencies and groups which also provide educational training similar to TACD.

System Activity 6.12 - Identify opportunities to expand housing vouchers available for both Housing Opportunities for Persons with AIDS (HOPWA) and Section 8. Encourage coordination between HOPWA and Section 8. (*Priority Setting Committee*)

Action Step 1: Collect data around stigma and housing barriers including those of Section 8. Monitor and evaluate the process for transitional housing. Infiltrate poor/supportive/transitional housing policies to help remove housing barriers.

Report Out – Renee Cirillo: PMO's will inform their agencies/provide education on the resources they have available in terms of the HIV Emergency Housing Hotline managed by ARFC- AIDS Resource Foundation, HIMIS, and housing ambassadors available.

Report Out – Jaivon Lewis: Connect with ARFC for Housing Funds and Future Opportunities.

Report Out – Renee Cirillo & Chelsea Betlow: DOH will utilize past funding for current and future housing funds in their next fiscal year (increases emergency financial assistance money, prevent evictions, capacity building, case manager training/consumer navigation) Focus on emergency housing with new funds available.

Script:
Chelsea: DHSTS can navigate people to trainings to learn more about section 8. We are waiting to update the coordinated plan to increase our menu of services... ARFC and Monarch can provide insight training TA and office hours, once coordinated plan changes, other opportunities may become available.



(Renee) DHSTS, NJDOH is actively working on a number of fronts and strategies to expand housing related services and supports throughout NJ.

- DHSTS has a new partnership with Hyacinth AIDS Foundation to elevate the HOPWA program
- DHSTS is establishing a HOPWA collaborative, with other NJ HOPWA grantees, with the purpose of networking, troubleshooting and improved distribution of resources
- DHSTS is currently examining Fair Market Rate standards that are used to set maximum rent for HOPWA units, so we may increase these rates
- DHSTS is working on expanding our HOPWA program to add more allowable activities (based on need and collaboration), in addition to HOPWA TBRA (a housing voucher program)
- DHSTS and DCA are collaborating to inform the five-year consolidated plan, which is a summary of actions, activities and resources that are used to address NJ's housing needs. Coordination between Section 8 and HOPWA is best addressed at the local level through the coordinated entry process, which is a single point of entry to access housing and community services for homeless individuals.
- DHSTS supports housing initiatives including ARFC, that manages the New Jersey housing collaborative, operates HIV emergency housing hotline and provides technical assistance and training to case managers/housing ambassadors.
- There will be upcoming RFAs, put out by DHSTS to realign HIV care and prevention services, including housing

Action Step 3: Mimic NC "Safe Net" approach – Evaluate 36 parcels currently owned and unused by the State to build LOW INCOME Housing and subsidized housing options. (Examine local hotels/motels/schools to reconstruct into LOW INCOME and subsidized housing opportunities).

Report Out – Chelsea Betlow: DOH can approach ARFC to review the impact of Hope Village (container homes). POC- Yolanda Fraizer.

Script:

DHSTS can approach ARFC or possible other partners, even through an RFA but only if and when we have the resources.

System Activity 7.1 - Develop a PEP protocol for emergency rooms and urgent care centers to assist providers in these settings in responding to potential HIV transmission related to sexual activity or injection drug use. The protocol should follow CDC guidelines and specifically consider the needs of sexual assault survivors. (*Priority Setting Committee*)

Action Step 1: Endorse PEP; establish baseline information about the current quality of PEP care, improve the current quality of care of the PEP processes – NJHPG is requesting specific changes to ensure individuals receive care before 72 hours.

Report Out – Chelsea Betlow: DOH will highlight the current resources- reissue dear colleague letter that includes links to PEP resources and materials, ensure hospital providers are aware of the letter, HIV Hotline, etc.

