Connecticut HIV Planning Consortium

Ending the Syndemic Committee Meeting Summary

May 21, 2025

Date:	May 21, 2025	**Type:**	Virtual
Start Time:	10:15 a.m.	**End Time:**	11:30 a.m.
Leaders	Roberta Stewart (Chair) / Gina D'Angelo (CT DPH Resource Liaison)		
Participants:	19 (see last page for attendance)	**Next Meeting:**	June 18, 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 April 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.

- Natalie DuMont will discuss the leadership opportunity with Roberta and Gina.

SYNDEMIC PARTNERS UPDATE

Syndemic Partner Group (SPG). Gina D'Angelo shared that the SPG will meet in June. In the meantime, individual partners are reflecting on accomplishments and assessing areas of strengths, weaknesses and opportunities for strengthening the use of syndemic approaches within their agencies and programs. The information will be combined to help understand areas where the group can work collectively on specific issues (e.g., use of screener, training) relevant to multiple partners. The SPG felt that development of short videos would contribute significantly to better awareness of these highly connected health-related conditions.

Syndemic Area (contact)	**Report Highlights**
CT DPH Prevention and Policy *(Gina D'Angelo)*	• Several public health related bills never made it out of the legislative committee. The focus has shifted now to the budget and appropriations. • It appears that an initial $300,000 reduction in HIV-related services has been restored – with help from providers and persons who reached out to their legislators and also who attended a rally in April at the Capitol. • CT DPH hosted its first Prevention Power Hour. The Power Hour assembles CT DPH funded HIV Prevention Providers to discuss topics of interest and importance and share best practices. The initial event focused on syndemic approach (e.g., barriers, challenges, solutions).
Sexually Transmitted Diseases *(Arleen Lewis)*	• The current STD funding will end in February 2026 and a major point of emphasis is on identifying upcoming funding opportunities which will most likely emerge in July and August. • Partners should continue to promote STI/STD screening and testing options. CT DPH continues to receive calls from individuals looking for testing locations. • CT DPH is developing an STD-related training series that will launch in the Fall 2025 and occur mid-day.
Hepatitis C *(Venesha Heron)*	• No report was shared.

Syndemic Area (contact)	Report Highlights
Substance Use Disorders *(Natalie DuMont)*	• No new updates since the previous month. • Natalie expressed interest connecting CT DMHAS related staff and providers to various learning communities (e.g., Prevention Power Hour, STD training series). Gina explained the initial efforts were intended to focus on CT DPH HIV Prevention contractors. She would discuss with CT DPH leaders options to open up the events to other individuals involved in prevention and possibly care (e.g., treatment is prevention).
General *(Partners)*	• No other partners shared updates or announcements about their syndemic-related efforts.

2025 ETS IMPLEMENTATION ACTIVITIES

Pilot to Strengthen Syndemic Partnerships and Referral Process. 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.

Gina screen shared the latest iteration of the event planning guide for a potential pilot in Hartford. The document included logistics, a draft agenda with activities, and an initial list of providers to get the conversation started. Gina explained that a local planning team would ultimately make the final decisions. However, Gina and Roberta asked for input on specific topics:

1. Should it be a priority that the events first ensure all HIV Providers are on the same page about the syndemic approach? The answer would change partners who would be invited.
2. Should the focus remain on "front-line" staff members who interact directly with clients/patients?
3. Should the initial event focus more on listening to what the front-line staff members and clients/patients need and how they can address these needs vs. focusing on how each partner contributes to a continuum of care across the syndemic areas of focus?

These themes emerged from the discussion:

- Carol Jones shared that the use of syndemic approaches and even awareness varies significantly by provider and within communities across the state. Knowledge of resources, developing networks, and building relationships may look different in each community. The work is very important.
- Be careful about assuming what various providers may know about a syndemic approach. Even workers at HIV funded organizations may not know much about the syndemic approach in concept or in practice. SDOH providers may not know anything at all or why the syndemic approach relates to their work.
- Andre McGuire stated that workings assumptions about what other people know are often inaccurate. For example, most people believe a high number of primary care providers exist in Hartford and this is not the case.
- A suggestion was made to hold smaller-sized events but do more of them. Inviting too many people and introducing new concepts will decrease the chance of networking and sharing. In communities where fewer providers exist, the approach might be to assemble the group on a regular basis.
- Gina shared that the City of Hartford hosted a very large event in 2024 that was attended by about 150 providers. The event structure looked very different because of the size and the opportunities for sharing or networking were much more limited.

