New Jersey HIV Planning Group Priority Setting Committee Meeting Agenda Wednesday, April 10th, 2024 Electronic Meeting via ZOOM Video Conference Anjettica Boatwright Samarie Rivera Co-Chair Co-Chair The Priority Setting Committee is responsible for understanding and accessing where services are now and where they need to be. *Please note all times are approximate Welcome & Moment of Silence 10:00am Samarie Rivera Establish Agenda & Review Meeting Minutes 10:15am **Evaluation Review HCPST** Samarie Rivera & **Old Business** 10:20am Aniettica • Finalize Recommendation for Program 2.1 Boatwright **General Assembly-** April 18th 1pm-4pm at Rutgers in New Brunswick (Douglass Student Center) Samarie Rivera 11:40am Priority Setting Committee Agenda Next Meeting: May 8th, 2024 Anjettica 11:50am New Announcements Boatwright 11:55am Meeting Evaluation HCPST Anjettica 12:00pm Adjournment Boatwright

HCPST – HIV Community Planning Support Team

Voting Members (Quorum; 4) - Anjettica Boatwright, Samarie Rivera, Justin Conway, Claudia Ortiz, Tammara Bryant, Kevin Taylor



Cycle 2 Activities

January 2024- June 2024

System Activity 1.1: Encourage the implementation of effective recruitment of community partners through community-based participatory research and social networking approaches. (NHAS 3.5.3)

Program Activity 2.1: Develop and implement effective, evidence-based, and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV including lack of continuous health care coverage, HIV-related stigma and discrimination in public health and health care systems, medical mistrust, inadequate housing and transportation, food insecurity, unemployment, low health literacy, and involvement with the justice system. (NHAS 3.4.4)

Program Activity 2.2: Develop new and scale up effective, evidence-based or evidence-informed interventions that address intersecting factors of HIV, homelessness or housing instability, mental health and violence, substance use, and gender especially among cis- and transgender women and gay and bisexual men. (NHAS 3.4.6)



New Jersey HIV Planning Group Priority Setting Committee Meeting Minutes

Wednesday, April 10, 2024

Electronic Meeting via ZOOM Video Conference

ATTENDANCE				
NJHPG Member				
Anjettica Boatwright	Ρ	Kelly Williams	Р	
Claudia Ortiz	Ρ	Monique Springer	Р	
Jaivon Lewis	Ρ	Samarie Rivera	Р	
Johanne Rateau	Ρ	Tammara Bryant	Р	
Committee Member				
Justin Conway	Ρ			
Kevin Taylor	Ρ			
Non-voting Attendees				
Alicia Parker, Alison Modica, Kar Welsh, Shwetha Kamath, Thama	•		ond	
HIV Community Planning Suppo	ort Tea	m (HCPST)		
Dottie Dowdell	Р	Taylor Lightner	Р	
Selena Aponte	Ρ			

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





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AGENDA	
Item	Discussion
Welcome and Moment of Silence	Samarie Rivera welcomed attendees and began the meeting at 10:04 am. She then led the committee in a moment of silence to honor those lost to HIV and those still fighting the virus.
Approval of Agenda & Meeting Minutes	Samarie Rivera reviewed the meeting Agenda. Claudia Ortiz motioned to approve the Agenda, seconded by Kevin Taylor. The Agenda was voted on and approved.
	The Support Team presented the March Meeting Minutes. Justin Conway motioned to approve the Meeting Minutes, seconded by Claudia Ortiz. The Meeting Minutes were voted on and approved.
Review of March Evaluation	The Support Team shared that there were no responses to the March Meeting Evaluation and asked attendees to please fill out this meeting's evaluation.
	Several attendees shared that they did complete this evaluation, so the Support Team stated that they would look into this issue.
Old Business	Samarie Rivera transitioned the Committee to Old Business to finalize the recommendations for Program 2.1. The drafted recommendations are listed below.
	Program 2.1; Develop and implement effective, evidence- based, and evidence-informed interventions that address social and structural determinants of health among people with or who experience risk for HIV including lack of continuous health care coverage, HIV-related stigma and discrimination in public health and health care systems, medical mistrust, inadequate housing and transportation, food insecurity, unemployment, low health literacy, and involvement with the justice system. (NHAS 3.4.4)
	Action Steps: 1) Develop a new Case Management training program,





