Connecticut HIV Planning Consortium

Ending the Syndemic Committee Meeting Summary

April 16, 2025

Date:	April 16, 2025	**Type:**	Virtual
Start Time:	10:22 a.m.	**End Time:**	11:42 a.m.
Leaders	Roberta Stewart (Chair)		
Participants:	20 (see last page for attendance)	**Next Meeting:**	May 21, 2025

WELCOME AND CHPC OVERVIEW

Ending the Syndemic (ETS) Committee support staff reviewed the committee charge, agenda, and suggested guidelines for virtual meeting etiquette. Roberta Stewart (ETS Chair) led a round of self-introductions in which participants shared their names and any organizational or town affiliations.

ADMINISTRATIVE MATTERS

Review of Prior Meeting Notes. The March 2024 draft ETS Committee notes were posted on the CHPC website (www.cthivplanning.org). Participants approved the meeting notes by consensus with no additions or corrections.

Leadership. CHPC Members can apply for open leadership positions for the CHPC Community Co-Chair as well as for leadership positions at the committee level. Applications are available on the CHPC website.

SYNDEMIC PARTNERS UPDATE

Syndemic Partner Group (SPG). Gina D'Angelo shared that the SPG will meet on April 22. The group will take inventory of its accomplishments and refocus its approach to scale the impact of these accomplishments such as the use of the syndemic screener, the provider resources, and downloadable content for awareness campaigns, as well as update information on relevant websites (e.g., www.endthesyndemicct.org).

Other CT DPH updates included:

- Gina introduced the upcoming launch (May 2025) of a quarterly Prevention Power Hour series to assemble staff affiliated with CT DPH prevention contractors to share best practices and network. The events mirror the Crimson Table Talks that assemble staff affiliated with CT DPH care contractors from Ryan White Part B.
    - A question was asked about how treatment providers fit into the Prevention Power Hour – as treatment is prevention. Gina indicated that the focus will be on prevention related jobs and roles. Care providers interested in these types of topics are welcome to attend.
- CT DPH will be producing an updated know the law fact sheet for routine testing in response to several encounters with medical providers who did not believe state law requires the offer of routine testing for HIV and Hep C. Rather, they believed it was only a recommended standard for care.

Venesha Heron shared information about Hepatitis C areas of focus:

- The Connecticut Hepatitis C Symposium (April 11) was a success with over 60 people attending.
- Concerns exist about changes in federal funding and staffing and its impact on core capacity and services.
- CT DPH continues to move forward with producing palm cards and infographics to increase awareness about Hepatitis testing laws and vital facts such as a cure exists for Hepatitis C.

Arleen Lewis shared information about Sexually Transmitted Disease (STD) Program activities:

- Concerns exist about changes in federal funding and staffing and its impact on core capacity and services.
- The CT DPH Disease Interventionist Specialist (DIS) team is fully operational with 10 DIS workers (5 in the South, 5 in the North) and 3 DIS Supervisors.

Natalie DuMont shared information about Department of Mental Health and Addiction Services (DMHAS) syndemic

activities. DMHAS is enhancing ETS collaborative efforts with providers to identify service gaps, offer support, and connect individuals to resources and education as needed. Regarding infectious diseases education, screening and testing, recent inquiries at a SUD providers' leadership meeting, reflected providers are involved at varying levels with education, screening, and testing of infectious diseases ranging from providing the services, collaborating with other providers, or coordinating and making referrals.

2025 ETS IMPLEMENTATION ACTIVITIES

Regional Referral Process and Network. The group continued to design the pilot program to support local discussions of front-line providers that would: (1) increase their awareness of resources in their communities to help clients and professional networks, (2) increase awareness and use of syndemic approaches, (3) strengthen the referral and problem-solving process, and (4) support other innovations such as community health fairs, community care teams, or ongoing (joint) professional development.

The group reviewed a draft of how a 3-hour event might be structured to jump-start syndemic conversations in local communities. The framework was designed for scaling across other communities and to collect useful information that the communities could use to develop a local action plan based on their readiness, willingness, capacity, and access to state and local resources.

Framework for Local Community Engagement of Front-Line Providers to Strengthen Syndemic Approach	
Topic and Time	Description
Welcome (5 minutes)	• Jump-start conversations, collaborations, and collective action among local providers related to building capacity to implement a more robust syndemic approach in their local cascades of care • Reinforce that information can be used to inform statewide and local planning and action that addresses local needs
Connecticut's Syndemic Approach (10 minutes)	• Overview of Connecticut's syndemic approach, common risk factors, priority populations, and laws (handouts + facilitator reviews)
Cascade of Care Model (10 minutes)	• 10-minute presentation on Cascade of Care model (handouts + facilitator reviews) • Discuss extent to which local providers apply this model within their own organization or collectively in the community
Local Syndemic Resources Inventory (60 minutes)	• Interactive activity in which participants introduce themselves and indicate where they currently provide services across the Cascade of Care using dots and a wall-sized matrix (syndemic area in rows, cascade of care components in columns) • A more advanced step might be to include populations served or eligibility criteria
Local Syndemic Gap Analysis (60 minutes)	• The group reviews local syndemic Cascade of Care and discusses strengths, what is working, gaps and barriers, and opportunities for improvement • Interactive discussion with deeper focus on breakdowns or needs for front-line staff\
Action Plan (30 minutes)	• Group develops consensus on action items from a menu of available resources or through the leadership of local partners. Options could include: hold another session and expand to additional providers (e.g., SDOH), organize topic specific training (e.g., AETC), share specific best practices (e.g., syndemic screener), coordinate public awareness, coordinate a syndemic health fair that promotes testing and screening, develop a care cascade for the community, and others.
Meeting Feedback (5 minutes)	• Feedback forms • Discussion about how to improve approach
Lunch	• Lunch and networking

The group discussed the framework. The following themes emerged.

