

Main Meeting Summary

November 19, 2025

Date:	November 19, 2025	Type:	In Person, Hartford
Start Time:	9:15 a.m.	End Time:	2:25 p.m.
Participants:	87	CHPC Members:	28
Co-Chairs:	Dante Gennaro, Africka Hinds, Nilda Fernandez		
Next Meeting:	January 21, 2026 (*virtual)		

WELCOME AND CHPC OVERVIEW

Co-Chairs Dante Gennaro, Africka Hinds, and Nilda Fernandez opened the meeting by welcoming participants and offering guidelines for maintaining a productive meeting climate. CHPC Members introduced themselves and participants sounded off in connection to their affiliation with various planning groups or geographic areas. The group observed a moment of silence and reviewed the CHPC's vision, mission, values, structure, and goals. Meeting participants watched a brief video that contained "gratitude" statements submitted at the September meeting.

CHPC GENERAL BUSINESS UPDATES

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

- **CHPC Membership:** The CHPC anticipates approximately 7 CHPC Membership openings for January 2026. This number includes openings created by CHPC Members whose terms will end in December 2025 plus those who have decided to resign due to other conflicts preventing them from attending regularly. Interested individuals should fill out an application available on www.CTHIVplanning.org. Membership gaps exist for persons with HIV (PWH), persons under age 29, individuals who live or work in Tolland, Litchfield, Windham, or New London counties, or persons representing new resource partners to the CHPC.
- **CHPC Leadership.** A co-chair vacancy remains for the Needs Assessment Project (NAP) Committee; interested members can apply via www.CTHIVplanning.org.

CHPC Votes. Africka led CHPC Members through three business items that required votes by CHPC Members. September 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.

<i>Vote Topic</i>	Approval of September Meeting Summary					
<i>Voting Method</i>	Raise Hands					
<i>Motion</i>	Peta-Gaye Tomlinson introduced the motion to approve the meeting summary. Natalie DuMont seconded the motion.					
<i>Discussion</i>	No discussion occurred.					
<i>Vote Outcome</i>	Meeting Summary Approved					
	Yes	22	No	0	Abstain	3

CHPC Annual Review and Update of the 2022 to 2026 Plan. Federal plan guidance calls for the CHPC to conduct an annual progress review on its plan and to vote on any updates or changes to the plan. Progress on the CHPC indicators were presented and reviewed in July and September. Connecticut has achieved significant progress in implementing key Integrated Plan activities and strategies. Six Plan objectives have been achieved and six Plan objectives remain in process (through 2026). One objective was not achieved in the anticipated timeframe.

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Africka reviewed examples of progress and accomplishments by goal area for the 2022 to 2026 Plan. This information was sent out ahead of time to voting CHPC Members.

<i>Vote Topic</i>	Annual Plan Update					
<i>Voting Method</i>	Raise Hands					
<i>Motion</i>	The Executive Committee recommends that the CHPC should change the date of 2022 to 2026 Plan objective 2.2. to 12/31/2026.					
<i>Discussion</i>	No discussion occurred.					
<i>Vote Outcome</i>	Motion approved					
	Yes	28	No	0	Abstain	0

CHPC Community Co-Chair Election. CHPC members vote to elect two (2) eligible members to serve as Community Co-Chairs. CT DPH designates the third CHPC Co-Chair with input from the CHPC. CHPC Community Co-Chair Nilda Fernandez will step away from her leadership role in December 2025. One CHPC Member applied in response to the announcements. The CHPC heard from candidate Blaise Gilchrist who discussed his role with UConn Health and his connection to the CHPC as a member of a Youth Advisory Group, then CHPC Member leading to roles as a committee chair and a CHPC Community Co-Chair. He stepped away as a CHPC Member to address family health-related matters. He rejoined the CHPC Membership in 2024 and feels the circumstances are just right to re-enter a leadership role.