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 including medical and non-medical, to identify and address social determinants of health, informal supports, and how to create ecomaps for individuals who experience risk for HIV. a. Stakeholders Involved/Needed DOH, Local Agencies, Local Soup Kitchens, Vocational Rehabilitation Services, Bank/Financial Institutions, Board of Social Services, Community Health Centers, Pharmaceutical Representatives, Shelters b. Is this task measurable? ⊠ Yes □ No Deliverables; Utilize existing training programs (AETC, TACD, etc) to train Case Managers. Identify and assess existing case management programs.
Committee Feedback: <i>Claudia Ortiz suggested including medical and non-medical case</i> <i>managers in the wording of this Action Step because they work</i> <i>in different areas.</i>
A guest stated that a deliverable could be to utilize existing training programs for ongoing training (Rutgers, AETC, TACD, etc).
<i>Alicia Parker suggested that to create new training programs, they will need to assess the efficiency of the current trainings.</i>
The Committee began looking into existing training programs offered to case managers.
<i>Monique Springer shared that Rutgers has Medical and Non- Medical Case Management Programs.</i>
 Increase the number of food pantries or mobile pop- ups/produce food trucks in areas where people experience risk. a. Stakeholders Involved/Needed





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 DOH, Local Agencies, Local Soup Kitchens, Vocatio Rehabilitation Services, Bank/Financial Institutions County Food Bank, City Government Is this task measurable? ⊠ Yes □ No Deliverables; Adjust funding for local agencies to collaborate wit food pantries/food trucks. Review and adjust requirements to access food trucks/food pantries. C. Due by; 01/01/2025 Committee Feedback: Claudia Ortiz questioned if this Action Step is realistic and ask how the DOH could fulfil it. Monique Springer responded by suggesting that agencies or for banks expand their partnerships with local restaurants to increase the amount of food available. Samarie Rivera added that some agencies receive grants that support food pantries/soup kitchens. Claudia Ortiz suggested that this Action Step be more specific possibly with the deliverables. 	nəl
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The Committee also agreed to change the wording of the Activity Step to "produce food trucks."	วท
Johanne Rateau stated that she did not believe the DOH has a RFA to support food pantries, so that is something the Committee could ask for in their deliverables.	n
Alicia Parker added that the City Government will have to be involved as a Stakeholder.	
Johanne Rateau suggested that another deliverable could be t adjust the requirements to access food pantries because that often a barrier.	





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 3) Develop programs that educate individuals on life skills such as financial literacy (how to manage money, how to buy groceries, couponing), health literacy (insurance, payments options, local resources), and nutritional education (what are healthy foods, how to prepare meals). a. Stakeholders Involved/Needed DOH, Local Agencies, Local Soup Kitchens, Vocational Rehabilitation Services, Bank/Financial Institutions, Faith-Based Organizations, Local Churches, Nutritionists, Culinary Programs, Colleges/Universities, Hospitals/Health Insurance Companies, Office of Food Security b. Is this task measurable? ⊠ Yes □ No Deliverables; Adjust funding streams for local agencies to provide these educational programs. Identify volunteers to assist in the educational programs (local chefs, nutritionists, financial advisors, student volunteers, hospitals, health insurance companies, etc). Identify and collaborate with community-based organizations/faith-based organizations who are offering similar programs.
Committee Feedback: Monique Springer suggested that local agencies could offer these educational programs, so the DOH could adjust funding for these agencies.
Kevin Taylor suggested a deliverable could be to identify individuals willing to volunteer their expertise within these programs. He suggested looking for volunteers such as local chefs, nutritionists, students, and financial advisors.
A guest suggested that the DOH could identify and collaborate with CBOs who are currently offering similar programs. Justin Conway suggested that another stakeholder could be





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	pharmaceutical representatives or agencies.
	The Committee agreed that they would like to look more into existing programs and trainings before finalizing the recommendation. The Support Team shared a link to the collaborative Miro Board for members and guests to input their findings for discussion at the next meeting in May.
Attendee Announcements	Anjettica Boatwright transitioned the Committee to New Announcements.
	Kevin Taylor announced that May 5 th will be the New Jersey AIDS Walk. Ray Welsh added that check-in is at 11am and it will start at 1pm. There will be 4 locations throughout the state hosting this event.
	The Support Team shared that there is an upcoming self-testing webinar April 16 th at 11am. They shared more information in the chat.
	Samarie Rivera announced there are a couple of Studio vacancies in Keansburg. They are looking to fill them as soon as possible.
Next Committee	The next meeting will be on May 8th from 10am to 12pm.
Meeting May 8th, 2024	The next General Assembly Meeting will be hybrid on April 18th from 1pm to 4pm at Rutgers in New Brunswick.
Evaluation	HCPST shared a link to the meeting evaluation.
Adjournment	Anjettica Boatwright adjourned the meeting at 11:46 am. Motioned by Claudia Ortiz and seconded by Samarie Rivera.

Meeting Documents



- DRAFT NJHPG Priority Setting Committee Agenda_4.10.24
- DRAFT NJHPG Priority Setting Committee Meeting Minutes_03.13.2024
- PS Draft Program Activity 2.1.pdf





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