

Date:	Wednesday, May 21, 2025	Type:	Virtual
Start Time:	9:00 a.m.	End Time:	10:13 a.m.
Participants:	84	CHPC Members:	31
Co-Chairs:	Dante Gennaro, Nilda Fernandez, Africka Hinds		
Next Meeting:	June 18, 2025 (In-Person, Hartford, CT)		

WELCOME AND CHPC OVERVIEW

Co-Chairs Dante Gennaro, Nilda Fernandez, and Africka Hinds opened the virtual meeting by welcoming participants and offering guidelines for maintaining a productive online environment. The group observed a moment of silence before briefly reviewing the CHPC's vision, mission, values, structure, and goals.

CHPC GENERAL BUSINESS UPDATES

Co-Chair Announcements. CHPC Co-Chairs shared several announcements related to CHPC operations.

- **CHPC Membership:** The Co-Chairs welcomed new members Christian Castro, Genesis Infantas, Michael Virata, and Jordan Wynn, bringing the CHPC to full capacity with 40 members. A waitlist is currently in place. Attendance policies remain in effect and may lead to future openings. A co-chair vacancy remains for the Needs Assessment Project (NAP) Committee; interested members can apply via www.cthivplanning.org.
- **Integrated Plan Data Projects.** An update was provided on several data initiatives coordinated by the Connecticut Funders Group. These projects will inform the 2027–2031 Integrated Plan and include (a) Financial Resources Inventory, (b) People with HIV Needs Assessment Survey, (c) HIV Workforce Survey, (d) Services Inventory, and (e) SWOT and Gap Analysis.

April Meeting Summary Vote. Meeting summaries get posted on the CHPC website (www.cthivplanning.org) within 10 days after the meeting date and sent to CHPC Members in advance of an approval vote.

Vote Topic	Approval of April Meeting Summary					
Voting Method	Electronic ballot					
Vote Outcome	Meeting Summary Approved					
	Yes	26	No	0	Abstain	5

IMPLEMENTATION OF CONNECTICUT INTEGRATED PLAN 2022-2026

CHPC Committees. Co-Chairs reviewed areas of focus for each of the CHPC Committee meetings. Committee meeting links were shared at the end of the meeting and are available on www.cthivplanning.org.

Committee	Area of Focus for Monthly Meeting
<i>Ending the Syndemic</i>	Plan for local pilot projects to strengthen awareness of and referral relationships for syndemic partners and gather input on the HIV workforce survey instrument
<i>Public Awareness and Community Engagement</i>	Review the draft of the spring 2025 CHPC newsletter and begin planning for a youth subcommittee and social media engagement
<i>Needs Assessment Projects</i>	Discussion of the persons with HIV needs assessment pilot as well as review and gather input on the format and schedule for NAP Forum
<i>Quality and Performance Measures</i>	Quality improvement spotlight with Yale University, plan for October Quality Summit, and develop measures for the 2027-2031 Integrated Plan

SPECIAL PRESENTATIONS: HIV and AGING

The meeting featured two presentations focused on the intersection of HIV and aging, delivered by Dr. Michael Virata (Yale University) and Angela Vasquez (State of Connecticut Bureau of Aging).

Dr. Michael Virata, Director of HIV Clinical Services and Associate Professor at Yale University, and a CHPC member, presented findings from a three-year Yale-led initiative on HIV and aging. The project, a Ryan White Part F Special Projects of National Significance (SPNS) demonstration site, addressed the growing needs of older adults living with HIV in Connecticut.

Key data points included (1) Nearly 11,000 individuals live with HIV in Connecticut, (2) Approximately two-thirds are aged 50 and older; one-third are aged 60 and older, (3) Among individuals 65+, roughly 30% have three or more comorbidities—double the rate of their HIV-negative peers, (4) About 40% experience polypharmacy (5+ medications), often starting a decade earlier than in the general population, (5) Fall prevalence among this population is ~30%, with increasing incidence with age, and (7) Risk of major osteoporotic and hip fractures is significantly higher among people with HIV.

Dr. Virata introduced *Project I-Care for PAH*, a care model developed to assess and reduce four key aging-related risks—polypharmacy, adverse falls, and fragility fractures (collectively known as the "4Fs")—among people aging with HIV. The project aimed to build a collaborative care model, expand the capacity of non-geriatric HIV providers, and implement targeted screenings and interventions. These efforts were conducted at the Yale Center for Infectious Diseases, which serves over 1,600 people living with HIV, approximately 70% of whom are aged 50 and older.

