

Community Engagement Committee Meeting Agenda

Wednesday, May 21, 2025

Via Zoom from 6pm-8pm

Stephanie Berroa-Allen

Co-Chair

Shalik Thompson

Co-Chair

*The Community
Committee will work*

care, treatment needs, and interventions for high-risk populations; develop outreach strategies to inform and engage communities while meeting them where they are through access and equity, presence at community events; cultivate/develop future leaders in the community; and build community space, presence & trust.

*Engagement
to identify prevention,*

***Please note all times are approximate**

6:00pm	Welcome Attendees & Moment of Silence Establishment of Agenda Approval of Meeting Minutes	Shalik Thompson
6:15pm	Icebreaker	Shalik Thompson
6:25pm	Evaluation Review & NJHPG Overview	HCPST
6:30pm	New Business <ul style="list-style-type: none">Stigma Activity 5.2 and 5.4 DidacticDraft Recommendations Stigma Activity 5.2 and 5.4	Shalik Thompson and Saquan Stevenson
7:40pm	Community Engagement Committee- Next Meeting: June 18, 2025 Reminders: Finalization of Stigma Activity Recommendations 5.2 and 5.4	Saquan Stevenson
7:45pm	Meeting Evaluation	HCPST
7:50pm	Attendee Announcements	Saquan Stevenson
8:00pm	Adjournment*	Shalik Thompson

HCPST – HIV Community Planning Support Team

Quorum, 6; Abraham Corsino, Crystal Mitchell, Jocelyn Perry, Kelly Williams, Lynnette Abdulwaliyy, George Lowe, James Valentin, Justin LiGreci, Shalik Thompson, Stephanie Berroa-Allen, Gabrielle Ferrigno



The NJHPG is maintained by the Divisions of HIV, STD, and TB Services (DHSTS) with support from the South Jersey AIDS Education and Training Center (AETC) – Jefferson Health.

Community Engagement Activities from January 2025 – December 2025

Program Activity 5.1: Increase knowledge of HIV among people, communities, and the health workforce in geographical areas disproportionately affected. & **Program Activity 5.4:** Engage people who experience HIV risk in traditional public health and health care delivery systems as well as in nontraditional community settings.

Program Activity 5.2: Integrate HIV messaging into existing campaigns and other activities pertaining to other parts of the syndemic, such as STIs, viral hepatitis, substance use, and mental health disorders, as well as in primary care and general wellness, and as part of annual reproductive health visits and wellness visits.

Stigma Activity 5.2: Develop a model for how to create and provide training on how to take stigma-free sexual health histories for healthcare providers providing targeted HIV testing. (NHAS 2.3.2 and 3.2.2) & **Stigma Activity 5.4:** Develop and provide trainings on stigma reduction to providers in non-traditional settings, as defined above. (NHAS 1.1.1, 3.1, 3.3)

Policy Activity 5.3: Work in collaboration with the New Jersey State League of Municipalities (NJLM) to include routine HIV screening and harm reduction as topics presented at the annual NJLM Conference. (NHAS 1.1.2)

Systems Activity 5.6: Work with health care payers to issue annual HIV testing “report cards” assessing providers’ HIV testing proficiency. (NHAS 2.4.1 and 3.4.2)

Systems Activity 5.7: Work with non-traditional screening sites to ensure access to rapid, fourth-generation HIV testing. (NHAS 1.2.2) & **Systems Activity 5.8:** If screening sites do not have access to testing, ensure screening sites have the correct and most up-to-date resources to refer and link clients to HIV testing. (NHAS 3.4.2)



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New Jersey HIV Planning Group Community Engagement Committee Meeting Minutes

Wednesday, April 16, 2025
Electronic Meeting via ZOOM Video Conference

ATTENDANCE

NJHPG Member

Abraham Corsino	P	Lynnette Abdulwaliyy	P
Crystal Mitchell	P	Saquan Stevenson	P
James Valentin	P	Shalik Thompson	P
Javion Lewis	P	Stephanie Berroa-Allen	LOA
Jocelyn Perry	P	Kelly Williams	P
Jose Avila	P	Luis Otano	P
Justin LiGreci	P		

