

Date:	July 16, 2025	Type:	In Person (Hartford)
Start Time:	10:22 a.m.	End Time:	11:54 a.m.
Leaders	Co-Chairs Roberta Stewart & Dr. Natalie DuMont; Gina D'Angelo (CT DPH Resource Liaison)		
Participants:	22 (see last page for attendance)	Next Meeting:	September 17, 2025

WELCOME AND MOMENT OF SILENCE

Roberta Stewart (Co-Chair) welcomed participants to the meeting and asked participants to hold a moment of silence to honor the work and impact associated with the HIV epidemic. Participants introduced themselves. Roberta reviewed the committee charge, meeting agenda, and encouraged participants to turn on their cameras and participate.

ADMINISTRATIVE MATTERS

Approval of Prior Meeting Summary. The June 2024 draft committee meet summary notes were posted on the CHPC website (www.cthivplanning.org). Participants approved the meeting notes by consensus with no additions or corrections.

Committee Co-Chair. Roberta announced that CHPC leadership opportunity exists for the Needs Assessment Project (NAP) Committee.

Reflections on the CHPC Main Meeting. Participants shared their perspectives about the HIV surveillance update shared at the CHPC main meeting. Themes included:

- The presentation was important and well organized.
- The presentation covered a significant amount of information in a short period of time, perhaps too much.
 - The Executive Committee agreed initially that the main meeting would focus only on new HIV diagnoses and the Quality and Performance Management (QPM) Committee would review the data on the remaining statewide indicators.
- The increase in new HIV diagnoses (and not making progress on goals) should not surprise anyone, especially coming out of COVID 19 with less HIV testing and healthcare visits plus the emphasis on routine HIV testing after the passage of new legislation.
 - The message should be reframed that routine HIV testing and access to testing is producing results and individuals with HIV are being identified. That is good news.
- The lack of progress in linkage to care and viral suppression should be of concern. Something is clearly breaking down in accessing care.
- Even though Connecticut has not yet met or exceeded its 2022 to 2026 Plan indicators, it remains at the forefront of states in its approach. Nilda Fernandez encouraged individuals to celebrate and communicate these wins. Participants shared several examples:
 - Andre McGuire commented that his exchanges with Planning Council and public health partners from other states allows him to see that many states and Ryan White Part A grantees are beginning to explore strategies that Connecticut has been implementing for years.
 - Jen Vargas shared that from a data perspective, surveillance colleagues from other states have noted that Connecticut's approach is highly developed and exceeds what is currently happening in those other states.
 - The group discussed the new capacity and approach by CT DPH to provide data and technical assistance to communities interested in locating the census tracks and zip codes with high concentrations of HIV, STIs, HCV, and SUDs. Hartford issued a call to action for providers around this data set and that effort links to the ETS Committee's pilot project strategy to improve a coordinated syndemic response and referral process at the local level.

- Roberta Stewart recognized the value of ‘old school’ approaches to outreach and local action for case finding.
- Nilda Fernandez shared that Connecticut Children’s / UConn Health has conducted 82 academic detailing visits with pediatricians on the topic of routine HIV (and syndemic) testing so far this year.
- Gina D’Angelo noted that New Hampshire has recently reached out to Connecticut for technical assistance to learn more about strategies that can be implemented, particularly in the absence of federal and state funding. Gina noted that long ago, New Hampshire was providing technical assistance to Connecticut.
- Mark Nickel noted that Connecticut has not received Ending the HIV Epidemic funding in the past. States that have received that funding have set less ambitious objectives for their strategies such as increasing access to testing by 3,000+ in states that have cities with 650,000+ residents.
- Venesha Heron shared that collaboration increases the impact of the limited HCV funding.
- The group discussed the value of placing more emphasis and attention on STI/STD incidence and prevalence as a leading indicator for HIV.
- Nilda shared information about a virtual training at noon titled, “ Resistance through Education. Gender, Power, and Prevention: Reimagining HIV Prevention with Black Women at the Center.” The talk examines how gendered power dynamics, structural inequities and historical exclusion have shaped HIV prevention efforts, and how Black women continue to be sidelined despite being disproportionately impacted. This is a call to reimagine prevention through equity, care and justice.
- Gina stated that the availability of funding may continue to decrease in future years. Connecticut partners need to make a big push to prepare tools and resources to continue the work through more traditional healthcare partners. Natalie added that in the context of change management, this would be equivalent to identifying the “burning platform” driving action.
- Nilda suggested that some of the ETS Committee participants consider presenting at the Quality Summit.

Roberta thanked everyone for sharing their reflections and accomplishments. She noted that routine HIV testing and provider readiness and capacity are the drivers of change. Mark noted that the information will be used to build the 2027 to 2031 Integrated Plan, to better tell Connecticut’s story of collaboration and innovation, and to place more emphasis on strategies and actions that are practical (in the political and funding landscape) and meaningful. Perhaps the story of Connecticut should focus more on how Connecticut is getting better at connecting (more quickly) its available capacity and resources to identify and solve problems.