<i>Vote Topic</i>	CHPC Community Co-Chair Election					
<i>Voting Method</i>	Written Ballot					
<i>Motion</i>	The Executive Committee recommends that CHPC Members vote on the candidate(s) for Community Co-Chair shown on the ballot.					
<i>Discussion</i>	No discussion occurred.					
<i>Vote Outcome</i>	Blaise Gilchrist elected as CHPC Community Co-Chair					
	Yes	28	No	0	Abstain	0

COMMUNITY SHARE

Dante explained that the CHPC reserves time to hear from community partners. The time today will focus on Ryan White Part F funding and Special Projects of National Significance. The presenters were asked to take 5 to 7 minutes to share about the scope of service, successes or accomplishments, challenges and barriers, and any suggestions for the CHPC or the 2027 to 2031 Integrated Plan.

I-CARE-4-PAH. Chloe Johnson shared information about the Intervention For Collaborative Care To Assess Risk And Eliminate Polypharmacy, Falls, And Fragility Fractures (4-Fs) For People Aging With HIV, a Special Project of National Significance. The project was conducted at a large Academic Ambulatory Care Center in an urban setting that cares for over 1,700 People Living with HIV (PWH) and 1,170 over the age of 50 years. A large pool of HIV providers at the Center are expert in HIV primary care but don't have expertise in geriatric care. The project identified and trained 11 Champion HIV Providers to assess and prevent Falls, PolyPharmacy, and Fragility Fracture (4Fs) for 125 patients. The 4 F project uses an interdisciplinary team approach that includes an advisory board of subspecialists and people with lived experience. Provider training outcome measures included a high percentage of providers who reported increased confidence in the 4 Fs. Intervention outcome measures included a higher percentage of patients who reported a decrease in falls or who were referred for a DXA exam. Other findings included:

- Medication reconciliation is routinely performed by HIV providers.

- Risk for falls and fragility fractures is inconsistently assessed by providers.
- 66% of PAH (People Aging with HIV) are prescribed potentially inappropriate medications.
- 43% of PAH reported sleep problems.
- 22% of PAH experienced a fall that resulted in an injury.
- 25-37% of PAH experienced some degree of peripheral neuropathy.
- 36% of PAH had gait problems.
- White PAH had higher FRAX score than Black PAH but both groups had similar fall risk score and polypharmacy.
- White PAH exhibited better health literacy than non-white PAH.
- Most of the participants had a positive experience with the 4F intervention.
- There is a clear opportunity to improve HIV providers' KAP (Knowledge, Attitudes, and Practices) in geriatric care for PAH.

Chloe recognized the involvement of partners. Challenges and barriers included (a) slow patient recruitment, (b) patient scheduling, and (c) patient appointment retention. She noted that time and motion studies helped improve the patient pathways and provider workflows. Chloe and Dr. Virata answered questions about the presentation and reiterated the importance of medication management for any patient above age 50.

AIDS Education and Training Center. The Ryan White HIV/AIDS Program Part F AIDS Education and Training Center (AETC) Program is a national network of HIV care experts who provide health care providers with tailored education and training on HIV-related topics, clinical consultation, and technical assistance. Dante Gennaro described the structure of the New England AIDS Education & Training Center Program - Connecticut Local Partner Site as well as the staffing structure for Connecticut program. He reviewed Fiscal Year 2025-2026 training activities across groups including (a) Base: foundations of HIV and capacity and expertise expansion, (b) Minority AIDS Initiative, (c) Interprofessional education, and (d) Practice transformation. He reviewed additional areas including statewide grand rounds, Northeast Alliance Conferences, Tri-State PrEP Navigation Community of Practice, and Getting2U Podcast Series. Dante discussed challenges including funding threats, stakeholder buy-in, dual registration processes, and learning curves connected to piloting new programs. He provided information about the reach of the programs and upcoming trainings and events.

COMMITTEE MEETINGS

Participants took a 15-minute self-care break and moved into 90-minute committee meetings. Individual committee meeting summaries will be made available on the CHPC website.

COMMITTEE SHARE OUT

Committee co-chairs shared information about committee accomplishments, barriers and challenges, and potential areas of focus for 2026.