Key interventions included (a) Patients with ≥ 9 medications (or ≥ 15 for "hyper-polypharmacy") were referred to an in-clinic pharmacist for medication optimization, (b) Individuals with fall risk scores $> 4.3\%$ were provided interventions, including referral to physical therapy, and (c) Patients at high fracture risk (FRAX score $> 20\%$) were referred for DEXA scans, osteoporosis treatment, or specialist care

The comprehensive assessment tool evaluated key aging-related risks—polypharmacy, falls, fractures, and functional decline—along with gait and psychosocial factors such as depression, alcohol use, and other social determinants of health. A patient-centered component asked individuals to identify personal health goals, emphasizing "what matters most" to them. To support the intervention, the team developed educational videos, materials, and a website for providers and patients. Among the first 125 participants (average age: 63), 25% met criteria for hyper-polypharmacy (15+ medications), and the average fall risk score was 4. Notably, 75% of male participants were at high risk for hip fractures. Overall, 95% reported high satisfaction with their care and prioritized their health as most important.

Key Lessons Learned (1) Staff engagement and training are essential, (2) Recruitment for aging-related HIV care should be prioritized, (3) Workflow efficiencies and referral systems must be streamlined, and (4) Strong partnerships with local agencies enhance care integration.

Angela Vasquez, Healthy Aging Program Coordinator with the Bureau of Aging, presented an overview of programs and services available to older adults in Connecticut. She explained that the Bureau operates within the Department of Aging and Disability Services and focuses on promoting independence and well-being for individuals aged 60 and older. Much of this work is guided by the Older Americans Act of 1965, with funding distributed to five Area Agencies on Aging (AAAs) that serve as key community-based partners. Ms. Vasquez noted that nearly 25% of Connecticut's population is over age 60, with increasing diversity and shifting demographics due to the aging baby boomer generation. She highlighted common challenges faced by older adults, including social isolation—affecting up to 28% statewide—and the high prevalence of chronic conditions and polypharmacy. Connecticut leads New England in rates of heart failure, osteoporosis, Alzheimer's disease, breast cancer, and hip fractures. Importantly, she called attention to the growing number of older adults living

with HIV/AIDS, noting that Connecticut has seen one of the largest increases in the region. As part of the state's new aging plan, the department is prioritizing outreach, partnerships, and resource access for people aging with HIV and their caregivers. Ms. Vasquez highlighted several programs and services offered by the Bureau of Aging:

Health Promotion Programs: Funded through Title IIID, these include physical activity programs, falls prevention programs, Mind Over Matter (for women with incontinence), and LiveWell, a statewide chronic disease self-management program. LiveWell workshops are free, accessible (in person, phone, online, Spanish), and build knowledge, skills, and confidence to manage chronic conditions.

Elderly Nutrition Program: Provides nutritionally balanced meals at congregate sites or delivered to homebound individuals, along with nutrition education and counseling. Contacting the local AAA is necessary to participate.

Choices (State Health Insurance Program): Offers free, unbiased guidance to older adults and those with Medicare to understand their coverage and healthcare options. Choices counselors are located at each AAA.

Caregiver Programs: Include the National Family Caregivers Support Program (referrals, support groups, respite, training, personalized case manager) and the Congregate Housing Services Program (supportive services to prevent institutionalization for adults 62+ needing assistance with activities of daily living or ADLs). The Connecticut Statewide Respite Care Program offers relief, information, support, and funding to caregivers of individuals with Alzheimer's and related dementia.

Falls Prevention Program: A major state-funded effort, addressing falls as the number one cause of injury and death among older adults in the state. Falls Free CT is a statewide coalition working to lower falls incidence, meeting quarterly with working groups meeting monthly. A statewide falls prevention program guide is available on their website to connect people to programs by region.

Liaison with Senior Center Directors and Municipal Agents: Every city/town in Connecticut has a municipal agent for the elderly who supports residents with information, assistance, and application completion. They can be found by calling the town or searching 211.

NEW BUSINESS AND ANNOUNCEMENTS

No new business was introduced. Participants shared announcements and were reminded to send information to CHPC support staff members for distribution to the CHPC contact list.

- Dante Gennaro announced an upcoming AETC symposium on substance use disorder scheduled for July 25th at High Watch Recovery Center in Kent, Connecticut. It will feature two presenters covering three topics, offering 3 CME credits for medical providers. Registration and a light breakfast begin at 10:30 a.m., followed by the program at 11:00 a.m., which includes a complimentary lunch. Plans include a mental health symposium in the fall and quarterly events next year covering Hep C, HIV, substance use, and mental health.
- Dante Gennaro also announced that the AETC training session at noon today will be on intimate partner violence, presented by Tami Sullivan, Ph.D., Yale University School of Medicine.

MEETING FEEDBACK

Sixty-one (61) participants completed an interactive poll to share their meeting experience and suggestions for improvement. 99% of respondents (members and public participants) reported the CHPC event was well organized, inclusive, and respectful.

ADOURN

The CHPC Co-Chairs adjourned the meeting at 10:13 a.m.

ATTENDANCE

Attendance records are on file with the CHPC support staff.