SYNDEMIC PARTNERS UPDATE

Syndemic Partner Group (SPG). The table summarizes highlights from the syndemic partner reports.

Syndemic Area	Report Highlights
CT DPH Prevention and Policy (Gina.D’Angelo)	<ul style="list-style-type: none"> • The Distribution Center contract will end and the current operations will be closing. CT DPH will continue to provide materials (e.g., condoms) to CT DPH contract sites beginning in January 2026 and until such time another process has been established. Many of these materials contain current information and can be accessed by non-funded CT DPH organizations such as CT DMHAS treatment providers. The contact person is Travis J Gibbs, Advancing CT Together, email: tgibbs@act-ct.org or email Gina at Gina.Dangelo@ct.gov • CT DPH has developed a new fact sheet to debunk the myths related to routine HIV testing and reinforce that offering a test is actually the law. She shared English and Spanish versions of the flyer. • The Syndemic Partners Group will meet on July 22 and discuss accomplishments, gaps, and priorities to support uptake of syndemic strategies.

Syndemic Area	Report Highlights
	<ul style="list-style-type: none"> The CT DPH policy team led by Gina is exploring the viability of recommending changes to the HCV law to include treatment recommendations. The CDC Project Officers now ask on monthly calls about progress and accomplishments on syndemic strategies.
Sexually Transmitted Diseases (Arleen.Lewis)	<ul style="list-style-type: none"> CT DPH continues to move forward with the STD-related training series that will launch in the Fall 2025. CT DPH has encouraged members of the Connecticut Sexual Health Coalition to participate in CHPC meetings, especially the ETS Committee. CT DPH continues to place a priority on securing additional funds. CT DPH will be distributing its provider toolkit and patient resources.
Hepatitis C (Venesha.Heron)	<ul style="list-style-type: none"> July 28 is World Hepatitis Day. A collaboration with NE AETC titled, “It’s Hip to Talk about Hep” will occur. New promotional materials will be available soon to address the identified gap in awareness about Hepatitis C testing laws and the availability of a cure.
Substance Use Disorder (Natalie.DuMont)	<ul style="list-style-type: none"> The syndemic screener increase use is with DMHAS funded providers specifically those with infectious diseases programs. On going efforts to share the screener within the network. The DMHAS funded providers intake and/or biopsychosocial assessments, address all the components in the syndemic screener.

2025 ETS IMPLEMENTATION ACTIVITIES

Follow Up on HIV Workforce Survey. Roberta reported that the input on the HIV Workforce Survey instrument from the ETS Committee was shared with the project team from the HIV Funders Group. The information helped improve the survey. Data collection is anticipated to begin in August. Many of the ETS Committee participants will most likely be asked to take the survey. The results will be shared in early 2026 and used to help develop education and training strategies for the 2027 to 2031 Integrated Plan.

Pilot to Strengthen Syndemic Partnerships and Referral Process. Roberta explained that the ETS Committee had identified Hartford as its first pilot site to support strengthening local syndemic partner awareness and referrals. Andre noted that he had recently begun conversations with Peta-Gaye Tomlinson (CHPC Member, City of Hartford Health Department) and will work with her with the support of Mark to develop an action plan. The action plan might represent an opportunity to build follow-up materials for communities that receive CT DPH technical assistance to identify census tracks with high concentrations of HIV, HCV, STIs/STDs, and SUDs.

Messaging and Communications. The HIV surveillance data from the main meeting reinforced the need to increase awareness of prevention and treatment resources. The group discussed the value of reverting to proven approaches that do are low cost with high reach:

- Public Service Announcements (PSAs) on the radio and television. Arleen indicated that radio announcements were valuable in the previous STI/STD awareness campaign. Nilda confirmed that Hispanic community – especially elders listened to the radio.
- Individual outreach to providers (e.g., Academic Detailing) must play a more prominent role in the next plan. It is effective as evidenced by Connecticut Children’s / UConn Health’s efforts.
- Natalie reminded the group that in local communities people assemble at community centers, senior centers, and recreation centers. These should be the focus of community outreach and engagement.

- Efforts to produce simple messages about individual disease conditions and the syndemic approach are needed. Mark showed an early draft of an explainer video about STIs. Similar videos were under development for HCV, HIV, SUDs, and the syndemic approach plus interviews will be conducted to develop videos that help tell the human story. The video scripts can serve as the starting point to produce PSAs. The Syndemic Partner Group will assist in the development of content.

HIV Services Inventory. Roberta reviewed that the committee had begun a discussion in June about improving the current Ryan White Care Finder (E2CT) databased for HIV and syndemic services in Connecticut. This task would involve refining the data fields and search filters and conducting outreach to providers. The task would lead to the completion of a required HIV services inventory to include in the 2027 to 2031 Integrated Plan and a more valuable tool with current information for Connecticut residents and providers. CT DPH had confirmed a willingness to update the E2CT platform. Mark indicated that a contingency plan involved using Tableau (or another software platform) to drive an interactive map and searchable database.

