

<b>Date:</b>	November 19, 2025	<b>Type:</b>	In Person (Hartford)
<b>Start Time:</b>	10:35 a.m.	<b>End Time:</b>	11:58 a.m.
<b>Leaders</b>	Co-Chairs Roberta Stewart; Gina D'Angelo (CT DPH Resource Liaison)		
<b>Participants:</b>	18 (see last page for attendance)	<b>Next Meeting:</b>	January 21, 2026 (*virtual)

### 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; a sign-in sheet was circulated. Roberta reviewed the committee charge, meeting agenda, and encouraged participation.

### ADMINISTRATIVE MATTERS

**Approval of Prior Meeting Summary.** The September 2025 draft committee meet summary notes were posted on the CHPC website ([www.cthivplanning.org](http://www.cthivplanning.org)) and shared in meeting packets. 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.

### 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"> <li>CT DPH currently has limited capacity to support provider detailing and capacity building for syndemic screening and status neutral care approaches. CT DPH is reviewing how to increase capacity (e.g., more of Gina's time on provider detail). Prevention contracts include provider detailing language. <ul style="list-style-type: none"> <li>The group discussed a Training of Trainers approach as a way to expand capacity and reach</li> <li>The UConn ID Clinic continues to be a leader in engaging providers</li> </ul> </li> <li>Syphilis testing is included as routine in Emergency Department settings across other states. CT DPH is looking into this matter and how it could relate to Connecticut. <ul style="list-style-type: none"> <li>The group discussed how insurance coverage might be a limiting factor for testing and treatment</li> </ul> </li> <li>CT DPH continues to support data to action and capacity building in local communities. In Hartford, a group of providers that received the data presentation will be doing a community walking tour and community mapping as a next step in the process to improve outreach and to increase access to care in geographic areas where high concentration of syndemic conditions exist.</li> <li>CT DPH continues to work on expanding access to PrEP and PEP</li> <li>Gina has been meeting 1:1 with Syndemic Partner Group members to get input for the objectives and key activities of the 2027 to 2031 Plan. Connections continue to strengthen across programs including suicide prevention, maternal and child health, and injury prevention.</li> </ul>
Sexually Transmitted Diseases (Arleen Lewis)	<ul style="list-style-type: none"> <li>No report</li> </ul>
Hepatitis C (Venesha Heron)	<ul style="list-style-type: none"> <li>CT DPH approved the release of new informational materials and infographics to</li> </ul>

	<p>increase awareness (e.g., a cure exists).</p> <ul style="list-style-type: none"> <li>• VHETAC (Advisory Committee) met in October, learned about point-of-care HCV testing, and started to map out activities for 2026. The next meeting will be on 22 January 2026.</li> <li>• Initial planning has begun for an HCV Symposium in March 2026.</li> </ul>
Substance Use Disorder ( <i>Natalie DuMont</i> )	<ul style="list-style-type: none"> <li>• DMHAS leadership approved a grant to support a proposal for Training on Infections Diseases to enhance DMHAS efforts on integrated services and ETS efforts to support providers. Training including but not limited to information on the 2024 CT law on testing. Additionally, to improve care coordination and linkages to care. Training will start in the Spring 2026.</li> </ul>

### 2025 ETS IMPLEMENTATION ACTIVITIES

**HIV Workforce Survey.** Roberta shared that data collection for the HIV Workforce Survey has reached over 225 and the goal is to get to 250 by the close of data collection on Friday, November 21. Results will be shared in January 2026.

**PWH Needs Assessment Survey.** Over 1,000 PWH have completed surveys which surpasses the goal of 50% response rate from the randomly selected pool of participants. Data collection will close on Friday, November 21. Results will be shared in January 2026.

**Reflections: Accomplishments, Barriers & Challenges, & Looking Ahead for 2026.** Roberta explained that the Executive Committee had asked each of the CHPC Committees to do a reflection as part of the November meeting and discuss accomplishments, barriers and challenges, and areas of potential focus for 2026. Highlights of this discussion would be shared with the CHPC full group (after lunch) by committee co-chairs, and the Executive Committee would use this information to develop a 2026 work plan for the CHPC.

Accomplishments. The themes emerging from the discussion about accomplishments included:

- Connecticut passed routine HIV testing legislation and CT DPH Commissioner sent letters to 18,000+ providers.
- Connecticut supported the Tell Everyone to Screen and Test campaign.
- Connecticut supported a Sexual Health public awareness campaign.
- Connecticut developed its first ever HCV Elimination Plan.
- Connecticut passed legislation (first in nation) to support a mobile pharmacy initiative.
- Multiple websites contain resources about HIV and syndemic services.
- Syndemic related questions were included in the PWH Needs Assessment Survey and the HIV Workforce Survey.
- Many provider resources were developed and distributed (e.g., Syndemic Screener, Routine HIV Testing Toolkit, Sexual Health is Health).
- Connecticut's syndemic strategies have been shared with other national, state, and regional groups interested in learning more.
- Andre has increased visibility of heterosexual men with HIV through conference presentations and a national support group.
- Provider networks have been strengthened in local communities and regional with support by Prevention Power Hour, Crimson Table Talks, RW A Planning Councils, and the CHPC.

- The group made progress on developing an approach to regional and local referral networks and connected the work to the CT DPH Area Distress Index capacity building data and mapping resources
- Connecticut is updating its HIV and syndemic conditions service inventory.
- DMHAS leadership approved a grant to support a proposal for Training on Infections Diseases to enhance DMHAS efforts on integrated services and ETS efforts to support providers.