Script: Without additional resources we cannot ENSURE PEP within 72 as we cannot stand up a PEP program. We applied for funding to support PEP and PrEP, our application was approved but there is not



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	<p>funding, so it is approved awaiting funding.</p> <p>Report Out – Chelsea Betlow: DOH has written a grant on August 31st to accelerate access to PrEP and PEP. <i>Script:</i> We were found fundable we requested funding from state, but that request was not prioritized as we have a workforce crisis and a deficit in most budgets.</p>
<p>Take PrEP & Take Charge: PrEP Awareness Campaign for Cisgender Women</p>	<p>Judy Collins began her presentation on the Take PrEP & Take Charge: PrEP Awareness Campaign for Cisgender Women ran by Rutgers Health.</p> <p>Campaign Goals</p> <ul style="list-style-type: none"> • Increase awareness about PrEP • Drive the audience to the endhivnj.org website for more information and resources <p>Phase I: Project Timeline & Focus</p> <ul style="list-style-type: none"> • Oct 1, 2023 – June 30, 2024 • Black/African American & Hispanic/Latina cisgender women, ages 18 and up • EtE priority cities in northeast NJ: <ul style="list-style-type: none"> • Essex County: Newark, Irvington, East Orange • Hudson County: Jersey City, North Bergen, Union City • Passaic County: Paterson • Union County: Elizabeth, Plainfield • Develop campaigns in English, Spanish, and Haitian Creole • Community Engagement; AIDS Research Foundation for Children (ARFC), Hager Health LLC, Research with a Heart and Coordinated Outreach and Linkage Program (C.O.O.L), Newark Community Health Centers , Smith Center, RWJBH/Trinitas , Iris House, Hyacinth, Hudson Pride, PROCEED, Inc., New Jersey Family Planning League, Alliance, Hoboken, Family Planning, North Hudson Community Action Corporation, Coalition on AIDS in Passaic County (CAPCO) <p>Consumer Dialogues</p> <ul style="list-style-type: none"> • Black & Latina cisgender women • Ages ranged from late teen, adults to older adults • Knowledge of HIV and HIV prevention options varied • Clear hits and misses with campaign images/messages; meaningful feedback was provided • Several tiered marketing locations suggested: <ul style="list-style-type: none"> • libraries, bodegas, high schools, college campuses, hair & nail salons, skating rinks, shelters, Drs offices-OB/GYN offices, the Y, gyms, churches, airports, parks, taxis <p>Campaigns</p> <ul style="list-style-type: none"> • Protect Our Future- Future = family and community. It implies that this message is not just about you. The language is not singular and non-stigmatizing. • You Never Know- You’re only in control of yourself so take charge of your sexual health and wellness. • Its Not Just for Men- Understand you are also at risk of acquiring HIV regardless of your relationship status, sexual orientation, or sexual behaviors. • Show Yourself Some Love- Appealing to women’s sense of vanity and desire for beauty and love. <p>Dissemination Plan & Phase II: Project Timeline & Focus</p> <ul style="list-style-type: none"> • endHIVnj.org • July 1, 2024 – December 31, 2024 • NJ Transit ads: bus interiors and exteriors, light rail interiors, rail stations, digital platforms, transit kiosks, video walls • Billboards: local and community-based bulletin, poster, and wall