Mark explained that the web-based resource would work similarly to online shopping where the user has a more intentional set of searchable categories (versus a general search bar). The approach begins with identifying how you want the output to look and the functionality of the search features. This informs what data needs to be collected from the providers. He stated that organizational data fields would be slightly refined. The biggest change relates to service categories and the ability to show how service categories relate to syndemic health conditions.

The group explored in more depth the primary search filter categories (1) Health topic – HIV, STI/STD, HCV, SUDs, (2) Service type, (3) Patient type / age, (4) Service setting, (5) Payer type, (6) Geographic area, (7) Enhanced care coordination, (8) Peer supports, and (9) Supplemental HIV Funding sources. Some of the information collected from providers may not even be shown on the search bars. For example, the funding source or setting may be something that is used only internally for planning purposes or to understand the impact of changes in funding.

The service categories were reframed to include: (1) Prevention and harm reduction, (2) Family planning, (3) Screening & testing, (4) Healthcare and medication, (5) Substance use treatment, (6) Dental services, (7) Mental health services / psychosocial supports, (8) Enhanced care coordination, (9) Financial and support services, and (10) Peer supports. The group reviewed briefly the detail behind the service categories to better understand how data would need to be collected from providers. In some areas, the level of specificity and use of data needs further discussion. For example, is it sufficient to note the presence or absence of testing by health condition or does the type of test need to be identified (e.g., rapid test, routine blood panels, home test). The following themes and suggestions emerged from the discussion:

- Spell out acronyms such as HCV.
- Would it be possible to remain the website domain? Ryan White Care Finder does not reflect the syndemic approach.
- Consider adding a supportive service subcategory around facilitating “volunteer” opportunities for individuals who may not be able to enter employability programs or work in jobs.
- The idea of focusing on health conditions and service categories make sense from the consumer perspective. The additional information about case management and even the funding source will make the tool more meaningful for providers and referrals.
- The attempt to keep the categories “simple” will be important. Place a focus on keeping current the most important information (e.g., service needed, patient type, accept Medicaid or Medicare, and location).
- Add “insurance” into the Financial Support category title.
- Dental services and oral health services and supports are provided by multiple Ryan White funding sources.
- Adjust the sub-options under psychosocial to reflect individual counseling.

- 211 offers a detailed database. The concerns relate to the more passive nature of the database and the fact that information may not be current.

OTHER / NEW BUSINESS

Roberta reminded the group that the CHPC and the ETS committee would not meet in August. The September CHPC meeting will be in-person in Hartford.

MEETING FEEDBACK

The table shows the results from the 16 participants who completed the interactive feedback poll at the end of the meeting.

Summary Table from Interactive Meeting Feedback Poll (n = 16)

Questions	Yes	No	Unsure
1. CHPC Member?	44%	56%	*
2. I felt comfortable participating in the committee meeting	100%	0%	*
3. I felt the committee meeting was well organized and ran smoothly	94%	6%	*
4. What did you like best about the committee meeting? (1) engagement among the group, (2) productive, (3) lot of ideas discussed, (4) informative, (5) conversation, (6) actionable items, (7) learning about how well CT is doing, (8) unique group – information sharing, (9) integration of ideas moving toward intentionality, (10) thinking about when funds are gone			
5. Suggestions for improvement: (1) key takeaways from meeting, (2) less ideas and more execution and results, (3) make it happen, (4) focus, and (5) five respondents stating “not applicable” or “none”			

RECAP & ADJOURN

Mark reviewed the action items:

- Mark will produce a meeting summary.
- Roberta, Natalie, and Gina will encourage the Executive Committee to tell the story of a higher number of new HIV diagnoses as a success (and not a setback) along the journey to ending the HIV epidemic.
- Andre and Mark will advance the pilot project in Hartford and determine the next steps.
- Gina will engage the Syndemic Partners Group members to assist in developing new messages and content to increase awareness.
- Gina will speak with Sue Major (CT DPH) - who is on the Quality Summit planning team, about including ETS mini-presentations at the summit.
- Syndemic Partners Group and HIV Funders Group members will provide additional input on the HIV Service Inventory approach to data collection and search features and functions.
- Providers participating on the ETS Committee will help promote the HIV Workforce Survey to their colleagues and take the survey themselves when data collection begins in August.

Roberta Stewart adjourned the meeting at 11:54 a.m.

ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting who participated include: R Stewart, G D’Angelo, N DuMont, N Fernandez, A McGuire; A Lewis; K Mullin, D Adetiba, E Ellis, K Moore, L Magana, M Sgambato, A Tembera, M Tanner, A Torres, R Wimbish, V Heron, D Williams, J Vargas, J Cubano, L Vazquez, I Ardila, M Nickel