

Needs Assessment Projects Team Meeting Summary

July 15, 2026

Date:	Wednesday, July 15, 2026	Type:	Virtual
Start Time:	10:30 a.m.	End Time:	11:30 a.m.
Leaders	Xavier Day (Co-chair), Martina De La Cruz (Co-chair), Mitchell Namias (CT DPH Resource Liaison)		
Participants:	12	Next Meeting:	September 2026

WELCOME AND INTRODUCTIONS

The meeting opened with a welcome from committee leadership and introductions from members and guests. Participants were invited to share their name, organization or role, and a current project or area of work. New participants included Debbie Humphreys from the Yale School of Public Health and the Ready Hub, a technical resource development hub focused on implementation science and HIV, and Libra Davis, Co-chair of the New Haven Mayor's Task Force on HIV and AIDS. Both were welcomed to the committee and encouraged to participate in the discussion.

Member updates reflected a range of current HIV prevention, care, training, and community engagement work. DPH representatives described efforts to better understand uninsured ADAP clients and increase insurance coverage, as well as the use of Area Deprivation Index (ADI) information to help providers focus outreach in communities experiencing higher levels of HIV, sexually transmitted infections, and socioeconomic disadvantage. Other participants shared updates related to Pride activities, HIV education and training, medical case management training, and community-based HIV work.

The meeting objectives were to review the status of NAP responsibilities under the 2022-2026 plan, discuss feedback on the Prevention Needs Assessment (PNA) survey instrument, continue planning around dissemination strategies with PACE, introduce a new "Observations from the Field" agenda item, and continue the committee name change process. The prior meeting summary was considered approved because no corrections or additions were raised.

ADMINISTRATIVE UPDATES AND 2022-2026 WORK PLAN REVIEW

The committee reviewed NAP's major responsibilities under the 2022-2026 planning period. Leadership noted that the committee has substantially met the major deliverables assigned to it, including conducting needs assessment activities, identifying missing information within survey tools, identifying statewide needs, barriers, service gaps, and emerging issues, and developing briefs, one-page summaries, and presentations to communicate findings.

The review also highlighted the committee's stigma-related responsibilities. Stigma questions were incorporated into the prior Prevention Needs Assessment, allowing the upcoming survey to retain those questions and begin examining changes over time. In addition, NAP has continued its regular planning responsibilities by establishing work plans, identifying needs assessment projects, and supporting broader CHPC planning activities.

Members recognized that the committee had been assigned a substantial amount of work during the planning period and expressed that NAP had met its major expectations and deliverables.

PREVENTION NEEDS ASSESSMENT SURVEY CONSULTATION FEEDBACK

A major portion of the meeting focused on the consultation feedback received on the Prevention Needs Assessment survey instrument. Members described the feedback as detailed and useful and reviewed a visual summary that organized the recommendations in a more accessible format. The group acknowledged that some recommendations may not be practical for the PNA because it is a planning needs assessment rather than an IRB-approved research study; however, many of the recommendations were viewed as helpful for improving question clarity, identifying missing information, strengthening outreach, and considering priority populations. One recommendation that generated significant discussion was the addition of a qualitative component.

Members considered whether survey participants could be asked at the end of the PNA if they would be willing to participate in a brief follow-up interview, focus group, or community conversation. The purpose would be to explore selected responses in greater depth rather than trying to add more questions to an already lengthy survey.

An example discussed involved respondents who report that they previously used PrEP but are no longer taking it. A follow-up conversation could explore why a person stopped PrEP and identify issues that may not be captured through a closed-ended survey response. Members noted that similar follow-up could be useful when a particular response pattern raises questions about HIV testing, prevention access, stigma, or other barriers. The committee also discussed survey fatigue. Members emphasized that continually adding questions can reduce participation and make the instrument more burdensome. Libra Davis suggested that some information may be better gathered through informal community conversations that create a safer and more natural space for people to discuss sensitive topics, including how they have sex, who they have sex with, and how they make prevention decisions. The group discussed the value of working with community organizations that already have trusted relationships with populations of interest.

It was noted that CHPC-related deliverables already include the ability to conduct focus groups and that the process can support items such as food and participant stipends. This creates an option to complete the PNA first, review the findings, and then use qualitative follow-up to better understand issues that need additional explanation.

SURVEY RECRUITMENT, COMPARABILITY, AND TIMELINE

The committee discussed the importance of reaching people who are not already connected to HIV clinics, prevention programs, or other organizations participating in CHPC activities. DPH representatives described outreach from the previous PNA in which staff set up outside Walmart locations, offered Walmart gift cards and tote bags, and invited members of the general public to complete the survey. Members viewed this as an example of how the assessment can reach individuals outside the traditional HIV service system.

The previous survey was open for approximately October through December and reportedly received more than 2,000 responses. Members discussed whether the upcoming PNA should remain open longer to increase participation and whether a larger sample would affect comparison with the previous survey.

