Connecticut HIV Planning Consortium

Ending the Syndemic Committee Meeting Summary

June 18, 2025

Date:	June 18, 2025	**Type:**	In Person (Hartford)
Start Time:	12:53 p.m.	**End Time:**	2:13 p.m.
Leaders	Co-Chairs Roberta Stewart & Dr. Natalie DuMont; Gina D'Angelo (CT DPH Resource Liaison)		
Participants:	17 (see last page for attendance)	**Next Meeting:**	July 16, 2025

WELCOME AND OVERVIEW

Roberta Stewart welcomed participants to the meeting. Ending the Syndemic (ETS) Committee support staff reviewed the committee charge, agenda, and suggested guidelines for virtual meeting etiquette. Roberta Stewart (ETS Chair)

ADMINISTRATIVE MATTERS

Committee Co-Chair. Roberta announced that CHPC Member Natalie DuMont will be joining the ETS Committee leadership team as a co-chair.

CHPC Co-Chair Opening. Roberta reminded those CHPC Members attending the ETS Committee meeting that the CHPC will be holding a vote to replace CHPC Co-Chair Nilda Fernadez whose leadership term will be ending in December 2025. Applications are available on the CHPC website.

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

SYNDEMIC PARTNERS UPDATE

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

Syndemic Area *(contact)*	Report Highlights
CT DPH Prevention and Policy *(Gina D'Angelo)*	• A wide variety of syndemic tools and resources are currently available to providers and residents. However, ease of access and uptake in using the tools remains uneven at best (e.g., tools for providers on different websites). In fact, some providers continue to argue that the state routine testing law is not a law, rather a recommendation that providers can choose or not choose to follow. • 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. • The Syndemic Partners Group will meet in July. Syndemic partners (e.g., DMHAS) continue to expand their use of and support for the syndemic approach such as the syndemic screener. The group will discuss and identify areas to increase impact.
Sexually Transmitted Diseases *(Arleen Lewis)*	• 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.
Hepatitis C *(Venesha Heron)*	• July 28 is World Hepatitis Day. • A Hepatitis C Elimination Plan draft will be available soon with the Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) meeting to finalize the plan. • New promotional materials are under review by CT DPH legal to address the identified gap in awareness about Hepatitis C testing laws and the availability of a cure.

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Syndemic Area *(contact)*	Report Highlights
Substance Use Disorders *(Natalie DuMont)*	• 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. • Natalie will share the CT DPH networking opportunities (e.g., Prevention Power Hour, Crimson Table Talks) with her DMHAS colleagues, particularly those programs closely related to infectious disease services.
General *(Partners)*	AETC funding has been reduced and RW Part F has been eliminated in the federal budget. The AETC will operate through December 2025. Other strategies will need to be used to engage providers in professional development, education, and capacity building.

2025 ETS IMPLEMENTATION ACTIVITIES

Syndemic Resources: Increasing Awareness and Uptake. Spurred by Gina's Syndemic Partner update, the group discussed specific challenges to building capacity within the provider community around syndemic approaches. Participants shared case studies about challenges and barriers encountered while helping clients access services without comprising the trust developed with the client. One example included an individual who needed help and was calling from a car in an unknown location. Mobile Crisis Team could not intervene and calling the police would erode trust. Another example involved an individual who needed housing (during extreme cold). Calling 211 resulted in a response to call back on Monday.

The group used a handout that included a list of website resources related to the syndemic and questions related to frequency of use, sharing the resource with colleagues or clients, and the extent to which driving traffic to this website should be a priority for HIV partners. The group explored some of these websites. Natalie DuMont noted the absence of DMHAS websites on the handout; the group reviewed "bed availability" option on the DMHAS website.

The main themes from the discussion points included:

- Sending out information will not by itself change behavior. Routine HIV testing information was sent to all providers in the state. However, some providers remain convinced that the law is only a recommendation and it is unclear how many providers changed their behavior. Venesha Heron stated that many providers and residents remain unaware of the Hep C testing laws and the fact a cure exists for Hep C.
    - Additional and more interactive materials should be developed such as short explainer videos that can serve multiple uses (e.g., increase knowledge among residents, serve as foundational knowledge building block for all providers).
    - Microsoft forms could be part of a solution to understand who is requesting documents and their intended use.
- Website resources can be valuable provided they are current and user friendly. Limitations exist with most websites (e.g., out of date, not syndemic focused, meaningful use limited by results of search filters, language confusing).
    - HIV Funders Group is in the process of updating data fields on Ryan White Care Finder and developing protocols to keep information current.
    - Websites can be adjusted to improve access: Information (for providers and residents/patients) and HIV services (by type and geographic area). The approaches should be easy to navigate (e.g., Need help treating someone with an STD?)