Committee Member

Gabrielle Ferrigno	P		

Non-voting Attendees

Judy Collins, Kathleen O'Brien, Michael Hager, Barbara Teh, Ann Idoko

HIV Community Planning Support Team

Taylor Lightner	P	Dottie Dowdell	P
Deyonna Pope	P		

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



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AGENDA

Item	Discussion
Welcome and Moment of Silence	Shalik Thompson began the meeting at 6:06 by welcoming all attendees and engaging all attendees and led the committee in a moment of silence to honor those lost to HIV and those still fighting the virus.
Approval of the Agenda & Minutes	<p>The Support team reviewed the meeting's Agenda, Saquan Stevenson motioned to approve the agenda, second by Jaivon Lewis.</p> <p>Shalik Thompson facilitated an icebreaker activity.</p> <p>The Support Team reviewed the Meeting Minutes from March's Committee Meeting. Crystal Mitchell motioned to approve the Meeting Minutes, seconded by Jaivon Lewis.</p> <p>Judy Collins spoke to the Evaluation questions for DHSTS.</p>
Meeting Evaluation	<p>The Support Team reviewed March's Meeting Evaluation with attendees. There were 18 who attended the meeting. 17 people responded to the evaluation; 8 NJHPG Members, 3 Committee Members & 6 Guest.</p> <p>What questions do you have for DHSTS?</p> <ul style="list-style-type: none"> - None, N/A (x11) - More to follow in meeting tomorrow - How can we create an RFA where close netted partners collaborate on awareness campaigns? <p>Final Comments, Questions, Concerns</p> <ul style="list-style-type: none"> - No, N/A (x4) - Great Brainstorming session - Combining HIV campaigns for marginalized populations highlighted by the integrated plan - Thanks for the robust discussion - Everything was well communicated



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	<ul style="list-style-type: none"> - Great Meeting! Always great to discuss how we can best serve our community and patients! - Good discussions today. It was good to hear members discuss the update even if I did not have the mind to join. - Loved the meeting and discussion about campaigns.
NJHPG Overview	<p>The Support Team presented the NJHPG Overview PowerPoint, which outlined the purpose of NJHPG, the six priority populations, and the goal of the Community Engagement Committee. The presentation also highlighted Cycle 3 activities, Cycle 4 Work Plan and the 3P's for making recommendations. Today's focus is on finalization of the recommendations for Program Activity 5.2.</p> <p>The Support Team went over the SMARTIE definition and information as it pertains to the Recommendation.</p>
Old Business	<p><u>Action Steps</u></p> <ol style="list-style-type: none"> 1. Action Step: Identify existing campaigns and the impact of those campaigns. <ul style="list-style-type: none"> - <i>Stakeholders Involved/Needed:</i> DHSTS, Academic Partners (Ann Bagchi), FXB (Judy Collins), AHF (AIDS Healthcare Foundation), Gilead, ViiV, FIREWORX, Funded agencies, Pleasure Responsibly (Latino Connection) https://pleasureresponsibly.org/, Research with a Heart- Rutgers, Social Services 2. Is this task measurable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Deliverables;</i> <ol style="list-style-type: none"> 1. Identify current campaigns that focus on other parts of the syndemic and wellness and reproductive health. 2. Select up to three campaigns 3. Select up to three of the priority populations of focus 4. Identify the goals and barriers of the existing campaigns. 5. Identify deliverables for campaigns and goals of individuals reached 6. Integrate HIV messaging into identified campaigns. 7. Measure impact of the HIV integrated messaging in the identified campaigns 8. Develop a method to measure the impact. <p><i>Due by; 4/2026</i></p> <ol style="list-style-type: none"> 3. Action Step: Encourage providers to integrate HIV messaging



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	<p>in primary care/general wellness visits.</p> <ul style="list-style-type: none"> - <i>Stakeholders Involved/Needed:</i> DHSTS, Primary Care Providers, Urgent Care facilities, Minute Clinics, Rehabilitation Centers, Detox Facilities, Syringe Exchange Programs, Social Service Agencies, University health clinics/ Wellness Center, New Jersey Hospital Association, Certifying bodies, Medical students <p>4. Is this task measurable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. How do we measure this?</p> <ul style="list-style-type: none"> - Document all conversations in the EMR, including instances where patients decline HIV testing. Monitor EMR data to track increases in HIV testing and PrEP service uptake. <p>6. <i>Deliverables;</i></p> <ul style="list-style-type: none"> - Create focus groups with PCPs to gauge their needs surrounding HIV Prevention/education. - Expand HIV messaging in treatment planning, referrals or transfers (Continuity of care.) <p>7. <i>Due by :</i> 4/2026</p>
Next Committee Meeting May 21, 2025	Shalik announced that the next Committee meeting will be on May 21, 2025, via Zoom.
Evaluation	The Support Team shared a link to the meeting evaluation link.
Attendee Announcement	<p>Shalik posed a question on the interest of the watch party/hybrid committee meetings while attendees responded in the chat. Saquan suggested a watch party being hosted at The Center in the future.</p> <p>Crystal informed everyone on Iris House's AIDS summit coming up on May 5, 2025</p> <p>Saquan provided a link to fundraiser for Asbury Park's New Jersey AIDS walk and different location options.</p>
Adjournment	Crystal Mitchell made a motion to adjourn the meeting at 8:08 p.m. Motion was second by Jaivon Lewis.
Meeting Documents	
• DRAFT NJHPG Community Engagement Committee April Agenda	



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- DRAFT NJHPG Community Engagement Committee March Meeting Minutes
- CE Finalize Program Activity 5.2 & 5.4
- March Evaluation



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