- Jenn Vargas shared that CT DPH observes that certain providers report a low volume of tests. Some of these providers could be identified and invited to attend the group. It will be important not to intimidate providers who may not be familiar with the syndemic approach or how valuable the network can be for their patients. She shared highlights from a case in which a patient was diagnosed with HIV and did not start HIV medication until 4.5 months later. The medical provider who completed the test referred the patient to another resource and did not follow-up with the patient. CT DPH DIS workers got involved and linked the patient to care. She shared another case in which a person who was 7-months pregnant was diagnosed with HIV. The referral process broke down and the DIS worker connected the individual to an experienced HIV provider. Ideally, community partners and networks can do this problem solving for patients.
- A suggestion was made to send a brief screening survey to potential participants and then tailor the event agenda to their specific needs or level of familiarity with the syndemic approach.
- Roberta observed that it appeared two pathways were emerging. (1) Medical providers are now getting more involved in routine testing that need more resources and information as well as academic detailing. This group might be better served through a partnership with the AETC and CME credits, and (2) Outreach workers, patient navigators, and case managers who are responsible for connecting people with services they need. This group may not need to know specifics about medication regimens or medical/clinical standards of care. These are the people who need to know their community resources.
- Arleen agreed and shared several instances in which CT DPH Partner Services staff members experience providers getting frustrated because they did not know how to treat patients or where to refer patients – even when a major HIV provider operated in the same community.
- Andre McGuire shared that he would like to see more community-based providers who are actively involved in community outreach such as Hartford Communities that Care, InterCommunity, St. Phillips Medical Ministry, and Connecticut Harm Reduction Alliance.
- The group agreed that when assembling the group, it is important to find out how to help them reach into their communities vs. telling them how to do something like use a syndemic approach. Listen and learn about what they are doing and what they need before offering solutions. This means the agenda would look much different. For example, skip the continuum of care model. Introduce the syndemic approach model and how it starts with awareness and routine testing/screening and then helping people connect to services they need. Some groups or discussions may show that routine testing/screening takes a back seat to food and housing. If so, the group should be prepared to listen. Perhaps themes will emerge that can then be connected to different work groups or resources that support syndemic approaches.
- The group thought it might be important to reframe the pilot around how providers are engaging their communities and encouraging routine testing and screening for HIV, Hep C, STDs, and SUDs and understanding barriers and challenges residents are facing that must be addressed to increase their readiness and willingness for routine testing and screening.

Roberta and Gina will use the input to refine the approach, get input from Andre, and then have project staff share the approach with Hartford Pilot Event Planning Group for further input.

HIV Workforce Survey for Statewide Coordinated Statement of Need. Gina explained that the federal planning guidelines required the completion of a HIV Workforce Survey. In past years, Connecticut has coordinated two HIV Workforce Surveys. The first focused on understanding the HIV workforce composition. The second focused more on knowledge and training needs. The HIV Funders Group has a project team working to develop a HIV Workforce survey instrument and methodology and would like to get general input from the committee.

The proposed approach includes: (1) use of an online survey that would take about 10 minutes to complete, (2) data collection between July 2025 and September 2025, (3) use of incentives by way of raffle prizes for a small set of randomly selected respondents, (4) use of common questions for all respondents in areas such as demographics and preferred way to access training, (5) use of one survey for all types of respondents that uses "skip logic" to guide certain respondents (e.g., doctors, nurses, physician assistants) to specific questions most relevant to that group as compared to another group (e.g., case managers, care coordinators, patient navigators), (6) assistance from diverse partners and associations to promote the survey statewide, and (7) use of survey questions or formats that have been used in similar surveys conducted in other states.

Gina shared the framework for the areas or topics identified for training, knowledge, and application and asked the group to share any initial impressions or feedback about the methodology and the list of topics. The following themes emerged:

- The list of topics is too long for 10 minutes. The HIV Workforce project team will need to figure out what is the most important for providers to provide excellent care and treatment or to assess their current practice – which will show what is missing (gap or need) for training.
- Consider structuring the questions in a way that allows providers to work quickly through a list of topics. For example, for each topic give options such as "need it" or "do not need it" or "have completed training on this in past 2024 or 2025".
- Important to ask questions about "bedside" manner and unconscious bias.
- Consider grouping questions into categories around best or preferred practices areas such as testing or screening.
- Include a question about Case Manager's use of the medical evaluation form to be aware of tests and treatment plans.
- Make certain the survey reaches Emergency Department staff and SUD treatment providers.
- Ask specific questions related to the most important standards of care (e.g., 2 medical appointments per year, rapid start protocols).
- Need to include questions about patient confidentiality – including for individuals under age 18 and also as it relates to partner services disclosures.
- Re-evaluate the groupings and the use of a question about prescribing to drive skip logic to address the diversity of clinicians involved in treatment plans. Consider focusing on HIV Medical providers or HIV prescriptions and HIV clinical care providers (e.g., social workers, case managers, psychologists, SUD treatment providers).
- Some discrepancies exist in standards of care and funding compliance. For example, doctors treating PWH who are virally suppressed may indicate one visit per year whereas case managers from RW funded agencies must document 2 healthcare visits per year.

Gina thanked the group for their input and said she will share the feedback with the HIV Workforce Survey Project Team. It is anticipated that a solid draft will be available in mid-June.

OTHER / NEW BUSINESS

No other or new business was introduced.

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 = 11)

Questions	Yes	No	Unsure
1. CHPC Member?	45%	46%	9%

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: Input, Everyone given a voice to speak, Working together, Conversation, Interactive discussion, Everyone had an opportunity to speak, Information and updates, Informative, All of the input from different agencies and partners

5. Suggestions for improvement: More consumer input, Input from more folks, All great, Not applicable (4)

ADOURN

Roberta Stewart adjourned the meeting at 11:30 a.m.

ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting included: Roberta Stewart, Gina D'Angelo, Ruth Garcia, Arleen Lewis, Carlos Rodriguez, Genesis Infantas, Taylor Keith, Venesha Heron, Carol Jones, Andre McGuire, Evette Ellis, Mary Tanner, Natalie DuMont, Roselyn Wimbish, Nathan Santana, Blaise Gilchrist, Victor Acevedo, Russell R, Selma Gooding