

New Jersey HIV Planning Group
Data and Research Committee Meeting
Agenda

Wednesday, April 23rd, 2025
 Electronic Meeting via ZOOM Video Conference

Angela Petrone
 Co-Chair

Jessica Diaz
 Co-Chair

The Data and Research Committee takes the lead in requesting data from the State and then analyzing and understanding the data received. The Committee is a resource for all other committees and their data needs.

*Please note all times are approximate		
10:00 am	Welcome & Moment of Silence	Angela Petrone
10:05 am	Establishment of Agenda & Approval Meeting Minutes	Jessica Diaz
10:10 am	Introductions <i>Name & Expertise/Type of Work</i>	Angela Petrone
10:20 am	Review Evaluation & Cycle Work Plan	HCPST
10:30 am	Presentation on Data Collection Emmanuel Gamarra	Emmanuel Gamarra
10:45 am	Old Business <ul style="list-style-type: none"> • Finalize Recommendations for Policy Activity 5.1 	Jessica Diaz & Angela Petrone
11:45 am	Data and Research Committee Agenda Next Meeting: May 28th, 2025	Angela Petrone
11:50 am	Announcements	Jess Diaz
11:55 am	Meeting Evaluation	HCPST
12:00 pm	Adjournment*	Angela Petrone

HCPST – HIV Community Planning Support Team

Members of Committee (Quorum: 3): Angela Petrone, John Nelson, Jess Diaz, Rosie Ruiz, & Steve Dunagan

Reminder: Please raise your hand or use the chat box to contribute to the conversation.



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.

New Jersey HIV Planning Group
Data and Research Committee Meeting Minutes
Wednesday, March 26, 2025
 Electronic Meeting via ZOOM Video Conference

ATTENDANCE			
NJHPG Member			
Angela Petrone	P	James Valentin	P
Claudia Ortiz	P	John Nelson	P
Rosie Ruiz	A		
Committee Member			
Jessica Diaz	P		
Steven Dunagan	P		
Non-voting Attendees			
Ayo Ajiboye, Barbara Teh, Denise Brown, Emmanuel Gamarra, Rekha Damaraju, Shwetha Kamath,			
HIV Community Planning Support Team			
Dottie Rains-Dowdell	P	Taylor Lightner	P

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



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

AGENDA	
Item	Discussion
Welcome and Moment of Silence	Angela Petrone welcomed attendees and began the meeting at 10:04am followed by a moment of silence to honor those lost to HIV and those still fighting the virus.
Approval of Agenda & Meeting Minutes	Jess Diaz reviewed the meeting Agenda and Meeting Minute. Both Agenda and Meeting Minutes were voted on and approved.
Introductions	Angela Petrone asked attendees to introduce themselves and share their expertise/area of work.
February's Evaluation Review	<p>The Support Team reviewed February's Meeting Evaluation with attendees. There were 11 people who attended the meeting and 9 people who responded to the evaluation; 3 Committee Members, 1 NJHPG Member, 2 State Representatives & 3 guests.</p> <ol style="list-style-type: none"> 1. What questions do you have for DHSTS? <ul style="list-style-type: none"> • None at this time (x3) • Clarifying policies. 2. Final Comments, Questions, or Concerns <ul style="list-style-type: none"> • N/A • Happy to be here • Very informative meeting! Great conversation.
NJHPG Overview	The Support Team reviewed the NJHPG Overview PowerPoint presentation. The overview covered the Purpose of NJHPG, the five priority populations, the goal of the Data and Research Committee and the 3P's of making Recommendations to NJDOH. Additionally, the team highlighted the Cycle 4 Work Plan.



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

<p>Old Business</p>	<p>Jessica Diaz transitioned the Committee to review the finalized System Activity 5.1.</p> <p>System Activity 5.1 – Increase awareness of HIV-related disparities through data collection, analysis, and dissemination of findings.</p> <p>1. Develop a structure and schedule for data analysis dissemination inclusive of cluster detection findings.</p> <p><i>Stakeholders Involved/Needed:</i></p> <ul style="list-style-type: none"> • DHSTS, DOH Data Team <p>Is this task measurable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Deliverables;</i></p> <ul style="list-style-type: none"> • Establish a regular schedule (quarterly or biannual) for data dissemination to help PMOs share information with their sites effectively. • Share identified cluster information with regional providers, healthcare providers and agencies providing prevention services, within 30 days for timely intervention when applicable. • Update cluster detection reporting and dissemination policy to include language focused on sharing data with external providers. <p><i>Due by; 1/1/2026</i></p> <p>2. Assess the ability to establish a statewide integrated tracking system for HIV prevention data to improve monitoring and coordination.</p> <p><i>Stakeholders Involved/Needed:</i></p> <ul style="list-style-type: none"> • DHSTS, DOH Data Team <p>Is this task measurable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
----------------------------	--