Committee	Key Themes of Share Outs
<i>Ending the Syndemic</i>	<p><u>Progress/Accomplishments.</u> Awareness campaigns, routine HIV testing law, provider toolkits and resources, information on websites, syndemic screener, CT DMHAS opioid treatment providers involvement, input on SCSN survey instruments, and discussions around strengthening local and regional referral networks</p> <p><u>Barriers/Challenges.</u> Complex topic requiring changes to provider awareness, attitudes and behaviors and organizational workflows, funding for awareness campaigns limited, need to improve collaboration across disease condition partners</p>

Committee	Key Themes of Share Outs
	<p><u>Potential Areas of Focus 2026.</u> Explore possibility of syndemic summit, more academic detailing, review needs assessment surveys that include syndemic questions, strengthening local referral networks</p>
<p><i>Public Awareness and Community Engagement</i></p>	<p><u>Progress/Accomplishments.</u> Published newsletter in English, Spanish, and Haitian Creole, created bi-lingual resource flyers, started a social media folder for partners to share and access content, focused on activities that would engage 17 to 24 year olds, combined the cultures and activities/agendas of Positive Prevention CT and CHPC Membership Group</p> <p><u>Barriers/Challenges.</u> Funding limitations to support awareness campaigns, increasing awareness and use by partners of social media folder, navigating leadership transitions (2 new committee co-chairs and a new CT DPH Resource Liaison)</p> <p><u>Potential Areas of Focus 2026.</u> Newsletter with focus on Plan pillars and engagement, activating the 17 to 24-year old age group, increasing attendance at PACE meetings, and supporting Plan development</p>
<p><i>Needs Assessment Projects</i></p>	<p><u>Progress/Accomplishments.</u> Assisted with developing PWH Needs Assessment Survey and HIV Workforce Survey, two regional presentations and SWOT/gap analyses, and two new committee co-chairs</p> <p><u>Barriers/Challenges.</u> Complex topics, attendance varies and in-person meetings seem to have higher attendance, landscape changes with more Urgent Care Centers</p> <p><u>Potential Areas of Focus 2026.</u> Review findings from SCSN projects, conduct additional regional show and tell sessions, explore possibility of a Think Tank in partnership with QPM or ETS, projects involving Urgent Care Centers or service access for non-citizens</p>
<p><i>Quality and Performance Measures</i></p>	<p><u>Progress/Accomplishments.</u> Amazing Quality Summit, annual work plan guided activities, meeting structure included QI Spotlights and data presentations on Plan priority areas such as PrEP, housing, and disparities, exceptional engagement and participation all year long, exceptional collaboration – including in Hartford where a provider transitioned out of the system and all but one patient remained connected to services</p> <p><u>Barriers/Challenges.</u> Data lags due to validation make work more challenging when wanting to address real-time issues, funding changes and uncertainty creating disruptions for providers and patients</p> <p><u>Potential Areas of Focus 2026.</u> Support development of 2027 to 2031 Plan including any work related to performance measures, clarify QPM’s role in context of changing landscape (e.g., syndemic approach and use of comorbidity performance measures, focus of Quality Summit)</p>

CHPC participants asked clarifying questions as needed. Key themes from these interactions included:

- Any provider can contribute to the PACE shared folder. Contact Angel Ruiz or David Reyes for more information.
- The PACE shared folder does not duplicate the content already available on the ETS website.
- It might be helpful to go old-school and identify regional “champions” who can help get the word out to groups that serve individuals who may not have technology access. Having access to materials should not be confused with making connections.
- The Public Health Committee of the Northeast Regional Urgent Care Association would welcome input. Visit www.neruca.org for more information.

Several participants noted that they very much enjoyed and appreciated the committee share outs and the dialogue.

LOOKING AHEAD TO THE 2026 CHPC MEETINGS

Dante shared the approach to the 2026 CHPC meeting schedule and areas of focus (see figure).

Focus for 2026 CHPC Meeting (*denotes IN-PERSON meeting)



He made two other points about 2026:

- The MAIN meetings during January to June will BE EXPANDED and focus primarily on the development of the 2027 to 2031 Plan. Committee meetings will be limited to 1 hour. Meetings will focus on data sharing and discussion about sections of the Plan. The large group will focus on data sharing or review of draft sections. Small groups will use guided questions to maximize input and discussion.
- CHPC Member attendance policies will be followed more closely than were implemented in 2025. The Executive Committee plans to clarify the attendance policy around matters related to justifiable absences and appeal processes.
 - Dante clarified that CHPC Member attendance relates to both the main and committee meetings.

