

January 21, 2026

<b>Date:</b>	Wednesday, January 21, 2026	<b>Type:</b>	Virtual
<b>Start Time:</b>	12:32 pm	<b>End Time:</b>	1:30 pm
<b>Leaders:</b>	Peta-Gaye Tomlinson (Chair), Africka Hinds and Denese Smith-Munroe (DPH Liaisons)		
<b>Participants:</b>	20	<b>Next Meeting:</b>	February 18, 2026 (virtual)

### WELCOME AND INTRODUCTIONS

QPM Chair Peta-Gaye Tomlinson: (1) introduced herself and welcomed DPH liaisons Africka Hinds and Denese Smith-Munroe, (2) reviewed the charge of the committee, and (3) reviewed the meeting agenda. Participants introduced themselves in the chat.

### ADMINISTRATIVE MATTERS

**Review of November 2025 Meeting Notes.** In November, the team:

- Reflected on the Quality Summit. Participants agreed that it went extremely well, and made suggestions for improving future Summits. Summit presentations and posters are now on the [CHPC website](#).
- Developed the QPM workplan for 2026. This includes improving how we share information on quality improvement (QI), data, and the Integrated Plan. For example, our agendas will now include a “Resource of the Month” and the Plan pillars (see [January agenda](#) for an example).

The team approved the November meeting notes with no edits.

### 2026 QPM WORKPLAN AND ROLE IN DEVELOPING THE INTEGRATED PLAN

Peta-Gaye provided a brief overview of QPM – including how QPM will be involved in setting performance measures for the 2027-2031 Integrated Plan, and a draft workplan for the year. See the presentation and Handout 1 for details (available on the CHPC website at [this link](#)).

Participants then discussed QPM’s role in developing the Integrated Plan. Themes included:

- **SMART Objectives.** The federal guidance requires that Plan objectives be SMART: specific, measurable, achievable, relevant, and time-bound. Africka suggested considering SMARTIE objectives – which also encompass inclusive and equitable.
- **Setting Goals.** Daniel Davidson asked about QPM’s role in setting numeric goals for objectives, given experience for the current Plan (where HRSA/CDC required that our goals match national goals including a 90% decrease in new diagnoses). Dave agreed that Connecticut will need to adhere to national goals that have been set for several indicators. However, QPM will have flexibility for those measures where there is not a corresponding national goal.
- **Review Draft Plan Objectives.** Dave and Peta-Gaye stated that the HIV Funders Group has been working on overall Plan goals and objectives – utilizing the current Plan indicators and goals as a starting point (see the [September 2026 Indicators Presentation](#) for details on our current indicators). Peta-Gaye suggested that QPM can review and provide feedback on these draft Plan objectives at our February meeting.

January 21, 2026

- **Data Needed to Set Objectives and Measures.** Nitza Agosta asked what data will be available to help QPM select measures? Dave noted that the data being presented over the next 2-3 months at CHPC will be helpful (i.e., Needs Assessment findings presented at today’s main meeting, Workforce Survey), along with the September 2025 presentation on results for current Plan indicators (see [link](#))

### DISCUSSION OF PLANNING DATA (continued from the main CHPC meeting)

Peta-Gaye stated that the team will continue the discussion from this morning on findings from the Ryan White Needs Assessment Survey. We can focus on what measures to include in the Plan. Participants discussed the following:

- **Routine HIV Testing.** Potential measures can include education on routine testing, outreach activities, utilization of the [HIV Routine Testing Toolkit](#), and the development of better data on routine testing via a partnership with CHCACT and its network of federally qualified health centers. Denese agreed on the need for ongoing provider education – it needs to be large-scale to reach doctors beyond DPH-funded sites. How do we reach these providers – who may not read pamphlets or attend trainings? We need to be creative.
- **Challenges with Performance Measures.** Dr. Virata highlighted challenges in setting performance measures. The measures where we have data are often of limited value, and it’s difficult to assess the extent to which measures contribute to our ultimate goals (i.e., increased testing, decreased HIV incidence). Peta-Gaye agreed that this is a real challenge, and that we may need to rely on different approaches (e.g., client surveys) to assess progress towards our goals. Dave suggested including a “data development agenda” as part of the Plan to collect better data. QPM can do a deeper dive for those indicators where we are not seeing progress – to understand why this is the case and to identify better performance measures.
- **PrEP.** Potential measures can be developed for marketing campaigns that increase awareness of PrEP resources and their relevance for different populations. A campaign can include radio spots, videos, etc.

### NEXT STEPS

- Dave will circulate the most recent CHPC Indicators presentation to the team – see [this link](#) for the presentation.
- CHPC staff and QPM leaders will schedule the data presentations per the 2026 QPM workplan.
- All participants will consider presenting on their quality improvement (QI) projects at future meetings, as part of our QI Spotlight series.

### MEETING FEEDBACK

Participants completed a meeting feedback poll:

- Participants gave the meeting a grade of A (50%) and B (50%).
- 93% reported that they understood the meeting information and materials.
- 100% reported that the meeting felt inclusive and respectful of all voices.

Open-ended responses included:

Liked Best	Improve Future Meetings
<ul style="list-style-type: none"> <li>• The clarity of this year’s goals!</li> <li>• Great information</li> <li>• Good atmosphere</li> <li>• The energy</li> <li>• Co-chairs are always open to recommendation</li> <li>• Marketing improvement idea</li> <li>• Good information</li> <li>• As always quite informative with two lovely folks facilitating</li> </ul>	<ul style="list-style-type: none"> <li>• More focus</li> </ul>

**ADJOURN**

The meeting adjourned at 1:30 pm.

**ATTENDANCE**

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

Approved