

Date:	Wednesday, April 16, 2025	Type:	Virtual Zoom
Start Time:	10:15 a.m.	End Time:	11:35 a.m.
Leaders	Mitchell Namias (CT DPH Resource Liaison)		
Participants:	13	Next Meeting:	May 21, 2025

WELCOME AND INTRODUCTIONS

Mitchell Namias opened the meeting by welcoming all participants and facilitating introductions.

APPROVE MARCH MEETING SUMMARY

The group conducted a brief review of the March meeting summary, which was subsequently approved. Ken Plourd took the opportunity to remind members of the new procedure for distributing meeting materials. Meeting agendas will be posted on the CHPC website (<https://www.cthivplanning.org/needs-assessment-projects>) one week prior to each meeting, and meeting summaries will be made available one week following the meeting.

RYAN WHITE NEEDS ASSESSMENT SURVEY 2025

Syndemic-Oriented Revisions to the Survey

The workgroup convened to continue refining the HIV needs assessment survey, with a focus on aligning the tool more closely with a syndemic framework. Feedback received from the Department of Public Health and funders emphasized the importance of incorporating questions that capture access to testing and treatment for other syndemic conditions, such as hepatitis and sexually transmitted infections (STIs). In response, the group discussed whether to combine or separate questions on sexual health services and STI care, ultimately agreeing that it would be clearer to separate them. This will allow for more precise data collection and align better with the overall goals of the needs assessment.

Food Access and Harm Reduction Revisions

A recommendation was also made to differentiate between the ability to pay for food and actual access to food resources. While the survey already includes questions about financial assistance for food, new language will be added to assess access to food pantries, soup kitchens, and similar resources. To avoid subjective interpretations, the word “quality” will be removed from the phrase “access to quality food.”

In the harm reduction section, the group approved updated language that now includes education and access to syringe services programs, overdose prevention resources, wound care, and treatment options. There was consensus that Narcan access should also be assessed, and a related skip-logic question will be added based on responses about drug use. The group discussed the need to ask at least one direct question on drug use to properly frame follow-up questions.

Routine Care and Specialty Provider Updates

The section addressing routine healthcare services was revised to clarify that the question is asking which services were received, rather than where they were received. Additionally, the survey will now include specific types of medical specialists such as cardiologists, OB/GYNs, hepatologists, oncologists, and mental health providers. Skip logic will be used so that respondents who indicate seeing a specialist can select from a predefined list. The wording will also be adjusted to focus on services rather than providers, especially to account for those who receive both primary and infectious disease care from the same clinician.

Emergency Services and Telehealth Considerations

Regarding emergency room use, a question asking when emergency care was received was added. A proposal to also ask about the time of day was deferred for further discussion in upcoming focus groups. Participants questioned whether that data would be actionable or if it might contribute to survey fatigue. The topic of telehealth also surfaced, with mixed opinions on whether to include questions assessing how much routine care was received via telehealth. While some providers felt this information would support future advocacy, others noted the difficulty of accurately capturing such data retrospectively.

Emerging Topics: Injectables, Policy Awareness, and Partner Services

New questions will be added to assess awareness of long-acting injectable HIV medications, as many clients are unfamiliar with these treatment options despite ongoing advertisements. The group also discussed the idea of including a question to gauge whether respondents understand current HIV testing laws, but flagged that this could be difficult to phrase in a way that avoids confusion or unintentional misinformation. There was general agreement that questions related to policy or political climate—such as whether funding cuts would affect access to care—should be worded with care to avoid sounding alarmist or advocacy-driven, while still capturing meaningful insight.

On a related note, the group affirmed the importance of including questions about awareness and access to partner services as part of the survey's syndemic and STI education sections.

Demographics, Sexual Behavior, and Condom Use

On demographic questions, the group agreed to retain age ranges for easier data analysis and reporting to stakeholders. There was also a consensus to add a drug use question, along with a question on knowledge of Narcan access. In light of recent discussions, a question on the number of sexual partners in the past year will be included, with response options of zero, one, or more than one. This context will help frame responses to the condom use question. Additionally, the group confirmed that the existing questions on sex assigned at birth and current gender identity are sufficient to identify transgender respondents.

HIV WORKFORCE NEEDS ASSESSMENT DEVELOPMENT

An update was provided on the HIV workforce needs assessment: A workgroup has been established and will be supported by Dante, who will assist with dissemination. While the tool is still under development, an update is expected in the coming month. Translation of the needs assessment survey into additional languages will be completed after pilot testing, to prevent duplicative translation efforts should further changes be required.

NAP 2025 WORK PLAN AND REGIONAL FORUM

The group then reviewed the current NAP 2025 work plan and confirmed that survey question refinement will conclude this month. The finalized tool will be piloted with volunteer sites before being shared more broadly. The idea of launching a regional review forum was met with enthusiasm, with an emphasis on avoiding any perception of compliance monitoring. CT HRA was suggested as a potential first presenter, given their active engagement across the state.

REVIEW OF NATIONAL MMP DATA: OREGON AND NEW YORK EXAMPLES

Examples from Oregon and New York's Medical Monitoring Project (MMP) reports were presented to help guide survey refinement and data dissemination plans. These examples highlighted several gaps in the current survey—most notably, the need to include questions on mental health care and binge drinking. Attendees appreciated the concise, visual format of New York's one-page infographic and expressed interest in developing something similar to summarize Connecticut's data.

CLOSING REMARKS AND NEXT STEPS

Before adjourning, the group confirmed plans to incorporate questions on partner services and long-acting injectables into the survey. Several suggestions were made regarding how best to phrase questions on sexual partners and political concerns without overwhelming respondents. The group will continue work on the survey instrument and revisit remaining design decisions in the next meeting.

Participants were reminded to complete the meeting evaluation form and thanked for their robust and thoughtful contributions. The next meeting will include updates on the finalized tool and continued planning for the regional forum and workforce needs assessment.

Ken reminded the group that there is still an opening for the NAP Community Co-chair leadership position. If anyone is interested in applying, please visit <https://www.cthivplanning.org/>

ATTENDANCE

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

ADJOURN

The committee meeting ended at 11:35 a.m.