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  - Efforts are underway by the CHPC to promote various HIV prevention and care resources (e.g., palm cards to providers and consumers with QR codes).
  - Andre McGuire noted that a colleague was working on the development of a (national) APP that identified HIV services and peer resources.

- A coordinated plan does not yet exist to ensure that all existing partner networks (e.g., RW Part As, RW B, Crimson Table Talks, Prevention Power Hour) are promoting syndemic approaches and supporting capacity building and training.
  - Individuals engagement and outreach plays an important role to support practice change. The ETS pilot project represents a potential vehicle to support provider engagement at the local level.
- Systematic methods to engage providers in capacity building remain limited.
  - CT DPH prevention contracts include a requirement to implement Academic Detailing around syndemic approaches.
  - QI projects could represent an opportunity to systematically engage providers.
  - CT DPH surveillance and DIS workers could play a role in identifying providers that represent priorities for outreach and engagement.
- Use of common language across syndemic areas remains challenging. Efforts to de-stigmatize language sometimes results in confusion. For example, "withdrawal management" is less stigmatizing. However, providers may not be familiar with this term and more familiar to the term "detox".

Participants agreed that a combination of "high touch and high tech" to support local problem solving and collaboration could work. Many of the building blocks for this strategy exist such as:

(1) Provider tool kits and resources (routine HIV testing, STDs, syndemic screener) with an option to build a syndemic tool kit.

(2) A commitment to improve Ryan White Care Finder website as a primary resource directory; initial pass will be completed in 2025.

(3) Development of new or improved explainer videos and content to build awareness and foundational knowledge of the syndemics.

(4) An emerging pilot project model to support syndemic conversations in local communities with Hartford as the initial community + a recognition by HIV partners that everyone could perhaps set a goal to reach out to 10 (example) providers each year to engage them.

(5) Opportunities to engage partners, collaboratives and learning communities (Prevention Power Hour, Crimson Table Talks, RW Part A Councils, RW B CQM) where foundational knowledge and awareness activities could occur.

The above items could represent action items in the 2027 to 2031 Integrated HIV Prevention and Care Plan.

The table (page 4) shows the results of the point-in-time survey by 12 participants who completed the survey. The results were compiled after the meeting concluded. Real time results were not necessary to stimulate engagement and discussion on the topic.

Pilot to Strengthen Syndemic Partnerships and Referral Process. The discussion about website resources reinforced the need for and value of the pilot projects, and the fact that "one size does not fit all" (i.e., each community must identify and lead/drive an approach that fits its needs). Gina noted this was like cooking (i.e., adjust recipe to taste, available ingredients, tradition, and heritage) and not baking (i.e., exact measurements). CHPC project staff will engage the Hartford event planning team to move this forward. Several of the identified individuals had indicated that time and capacity was limited because of the upcoming RW Part A Planning Council priority setting activities. Several members of the ETS from Hartford reiterated their interest and availability to help organize a pilot.

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Snapshot of How ETS Committee Participants Use Websites that Contain ETS Materials or Resources

Green = Highest across all websites within response category; Blue = highest across options for each category

Website	Typical Use				Share Resource			Priority for Future Promotion			
	Frequent	Sometimes	Seldom	Total	Yes	No	Total	High	Medium	Low	Total
Ryan White Care Finder	3	4	5	12	8	4	12	6	3	3	12
	25%	33%	42%	100%	67%	33%	100%	50%	25%	25%	100%
CT Ending the Syndemic	3	5	4	12	7	5	12	6	2	3	11
	25%	42%	33%	100%	58%	42%	100%	55%	18%	27%	100%
Positive Prevention CT	4	5	3	12	9	3	12	4	5	2	11
	33%	42%	25%	100%	75%	25%	100%	36%	45%	18%	100%
CHPC	4	5	3	12	9	3	12	5	4	3	12
	33%	42%	25%	100%	75%	25%	100%	42%	33%	25%	100%
CT DPH	8	1	3	12	8	4	12	6	1	4	11
	67%	8%	25%	100%	67%	33%	100%	55%	9%	36%	100%
Drug Free CT	2	6	4	12	6	6	12	3	3	5	11
	17%	50%	33%	100%	50%	50%	100%	27%	27%	45%	100%
Prevention Suicide CT	0	6	6	12	6	6	12	3	3	5	11
	0%	50%	50%	100%	50%	50%	100%	27%	27%	45%	100%
Live Loud	1	6	5	12	6	6	12	3	3	5	11
	8%	50%	42%	100%	50%	50%	100%	27%	27%	45%	100%