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	<p>displays</p> <ul style="list-style-type: none"> • Programmatic display ads • Google Search, Display & YouTube ads • Social media ads (Facebook, Instagram) • Clinic posters and t-shirts for consumers • Consumer engagement postcards • Engage broader media outlets <p>How You Can Help</p> <ul style="list-style-type: none"> • Educate yourself and your clients about PrEP. Visit www.endhivnj.org/prep4women for Take PrEP & Take Charge campaign tools, FAQs, and PrEP provider locations in NJ • Promote the campaign! Share the website link and use our social media toolkit available at www.endhivnj.org/prep4women • Browse the End HIV NJ website, endhivnj.org for more information about HIV prevention & testing resources in NJ • Let us know how we can help your efforts to spread the word about PrEP
<p>MPOX Update</p>	<p>Renee Cirillo then shared her screen to provide an MPOX Update;</p> <ul style="list-style-type: none"> • There are two types of mpox, clade I and clade II. Clade I has historically caused a higher number of people with mpox to get severely sick or die compared to clade II. • The virus that causes clade I mpox occurs regularly, or is endemic, in DRC. • The current outbreak is more widespread than any previous DRC outbreak, and clade I mpox has spread to some neighboring countries, including Burundi, Central African Republic, Republic of the Congo, Rwanda, Uganda. • There have also been travel-associated cases in India, Kenya, Sweden, and Thailand. • On August 14, 2024, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC). • No cases of clade I mpox have been reported in the United States at this time. • CDC assessed the risk posed by the clade I mpox outbreak in the Democratic Republic of Congo and neighboring countries. The risk to the general population is assessed as low. • The current risk to gay, bisexual, and other men who have sex with men (MSM) current risk who have more than one sexual partner, and people who have sex with MSM partners, is assessed as low to moderate. The risk might change as more information becomes available • The best protection against mpox is two doses of the JYNNEOS vaccine if you're eligible. • Clade II mpox is endemic to West Africa. • After a peak in cases in summer 2022, cases of clade II mpox outbreak had decreased by early 2023 and continue to be reported at low levels in many countries today. • Clade II mpox is considered less severe than clade I mpox, and more than 99% of people survive their infection • The number of illnesses reported recently is far below the peak of the outbreak in July and August 2022 • Clade II mpox is still mostly being spread through sexual and intimate contact, with gay, bisexual, and other men who have sex with men at the highest risk of getting mpox. • A CDC study indicates that getting two doses of mpox vaccine works to prevent mpox. It's rare for people to get mpox after they've been fully vaccinated or recovered from a prior infection. • Right now, a "booster" (more than 2 mpox doses) isn't



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	<p>recommended.</p> <ul style="list-style-type: none"> • NJ MPOX Statistics- https://dashboards.doh.nj.gov/views/public-MonkeypoxCasesandVaccinations_16642095083250/NJMPXDashboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y&%3Aorigin=card_share_link&_gl=1*107c0lg*_ga*MTY0NDM2MjI3NC4xNzA3NDI4MDM1*_ga_5PWJJG6642*MTcyOTE3NzI5MC4xNC4xLjE3MjkxNzczNTguMC4wLjA. • Where to get vaccinated- https://www.nj.gov/health/monkeypox/vaccines/index.shtml
<p>Public Health Detailing Update</p>	<p>Mishta Stanislaus shared the following updates on behalf of the DOH DHSTS:</p> <ul style="list-style-type: none"> • Update on the ongoing Public Health Detailing Project to increase routine HIV testing in primary care settings. • This initiative is known as SPARC-HIV or the Screening, Prevention, and Routine Care for HIV Initiative. • This initiative employs Public Health Detailing which an evidence-based strategy to encourage clinical practice change through brief, educational, one-on-one provider visits. • The SPARC-HIV Initiative is led by Dr. Ann Bagchi and the goals of her model are to increase awareness of and identify practice-specific barriers to implementing routine HIV screening, and overall increase the number of settings offering routine HIV screening and increase the uptake of PrEP. • They are accomplishing this by hiring qualified Quality Improvement (QI) coaches to facilitate the implementation phase. They were able to successfully recruit two highly qualified individuals who, along with their partners at the New Jersey Academy of Family Physicians (NJAFP), have been conducting site visits and providing support to participating clinical sites. • In terms of participating sites the project aimed to recruit 15 primary care practices for a 6-month intervention period. To date, they have successfully enrolled 14 practices, including small primary care practices, residency clinics, and federally qualified health centers. • The project began with a pilot test of the intervention in 1 primary care practice and has now transitioned to the first phase of this initiative which began this past July. • During the pilot test, there were two critical findings: <ul style="list-style-type: none"> ○ 1. A significant number of clinicians were unaware of the CDC recommendations for routine HIV screening. And ○ 2. There was also a lack of awareness of the NJDOH issued Dear Colleague letter that highlights these guidelines. These findings underscore the importance of clinician education in improving HIV prevention and care. And as a result, the team is incorporating these insights into future training materials to ensure that providers are better informed moving forward. • The first in-person learning session for the intervention was held in September during which Dr. Bagchi gave a motivational talk about the importance of routine HIV testing and a separate presentation on HIV-related stigma. • The stigma presentation was given in response to a health facility stigma survey that all participating practices were asked to complete. This survey was completed by employees at all levels of the practice from receptionists to physicians. While the survey results overall showed stigma toward people with living with HIV was low, approximately 15% of the 162 respondents (including 12 physicians/residents) expressed agreement with comments such as "People with HIV should feel ashamed of themselves." In