Debbie Humphreys explained that comparability does not require the same number of respondents in each survey cycle. The more important consideration is maintaining consistent demographic variables and categories that allow results to be compared using proportions and comparable subgroups. Age, geography, and other core

demographic measures were discussed as important anchors. The group agreed that changing age ranges or other demographic categories unnecessarily could make trend analysis more difficult.

The general direction was to make minimal changes to the PNA wherever possible, while also recognizing that a question should not be preserved simply for consistency if it is unclear or is not producing useful information. Potential revisions discussed included adding clarification for respondents who report that they were denied an HIV test, such as asking where the denial occurred, and considering whether questions about mental health services and their relationship to HIV prevention should be strengthened. Partner Services was also discussed, although members noted that it is primarily relevant to people who are HIV positive while the PNA is designed for HIV-negative respondents.

Members discussed a potential September launch for data collection if the survey changes remain limited. Before moving forward, the instrument will receive additional internal DPH review and will also be brought to the Funders Group for another perspective. Pride events in New London, Hartford, New Haven, and other community settings were discussed as possible recruitment opportunities if the survey timeline aligns with those events.

Key points discussed included:

- Maintain core demographic categories wherever possible so the 2026 results can be compared with the prior PNA.
- Make limited, purposeful revisions rather than adding large numbers of new questions.
- Consider an opt-in process for follow-up interviews, focus groups, or community conversations after the survey.
- Continue recruiting beyond the existing HIV service system and explore Pride events and other community gatherings as outreach opportunities.
- Continue planning toward a possible September data collection launch, pending internal DPH and Funders Group review.

DISSEMINATION AND COMMUNICATION STRATEGY WITH PACE

The committee revisited its developing dissemination strategy with PACE, the Public Awareness and Community Engagement Committee. Members discussed whether NAP should create a one-page resource based on the Partner Services presentation delivered during the larger CHPC meeting earlier that day. The concept would be similar to the one-page planning resources NAP has developed from prior survey findings and presentations. Potential content could include key Partner Services information, relevant data points, provider resources, and links to existing forms used by providers to share information with Disease Intervention Specialists. Members noted that this could help translate the presentation into a practical resource for providers and community partners.

The group also emphasized the importance of avoiding duplication with QPM, which was already beginning to examine the Partner Services information. Members proposed a coordinated workflow in which QPM analyzes the data, NAP translates the findings into a concise and accessible one-page product, and PACE disseminates the information through community-facing channels. Participants viewed this as a useful model for creating stronger continuity between CHPC committees and moving information from analysis to action.

OBSERVATIONS FROM THE FIELD

The committee introduced “Observations from the Field” as a new agenda item intended to identify emerging needs, service gaps, prevention concerns, care issues, or community trends that may not yet be reflected in

formal data. Members clarified that the goal is to surface issues that could warrant additional NAP assessment or follow-up.

One topic raised was the role of social media and dating apps in sexual relationships and HIV prevention. Libra Davis discussed platforms such as Grindr and Jack'd as spaces where people may be more open about sexual behavior and where relationships and sexual encounters are initiated. Members considered whether questions about dating-app use should be incorporated into the PNA or examined through a separate assessment.

DPH representatives described a previous federally funded effort that used social media and dating apps for HIV prevention outreach. The experience showed that people using apps primarily to facilitate sexual encounters were not always receptive to prevention messaging, and some outreach approaches raised ethical questions about transparency and how profiles were used to initiate conversations. Because that work occurred several years ago, the committee discussed the possibility of reviewing current literature and newer approaches before deciding whether the strategy should be revisited.

The discussion also emphasized the need to avoid bisexual erasure or assumptions about identity based on the app a person uses. Members noted that users may identify as bisexual, gay, queer, or in other ways, and may have partners of different genders or consensual relationships involving multiple partners. Any future assessment work should reflect the diversity of sexual identities and behaviors represented within the community.

NAP NAME CHANGE DISCUSSION

The committee continued the name change process that began during prior meetings. Three finalist names were presented through a poll, and members were reminded that the poll was intended to identify NAP's preferred recommendation rather than formally change the committee name.

"Data to Action Team," which had emerged as a leading option during the June discussion, continued to receive strong support. Members noted that the name reflects the committee's growing role in moving beyond data collection and needs assessment to translating findings into planning recommendations and community action. The committee also briefly discussed the historical relationship between NAP and QPM. The two groups had previously been part of a larger combined committee, and members acknowledged that there continues to be significant overlap around data. Any formal name change will still need to move through the appropriate CHPC process, including review by the Executive Committee and a future vote by the larger membership.

NEXT STEPS

The committee identified several follow-up items to move the PNA revision, dissemination work, and committee planning forward before the September meeting.

ATTENDANCE

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

ADJOURN

The committee meeting ended at 11:30 a.m.