**Barriers & Challenges.** The themes emerging from the discussion about barriers and challenges included:

- Gaps and disconnects exist between providers ability and capacity to share information about positive test results and treatment plans
- A mechanism does not exist to confirm whether referrals actually result in the patient accessing services
  - CT DPH Disease Intervention Specialists might have a model that could be explored
  - Unclear if automation could be used to support this process
  - CDC uses a viral load measure (after initial testing) to encourage access to care
- Sustainability strategies should include references to data systems and tracking and often do not
- More time should be allocated to support provider referrals – with patients and with staff where the patient is getting referred
  - Do a joint session (e.g., loop in person virtually)
  - Discuss logistics and support the patient making the connection (push from current case manager and pull from the agency where the patient is getting referred)
  - Add automation if possible
- Work flows and patient pathways look different across providers and even within providers. Providers that do have work flow or patient pathways should have a venue or forum to share the information.
- Bias continues to exist in treating heterosexual men and creates a barrier to care. In some instances, providers have explained that their funding must focus on gay men. Others assume the patient is not telling the truth which affects the trust and confidence of the relationship.
- Language matters, especially for populations with less health literacy. Providers should use simple, accessible, and neutral language.
- Urgent Care Centers are not regulated by CT DPH and high turnover may exist with the staff. These lead to a lower likelihood of syndemic screening and testing as well as a lower knowledge of resources available in the local community.
  - Southwest Community Health Center has connected their clinic to Urgent Care Centers to help bridge this gap.

**Areas of Potential Focus for 2026.** The themes emerging from the discussion about accomplishments included:

- Consider hosting a Syndemic Summit or partnering with the CHPC QPM on areas the involve comorbidities or syndemic-related approaches.
- Improve sharing or resources and tools to providers
  - Provider detailing
  - Shared folders / One-drive approach
  - Combine websites

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- Show people how to use technology (e.g., QR codes)
- More work needs to be done to strengthen referral systems (e.g., relationships, feedback loops, accountability).
- Review the results of the syndemic-related questions on the PWH Needs Assessment Survey and HIV Workforce Survey and use findings to inform next steps.

Natalie, Roberta, and Gina thanked everyone for their input. Natalie and Roberta would present a summary to the main CHPC group after lunch.

### OTHER / NEW BUSINESS

Roberta reminded the group that the CHPC and the ETS committee would not meet in December. Individuals shared information about World AIDS Day events. This information has been compiled on a web page and will be shared with the group.

### MEETING FEEDBACK

The table shows the results from the 17 participants who completed the feedback forms at the end of the meeting.

**Summary Table from Interactive Meeting Feedback Poll (n = 17)**

Questions	Yes	No	Unsure
1. CHPC Member?	29%	71%	*
2. The agenda was clear and was used to guide the meeting	100%	0%	*
3. I understood the meeting information and materials	100%	0%	*
4. The meeting felt inclusive and respectful of all voices	94%	0%	6%
5. Overall, the CHPC event was well organized	100%	0%	*
6. What one word describes your experience at the CHPC Committee meeting? (a) informative, (b) informative, (c) hopeful, (d) informative, (e) excited, (f) inclusive, (g) informational, (h) friendly, (i) info, (j) amazing, and (k) helpful			
7. What did you like best about the committee meeting? (a) very informative, (b) all of the information that was given, (c) ideas, (d) able to feel comfortable talking within the group, (e) organized, (f) interactive questions, (g) resources – that help agencies move forward in addressing challenges, (h) sharing all we are doing in the field, (i) colleagues advising others on their challenges – coming together, (j) the conversation, and (k) a forum where information can be presented			
8. Suggestions for improving the committee meeting: (a) ground rules so people do not talk over the facilitator or peers, (b) none, co-chairs are very resourceful, (c) more interactive, (d) different room, (e) focus more on heterosexual men as it relates to HIV/AIDS, and (f) ensure CHPC leaders reflect those living with HIV			
9. Anything else you would like to share with the CHPC leadership team? (a) information shared was clear and I feel that my voice was heard, (b) great job facilitator and timekeeper for keeping everything rolling while holding to the agenda, and (c) good meeting with pleasant folks + better meeting space			

### RECAP & ADOURN

Mark reviewed the action items:

- Natalie and Roberta would present a summary to the main CHPC group after lunch.
- Mark will produce a meeting summary.

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- Mark will send out an e-mail with the HIV Workforce Survey link.
- All individuals on the CHPC contact list will receive information about World Aids Day events.
- Certain individuals will participate in the Hartford (North end) community tour and mapping.
- Gina will continue interviews with Syndemic Partners Group members and share recommended objectives and key activities for the 2027 to 2031 Plan with the HIV Funders Group (17 Dec 2025).

Roberta Stewart adjourned the meeting at 11:58 a.m.

### **ATTENDANCE**

The CHPC project support staff maintains attendance records. Participants at the meeting included: J Cubano, B Allen, J Brown, V Heron, D Alvarez, L McPherson, C Romanik, D Dones-Mendez, S Swaby, L Caraballo, L Corpora, A McGuire, E Ellis, A Torres, T Branford, J Vargas, T Ward, P Monge, G Rodriguez Cosme, M Keith, K Lynch, N Kafle, K Moore, M Sgambato, R Stewart, N DuMont, G D'Angelo, M Nickel