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	<p>response to these results Dr. Bagchi educated the participants of the harms related to HIV stigma and practices were given recommendations and literature to combat this stigma throughout the practice.</p> <ul style="list-style-type: none"> • Sites also reported baseline data on HIV screening. Overall, baseline rates of routine HIV screening were around 20%; however, the average was influenced by two outliers with higher-than-average screening rates. Most of the small practices had rates less than 10% (several were less than 2%). At the end of the meeting, representatives from each of the different sites met to plan their first practice change. • Another product of this initiative is the completion of a web-based toolkit for the participating practices to use along this journey that addresses the most reported barriers including best practices for implementing routine HIV screening, increasing prep uptake, and decreasing HIV stigma. • This toolkit is now complete and available on the project website. It is a great compilation of resources that could be useful to you and your agencies as well even if you are not directly participating in this initiative. So if you are interested in implementing routine testing I would highly recommend checking out their page! It has resources for both providers and consumers. • There is an article published by Dr. Ann Bagchi related to this initiative titled "The Role of Primary Care in Ending the HIV Epidemic" in the New Jersey Academy of Family Physicians' journal. The hope is that this article will serve as a tool to promote this initiative and encourage more practices to adopt routine HIV screening. <ul style="list-style-type: none"> ◦ https://mydigitalpublication.com/publication/?m=45427&i=826418&p=18&ver=html5
<p>Partner Updates</p>	<p><u>Newark Eligible Metropolitan Area (NEMA):</u> NEMA was not present therefore had no new updates.</p> <p><u>Middlesex-Somerset-Hunterdon TGA:</u> Middlesex-Somerset-Hunterdon TGA, Minnoo provided the following updates:</p> <ul style="list-style-type: none"> • They completed their needs assessment and provided the information to their planning council in September. • They are currently doing live flyer events to aid in recruitment which has been an opportunity for improvement within their planning body. • They will be featuring an Our Stories Panel at the AIDS Day events <p><u>Hudson TGA</u> Hudson TGA was not present therefore had no new updates.</p> <p><u>Bergen Passaic Patterson TGA</u> Bergen Passaic Patterson TGA, Ric Miles provided the following updates:</p> <ul style="list-style-type: none"> • Successes; They completed their annual Day After Passing Meeting, that included guest speakers to better understand the community issues at hand. • Innovation; The planning Council started non-traditional hour meetings. • Trends; The Council continues to receive application to membership. • Challenges/Opportunities for Improvement; The Council struggles reaching out to consumers and getting them to attain membership.



