Connecticut HIV Planning Consortium

Needs Assessment Projects Team Meeting Summary

November 19, 2025

Date:	Wednesday, November 19, 2025	**Type:**	In-person
Start Time:	10:35 a.m.	**End Time:**	12:00 p.m.
Leaders	Mitchell Namias (CT DPH Resource Liaison)		
Participants:		**Next Meeting:**	January 14, 2026

WELCOME AND INTRODUCTIONS

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

APPROVE OCTOBER MEETING SUMMARY

The group conducted a brief review of the October meeting summary, which was subsequently approved

2025 ACCOMPLISHMENTS

1) Statewide 2025 HIV Workforce Survey (launch + dissemination)

- The committee supported refinement/alignment/finalization of the statewide workforce survey (including stigma, training topics, syndemic screening, demographics, and service delivery gaps).
- **Response goal exceeded:** approximately **235 responses** at the time of the meeting (goal was 200).

2) Statewide HIV Needs Assessment (survey instrument + response target exceeded)

- The committee played a substantial role in shaping the needs assessment instrument, including items related to housing, stigma, mental health, substance use, harm reduction, and access to medical care, aligned with Ending the Syndemic priorities and multiple planning bodies.
- **Response target exceeded:** goal was **960** (50% response rate); reported **980** responses at the time of the meeting.

3) Presentation synthesis / “SWOT” process + cross-system alignment

- The committee continued building a structured reflection process using summarized takeaways and SWOT-style synthesis from partner presentations (notably CTHRA and Advancing Connecticut Together), supporting clearer insights and cross-agency alignment.
- Members noted improved alignment across planning ecosystem partners (CHPC/ETS/planning councils/viral hepatitis elimination technical advisory group/DPH programs), reducing duplication and supporting integrated messaging.

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PWH SURVEY IMPLEMENTATION FEEDBACK AND LESSONS LEARNED

Incentives: Participants appreciated the $25 gift cards as a process driver; there was discussion about adjusting the mix of gift card types next time (e.g., Walmart more popular than gas cards).

Survey length/burden: Multiple members shared that the needs assessment could **take ~30–60 minutes,** especially when done in-person with clients (and some clients declined due to length). Still, members noted that $25 is a relatively strong incentive for a longer survey and that overall response volume remained impressive.

Duplicate sampling issue: A possible "case closed" filter miss created some duplicate appearances in the sample list (reported as <10%); agencies screened lists to avoid people taking the survey twice.

Survey fatigue / coordination: The group raised the broader problem of overlapping surveys across planning bodies and suggested better coordination/streamlining to reduce repeated requests to the same community members.

2026 PRIORITIES (COMMITTEE WORK PLAN THEMES)

Priority 1 — Analyze the two major datasets + develop CHPC-ready recommendations

Two major datasets expected in early 2026: **Workforce Survey + Needs Assessment**. The committee aims to conduct structured **data walk** sessions to identify gaps/strengths/priority areas, compare findings by **region, demographics, service types, and prevention/care pillars**, and produce a recommendations package aligned to the **four pillars** for CHPC.

Granularity: Workforce survey data can be drilled down using respondent type (prescribers/dispensers/clinical/non-clinical/administrative) and the ZIP code of primary practice area to support targeted interventions or training tracks.

Priority 2 — Expand regional forum presentations + continue SWOT synthesis (and share trends)

The committee discussed expanding regional forum learning and developing a calendar using established templates, then producing a mid-year trends summary (strengths, system barriers, policy recommendations) that can feed into the integrated plan.

Members noted presentations have been "Hartford-centric" so far (CTHRA + ACT) and encouraged pulling in agencies from Bridgeport, New Haven, Stamford, Waterbury, New London, etc.

A key question raised: how to make these learnings useful to the **full CHPC**, not just a small committee—ideas included packaging multiple SWOTs into a larger summary presentation or creating an interactive "best practice carousel" style forum to broaden participation and system learning.

Priority 3 — Clarify pathways for "unauthorized" populations + address late testing system issues

The committee discussed how access barriers are not only "what's allowed," but also fear, stigma, and discomfort with leaving identifying information; members recommended using more respectful language (e.g., avoiding stigmatizing labels) and focusing on trust-building and safe access points.

Practical access supports: Members discussed building a resource guide showing where key services can be accessed for free or at low out-of-pocket cost (e.g., flat cash fees), while noting concerns that overly specific “maps” could create unintended risk/visibility in the current climate.

Community-based outreach: Examples included community health fairs (including weekends), peer/word-of-mouth strategies, and engaging faith leaders (including mention of an existing curriculum for faith leaders on HIV support/referral pathways).

Late testers / urgent care intersection: Members identified urgent care and ER touchpoints as opportunities (and pain points), including challenges around PEP access and missed opportunities for routine HIV testing due to discomfort/avoidance of diagnosing.

Closing

Mitchell thanked everyone for their dedication and hard work and looks forward to continued work in 2026.

ATTENDANCE

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

ADJOURN

The committee meeting ended at 11:00 a.m.