- Agreement exists to use event time to review syndemic approach. To the extent possible, local information can be shared to increase the relevance of the presentation.
- Participants felt the use of the cascade of care created a common reference point and connected to a data to action approach. The continuum may need to be adjusted to add in public awareness and education.
- The group like the structured, interactive activities that allowed participants to build their own resource inventory and then discuss strengths, gaps, and opportunities to strengthen syndemic approach.
- Clarification occurred that this event was for front-line providers (vs. persons with lived experience) with the intent to strengthen local relationships and networks among syndemic resources.
- Discussion occurred about inviting more SDOH community-based providers to the group as many of the issues involved access to housing, food, and jobs. This could be left up to the local community event planning team to decide based on whether a knowledge base existed about how providers were using the syndemic approach.
- Participants did not think asking about "priority populations" would add significant value to the discussions. In fact, the discussions should reinforce normalizing testing and use of the syndemic approach. Specific action plans might include activities (e.g., training, outreach) that focus on specific high risk groups.
- The group felt this framework would (1) work sufficiently as a replication model that would accommodate any special circumstances for local communities, (2) give local communities an opportunity to plug in more to existing resources whether the local group decided to continue working together on a specific action step, and (3) eventually, could result in a statewide gathering of these groups organized to celebrate local syndemic strategies.
- Andre McGuire shared the approach used in Waterbury to organize a highly successful community health fair – which might be a "action step" decided upon by a local group. He referenced the existence of a "Health Hub" and wondered if this was a model that existed in other communities and/or was supported by a state agency.

Participants from or representing the Hartford area were asked to share their thoughts about Hartford as the first site for a pilot. Mark Nickel explained that he would support a local Event Planning Team. That planning team would play a critical role in engaging the appropriate local partners and, if interested, could help facilitate agenda items at the event.

- Andre stated that he would participate on the Event Planning Team and would connect to the RW Part A Planning Council.
- Jenny Cubano said she would check with her leadership team at Hispanic Health Council.
- Ben Grippo stated that Connecticut Harm Reduction would like to participate in this event and could assist in partner outreach.
- Gina suggested contacting a representative (e.g., P. Tomlinson, K. Lynch) from the City of Hartford Health and Human Services which convened partners at a summit last year. The City serves as the lead contract administrator for CT DPH prevention and care contracts as well as CT DPH RW Part B regional services.
- Gina stated that she would ask her leadership team for permission to be involved in the event planning and day-of-event activities.
- Mark indicated that he could reach out to CHPC Members who live in Hartford and invite them to participate as well.

Mark stated that he would work with Andre to organize the next steps (e.g., initial provider invite list, date, location) with the Event Planning Team. Progress will be reported back at the May meeting.

Awareness and Education Campaigns. Roberta reminded the group that resources for patients and public awareness emerged in discussion as a priority to implement syndemic strategies. Many of these resources and content for awareness campaigns exist. The CHPC Public Awareness and Community Engagement (PACE) Committee will be introducing new approaches to using existing social media networks across the state to coordinate message campaigns (e.g., ask all providers and influencers to push out or repost specific content) using existing content ("tell everyone to screen and test", testing laws). The AETC will continue to assist in offering education and training offerings and coordinate these with CHPC activities (as evidenced in the CHPC main meeting poll on training topics).

OTHER / NEW BUSINESS

Mark Nickel asked if time should be reserved on the May agenda to review and share high level feedback on the initial instrument identified by the Connecticut HIV Funders Group as a base to develop the instrument for Connecticut's HIV Workforce Survey – a component of the Statewide Coordinated Statement of Need (SCSN). This review would be to the next iteration of questions addressed important considerations such as questions relevant to syndemic area of focus or questions reflecting interest in options such as local networking pilots.

- The group agreed by consensus to use the May committee meeting time to provide input that the HFG could use to develop the next iteration of the workforce survey instrument.

MEETING FEEDBACK

The table shows the results from the 15 participants who completed the interactive feedback poll at the end of the meeting.

Summary Table from Interactive Meeting Feedback Poll (n = 15)

Questions	Yes	No	Unsure
1. CHPC Member?	33%	60%	7%
2. I felt comfortable participating in the meeting	100%	0%	*
3. I felt the meeting was well organized and ran smoothly	100%	*	*
4. I liked the best: partnership, coming together to flush out our ideas and create, the chairs reports – information they gave was easy to understand, idea sharing, information shared, very informative, productive, going out in Hartford, Handouts to react to, the opportunity to discuss the topic, discussing the event to bring everyone together, updates, information and Roberta calling on me			
5. Suggestions for improvement: support from other syndemic partners, more time – mid month meeting, not applicable, more people using their voice, no suggestions currently, doctors offices, more diverse participation – more people speaking, not applicable, I have no ideas at this time			

ADOURN

Roberta Stewart adjourned the meeting at 11:40 a.m.

ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting included: Roberta Stewart, Gina D'Angelo, Arleen Lewis, Sofia Swaby, Jenny Cubano, Kelly Moore, Ashley Foster, Venesha Heron, Andre McGuire, Evette Ellis, Mary Tanner, Jen Vargas, Ben Grippo, Damilola Adetiba, Megan Auretta, Natalie DuMont, Tom Alfano, Jean M. Brown, Jordan Wynn, Mark Nickel