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

	<p><i>Deliverables;</i></p> <ul style="list-style-type: none"> • Determine what data systems are mandated to house HIV prevention data vs what agencies are currently using. • Standardize variable criteria. • Identify the gaps in data collection methods and then create an integrated data collection system. <p><i>Due by; 4/2026</i></p> <p>3. Work with non-HIV specific interdisciplinary providers to collect HIV viral load and HIV antibody/antigen testing data to enhance care, treatment, and prevention efforts.</p> <p><i>Stakeholders Involved/Needed:</i></p> <ul style="list-style-type: none"> • DHSTS, non-Ryan White Agencies <p>Is this task measurable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Deliverables;</i></p> <ul style="list-style-type: none"> • Add a viral load tracking section to the Communicable Disease Reporting Surveillance System (CDRSS) for improved data collection. • Routine education for Emergency Department staff on the importance of HIV testing and PEP provision. • Disseminate the collected data to funded agencies to increase care coordination. <p><i>Due by; 1/1/26</i></p>
<p>New Business</p>	<p>Angela Petrone transitioned the Committee to New Business. Both Angela and Jessica reviewed the Policy Activity 5.1 Education Didactic which is summarized below.</p>



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

Policy Activity 5.1 -

Adopt the CDC guideline recommendation to allow for “opt-out” HIV testing with notification but without requiring a specific signature for HIV testing consent distinct from general consent for medical care. This will be a condition of funding for community-based organizations funded for HIV testing by NJDOH DHSTS. (NHAS 1.2.2)

NJ Department of Health Update:

- This is already happening within RFAs and the Dear Colleague letter.
- Community Based organization cannot be held to this standard. Routine opt-out testing is only for healthcare facilities because they have general consent. CBO must have an informed consent. The wording in this Policy activity must be changed to reflect this new information.
- DHSTS does not have oversight over Urgent Care Centers.
- NJDOH is partnering with Project Focus - Gilead Sciences that supports access to screening and linkage to comprehensive preventative services and care. About 16 agencies in FOCUS have been a part of the routine testing. Approximately seven are currently in operation.
- Public health detailing, led by Ann Bagchi, will focus on engaging primary care facilities, FQHCs, and residency clinics to educate providers and promote routine HIV testing. There were about 10 practices in the first cohort.
- NJDOH stated-Moving to name-based HIV testing-currently its client-based testing and there where the duplication happens



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

Key questions for consideration when forming recommendations are:

- How many agencies have adopted an opt-in approach versus an opt-out approach for testing? **Chelsea is working on creating a list for the Committee.**
- What does it mean to undergo STI testing? What does the process typically involve?
- There is no universal STI testing assessment—should there be? Why or why not?
- Can CBOs choose from multiple organizations when contracting for STI test supplies?
- What are the implications if a test supplier does not accommodate requested changes?
- Should patient identification be incorporated into the testing process? Why or why not?

Possible Action Steps from Brainstorming Discussion:

1. Identify the total number of patients served across agencies. From this group, determine:
 - The number tested for HIV on-site.
 - The number who opted out of HIV testing.
 - The number who reported being tested at another facility.
2. Analyze HIV testing data trends by agency:
 - Compare the total number of patients served annually with the number tested for HIV.
 - Among those tested in the past year, identify how many tested positive and calculate the corresponding percentage.
 - Track opt-outs and compare across agencies.
 - Determine how many tested and/or diagnosed individuals fall within designated priority populations.



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

	<p>3. Review and revise current data collection processes to align with Ending the HIV Epidemic (EHE) goals. (EHE data will be presented by Emmanuel at the next meeting.)</p> <p>4. Establish or update Memorandums of Understanding (MOUs) among public and private providers to ensure prompt referral and linkage to care when pregnant individuals test positive for HIV.</p> <p>5. Policy needs to be restructured to say Adopt the CDC guideline recommendation to allow for “opt-out” HIV testing with notification but without requiring a specific signature for HIV testing consent distinct from general consent for medical care. This will be a condition of funding for Health Care Facilities funded for HIV testing by NJDOH DHSTS. (NHAS 1.2.2)</p>
<p>Data and Research Committee Agenda Next Meeting: April 23, 2025</p>	<p>The next meeting will be on April 23, 2025 from 10am to 12pm. HCPST shared the meeting agenda and added presentation by Emmanuel Gamarra for this meeting.</p>
<p>Announcements</p>	<p>Jessica Diaz transitioned to ask the attendees if there are any new announcements.</p> <ul style="list-style-type: none"> • Taylor from the Support Team announced that the next General Assembly Meeting is scheduled for 4/17/2025 from 1pm-4pm at the Mary Roebling Building in Trenton NJ. • Steve shared that a variety of condoms are available for distribution for agencies in need.
<p>Meeting Evaluation</p>	<p>HCPST shared meeting evaluation link for attendees to complete.</p>
<p>Adjournment</p>	<p>Angela Petrone adjourned the meeting at</p>



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

11:57am. Motioned by Steve Dunagan, seconded by Claudia Ortiz.

Meeting Documents

- Draft Data and Research Meeting Minutes 2/26/25.pdf
- NJHPG Data and Research Committee Agenda_3.26.25.pdf
- Draft Policy 5.1 Recommendations



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