

# **Ending the Syndemic (ETS) Committee**



## **AGENDA**

### 17 August 2022 @ 11:00 a.m.

Chair, Roberta Stewart; DPH Resource Liaison to Committee, Gina D'Angelo

\*The committee meeting will last up to 90 minutes.

#### VIRTUAL MEETING ACCESS

#### https://zoom.us/j/95832716685?pwd=bFhxSXJvN2N2cEo5S2FhcElFWXpWQT09

Meeting ID: 958 3271 6685 Passcode: 588761

Dial by your location

+1 312 626 6799 US (Chicago) +1 646 558 8656 US (New York) +1 301 715 8592 US (Washington DC) +1 346 248 7799 US (Houston)

+1 669 900 9128 US (San Jose) +1 253 215 8782 US (Tacoma)

#### **Meeting Objectives**

- 1. Approve by consensus the prior meeting summary.
- 2. Coordination activities (local capacity; statewide)
- 3. 2022-2026 Plan development on strategies/activities
- 4. Feedback and process improvement

#### **Virtual Meeting Tips**

- Turn on and share your web camera
- Self-mute when not speaking.
- Use the chat box to share.
- Use visual cues to gain attention of chair.

A.	A. Call to Order, Welcome & Introductions11:00 a.m.						
В.	. Consensus Approval of Prior Meeting Summary11:10 a.m.						
C.	C. Updates from the Committee Chair11:15 a.m.						
D.	D. Coordinating Ending the HIV Epidemic Activities11:20 a.m.						
	<ul> <li>DPH update on syndemic coordination activities (collaborative or by focus area)</li> <li>Other partners</li> </ul>						
E.	2022 – 2026 Plan Development11:30 p.m.						
	<ul> <li>Discussion about activities, milestones, and timelines that contribute to achieving plan objectives. See page 3 of this document.</li> </ul>						
F.	Other Business						
G.	G. Next Steps / Meeting Feedback12:28 p.m.						
ш	H. Adjourn12:30 p.m.						



# **Ending the Syndemic (ETS) Committee**



## **HUB** activities fit into several goals and plan objectives.

Goal	Objective	Strategy Bundle	Area of Focus for Activities	Mechanism of Action		
	1.1. Decrease # new HIV infections	Increase awareness of HIV	Comprehensive sexual health education	<ul> <li>COMMUNICATIONS: align messaging</li> <li>TRAINING: align sex positivity &amp; status neutral approach training</li> </ul>		
1. Prevent new HIV infections		Increase knowledge of HIV status	Routine HIV testing*	<ul> <li>LEGISLATION / POLICY: mandate offer to test</li> <li>COMMUNICATIONS: PPCT campaigns and ETS resource kit to providers</li> <li>TRAINING: AETC, CTDPH, NAP can support professional development</li> <li>OPERATIONAL: Hubs can facilitate access to testing sites</li> </ul>		
			Status neutral approach*	<ul> <li>TRAINING: AETC, CTDPH, NAP can support professional development</li> <li>POLICY: Option for contractors requiring status neutral approach</li> <li>OPERATIONAL: Hub can configure service network and in-person</li> </ul>		
	1.2 Increase # people tested	Expand prevention interventions	PrEP, PEP, SSP*			
	2.1 Increase linkage to care newly diagnosed	Expedite linkage to care	Same day or rapid start ART*	and/or virtual protocols to increase access to services for patients and providers in areas such as:		
			ON IT team model to engage newly diagnosed*	<ul> <li>Case finding support</li> <li>Testing &amp; linkage to care</li> <li>(includes insurance)</li> </ul>		
2. Improve HIV health Outcomes	2.2 Increase viral load suppression	Access to and engagement in care	ON IT team model for non-virally suppressed or out of care*	<ul> <li>Counseling</li> <li>Referrals</li> <li>Rapid start medication</li> <li>(prevention &amp; treatment)</li> </ul>		
			e-Health models*	<ul> <li>Care coordination (short- and longer term)</li> </ul>		
	2.3 Delivery of holistic care and treatment	Integrated / coordinated service models	Referral mechanisms*	<ul> <li>Other services in response to local preferences, needs and/or focus populations</li> </ul>		
3. Reduce HIV-related disparities	3.2 Identify subpopulations benchmarks	Subpopulation strategies	Promote evidence- based interventions*	<ul> <li>POLICY: funders can require professional development to support strategies such as Rapid Start, Status-Neutral Approach, language supports, and cultural relevance</li> </ul>		



# **Ending the Syndemic (ETS) Committee**



Sample Framework to Guide Implementation of Priority Activities over the Planning Period										
Activity (*	·									
identify a lead partner)	2022	2023	2024	2025	2026	Measures				
HUB Model (referral mechanism and standard of care by service system / partners)	Develop concept     Inventory of resources (where to referrals go?)     Readiness of funders to support the concept (i.e., regional approaches to funding)	Buy-in of concept     Confirmation of region v. statewide     Customer flows / referral protocols     Use of database such as Unite Us CT or United Way 211     Increase readiness of partners to implementing     Listening sessions with residents and customers	Confirm level of funders support for implementation Education and train providers about approach Begin adding syndemic partners into the mix Monitor service utilization	<ul> <li>Enhance syndemic areas of focus and adjust services (e.g., protocols, resource lists, training)</li> <li>Assess service utilization</li> <li>Conduct continuous quality improvement</li> </ul>	Assess service utilization     Conduct continuous quality improvement     Evaluate impact	CHPC indicators  Viral suppression PrEP uptake Reduced stigma (TBD) SUDS # new infections				
ETS Provider Tool Kit	<ul><li>Assemble resources</li><li>Outreach activities</li><li>ED work group</li></ul>	<ul><li>AETC / ECHO trainings</li><li>Resource guide (ED)</li><li>Provider detailing (ED)</li></ul>	<ul><li>Update guides</li><li>Ongoing education and training (Hub model)</li></ul>	Update guides     Ongoing education and training (Hub model)	Update guides     Ongoing education and training (Hub model)					
PPCT Campaign	<ul> <li>Design concept</li> <li>Launch phase 1 (October)</li> <li>Design phase 2</li> <li>Establish TestCT landing page</li> </ul>	<ul> <li>Launch phase 2 (January)</li> <li>Assess effectiveness</li> <li>Identify areas to increase activity</li> </ul>	Refresh campaign and adjust to include syndemics (e.g., increase your "screen" time)	Assess effectiveness	Assess     effectiveness					
Professional Development training	Identify training resources     Assess readiness and support of funders	Develop training schedules and topics (e.g., PrEP, PEP, stigma reduction, status neutral care)	Ongoing training     Assess reach and impact	Ongoing training     Assess reach and impact	Ongoing training     Assess reach and impact	Other progress measures  # training				
Syndemic Partner integration	<ul><li>Assess interest</li><li>Develop priorities</li><li>Partner engagement</li></ul>	<ul> <li>Develop integrated screen</li> <li>Professional development</li> <li>Partner engagement</li> <li>Standards of care</li> </ul>	• TBD	• TBD	• TBD	participants  # awareness events  # protocols / tools  # funders on board				
Hep C Task Force	Assemble Task Force     Develop plan     Build data capacity	<ul><li>Build data capacity</li><li>Standards of care</li><li>Partner engagement</li></ul>	• TBD	• TBD	• TBD					
STD Consortium	Assemble Consortium     Develop plan	Build data capacity     Standards of care	• TBD	• TBD	• TBD					
DMHAS	Identify opportunities     Develop action plan	Train staff about resources Improve screening & referrals	• TBD	• TBD	• TBD					