HIV Workforce Survey for Statewide Coordinated Statement of Need. Gina explained that during the May 2025 ETS Committee meeting, participants provided suggestions and input for use in the 2025 Connecticut HIV Workforce Survey. She stated that the survey instrument has benefited from the input provided by the ETS Committee in May.

Participants were directed to review information on a handout that showed how the input had helped to inform and shape the approach. The HIV Workforce Survey Project Team met on June 4, 2024 to refine survey instrument framework – including suggestions from ETS Committee such as: (a) Maintaining goal for survey to be completed in 12 minutes or less, (b) Survey "screening" questions will ask questions to identify workers more directly involved in delivery of HIV services (vs other syndemic services). Those answering "yes" to HIV will answer additional HIV-specific questions, (c) Organize survey to include common questions for all respondents + customized questions for specific groups: (1) Prescribers, (2) clinicians (3) non-clinicians, and (4) administrative and business supports, (d) Agreement on recommendation to clarifying prescribers and clinicians. Additionally, in specific topic areas, two questions will be asked about (a) knowledge level and (b) comfort level in applying knowledge to practice – which will be a proxy for stigma and discrimination. The proposed approach groups questions into four clusters (e.g., attitudes, knowledge), aligns with ETS Committee recommendation to address stigma and discrimination in a meaningful way, and creates way for survey respondents to "rapidly" answer same two questions for 15 to 20 topics. Other changes in response to ETS Committee suggestions addressed specific response options such as adding settings into the list of options (e.g., ED, SUD treatment facilities).

Gina said the next steps will include finalizing the survey, piloting the survey on a small group of providers, and hopefully beginning data collection statewide by mid to later July. Participants discussed the importance of engaging nurses, medical assistants, and allied health professionals in the survey as these positions play an important role in service delivery within a medical setting.

OTHER / NEW BUSINESS

No other or new business was introduced.

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?	19%	81%	*
2. The agenda was clear and was used to guide the meting	94%	6%	*
3. I understood the meeting information and materials	100%	0%	*
4. The meeting felt inclusive and respectful of all voices	100%	0%	*
5. Overall, the meeting event was well organized	100%	*	*
6. What one word describes your experience at the committee meeting? Positive for everyone and on the same page; Informative / information (5); Engaging (2); Togetherness; Good; Learn (2); Unity; Educational; Productive; Awesome!			
7. What did you like best about the committee meeting? Networking; Face-to-face networking; Sharing information; The ideas to get the tool kits used by providers; Many voices; Inclusive and interactive; In-person; Engaging discussion – love hearing all of the different points of view; We have diverse perspectives; Unity and common focus making it easy for our patients and community; ETS Committee meeting was very interactive and productive – Mark is great! Also loved the data presentation by Mitch at the main meeting; The way everyone was encouraged to speak; Format of meeting; Discussion for making improvements; Information provided			
8. Suggestions for improvement: Keep positive vibe; None (5); Clearly defined tasks assigned with dates and roles; Break away during the larger CHPC group; End the meeting with a wrap up and action items; Follow up; More in-person meetings; More of these discussions in person;			
9. Anything else you would like to share with the CHPC leadership team? None (7); Thank you for taking the time to navigate how to do things better for our community; Nicely organized!; Thank you			

ADOURN

Roberta Stewart adjourned the meeting at 2:13 p.m.

ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting who completed the sign in form included: R Stewart, G D'Angelo, N DuMont, M Gonzalez; A McGuire; A Lewis; L Varquez; G Rodriguez; E Ellis; T Gaines; J Cubano; A Torres; R Wimbish; L Corpora, V Heron, S Swaby, M Nickel

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