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	<p><u>Philadelphia Office of HIV Planning:</u> The Philadelphia Office of HIV Planning was not present therefore had no new updates.</p>
<p>Award Ceremony</p>	<p>Chelsea transitioned the group into our first ever award ceremony at NJHPG. These recognition awards are a way to show appreciation for the contributions and achievements of our attendees. The first award we will be presenting is the Quarterly Spotlight Award. The Quarterly Spotlight award celebrates the contributions of any member or guests who has made a positive impact on the planning body within the past quarter. Co-Chairs had the opportunity to nominate an NJHPG Member, Committee Member, or Guest who has had exemplary participation within their committee. They provided a case for their one nomination at the Executive Committee meeting including behaviorally specific examples and reasoning as to why they believe this individual is deserving. The Executive Committee Membership evaluated and reviewed all nominations to select an award recipient based on their measurable impact, commitment to ending the epidemic, and alignment with NJHPG’s mission, vision, and values. The selection process included a confidential scoring rubric and a closed ballot vote. The winner of this Quarterly Spotlight Award came from the Community Engagement Committee, please congratulate Gab Ferrigno!!! Her hard work, dedication, and positive attitude has truly made a difference. Thank you for going above and beyond, thank you for being part of the Community Engagement Committee. Your presence and passion are essential. Johanne Rateau then moved into the announcing the Annual Award winners. To give some background everyone had the opportunity from the last General Assembly Meeting in July till now to nominate any ONE NJHPG Member in good standing, that has demonstrated exceptional service within the past year. Executive Committee Co-Chairs have evaluated and reviewed all your nominations to select award recipients based on merit. The first award announced is the Commitment to Advocacy Award. This award recognizes a member who has tirelessly advocated for the needs of people living with and affected by HIV/AIDS. The winner of this award is a dedicated and experienced professional with over 30 years of experience in the field of HIV/AIDS. This individual has been a member of NJHPG since 2021, and throughout that time they have actively and repeatedly recruited new guests and members into NJHPG Committee Meetings. They are passionate about advocating for the needs of people living with HIV and ensuring their satisfaction. They are known for their active engagement, collaboration with other agencies, and their passionate and empathetic approach to clients and community. We would like to congratulate Claudia Ortiz, NJHPG’s first recipient of the Commitment to Advocacy Award! Jaivon Lewis then thanked everyone for participating in the celebration, and transitioned into our last award of the day, the Member of the Year Award. With this award NJHPG aims to recognize a member who has fostered meaningful partnerships and engagement with communities most impacted by HIV/AIDS. The winner of this award is someone who has been a dedicated member of the NJHPG since the beginning. They have actively contributed to the development of NJHPG’s Integrated Plan, they have consistently participated within committee meetings regardless of the time of day or life circumstance, they have volunteered to take part in almost every NJHPG Applicant interview conducted in 2024, and they have led by example showing the passion and devotion it takes to receive this award. Without further ado we would like to congratulate Saquan Stevenson as the first recipient of NJHPG’s Member of the Year award! Johanne Rateau continued the celebration by recognizing and thanking the Support Team for all they have done to make NJHPG be what is it</p>



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	<p>today. Javion Lewis, George Lowe, Anjettica Boatwright, and Samarie Rivera shared their positive experiences with the Support Team as well.</p>
<p>Community Announcements</p>	<p>Johanne Rateau opened the floor for Community Announcements.</p> <p>Kelly Puller from Rutgers Cancer Institute announced their collaboration with local partners to get baseline information about what people know about cancer and cancer screenings.</p> <p>Ed Baron shared AIDS Watch is coming up in March of 2025 to work with the new administration. There are scholarships through AIDS United due October 31st.</p> <p>Luis Otano informed the group that Cooper in Camden NJ is having a World AIDS Day Luncheon, the flyer will be disseminated via the NJHPG website/community events page.</p> <p>Luce Morgan stated that if anyone has any training or education need to reach out to the AIDS Education Training Center (AETC). AETC will also be hosting a virtual event from November till April to take part in a community of practice about domestic violence. The flyer with the registration will be disseminated via the NJHPG website/community events page.</p>
<p>Adjournment</p>	<p>HCPST shared the Meeting Evaluation and reminded attendees that the next General Assembly Meeting will be on January 16th, 2025.</p> <p>Jaivon Lewis asked for a motion to adjourn. Anjettica Boatwright motioned, seconded by Samarie Rivera the meeting adjourned at 3:51pm.</p>



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