DEVELOPMENT OF THE 2027 to 2031 PLAN

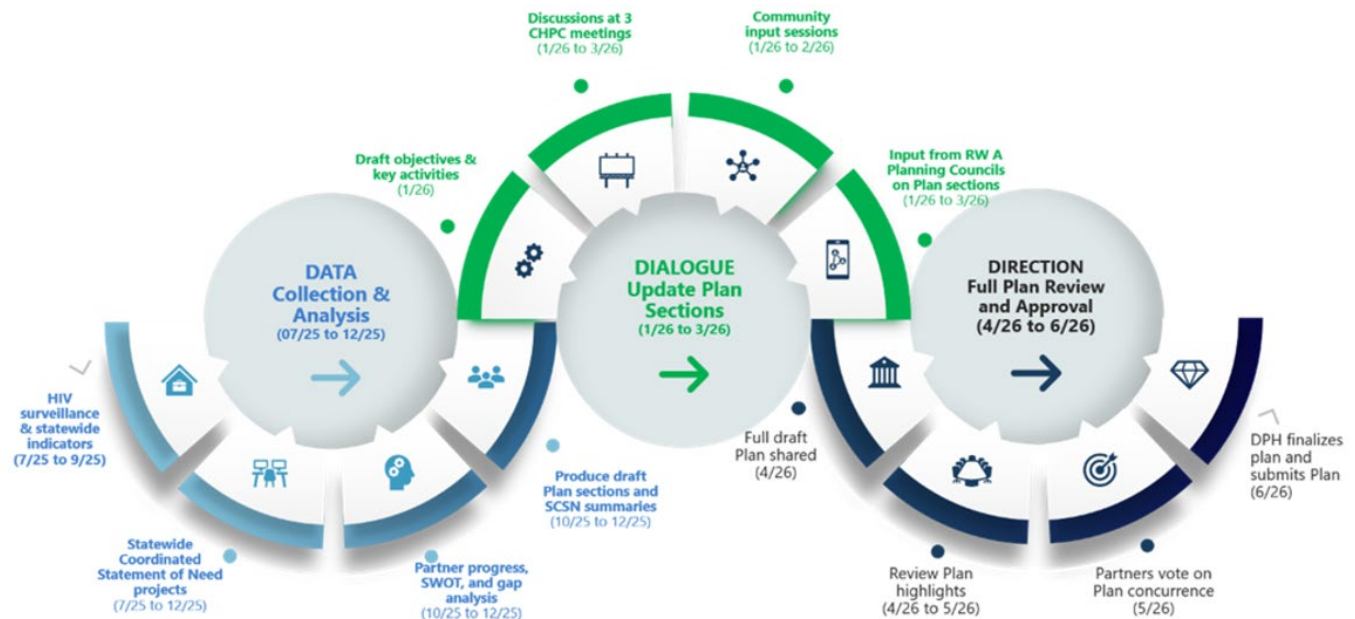
Africka explained to the group that it would begin shifting its focus on the development of the 2027 to 2031 Plan. She made the following points:

- States and jurisdictions receiving federal funding are required to conduct a planning process that (a) Uses data, (b) Engages diverse partners and persons with lived experience, and (c) Tells the story about what is happening and what actions the partners will take to achieve their goals.
- Connecticut has developed 2 previous Integrated Plans (2017 to 2021 & 2022 to 2026) which have helped to improve collaboration and produce better health outcomes.
- The Plan must be submitted by June 2026. Connecticut partners include RWA As, RWB, CT DPH Prevention and the CHPC. These partners must approve the Plan and submit a letter of concurrence.
- Working assumptions include:
 - CHPC will serve as the statewide coordinating body for Plan development.
 - The HIV Funders Group will support data collection and information coordination to complete required sections of the Plan. This work has been ongoing since the 2022 Prevention Needs Assessment and ramped up in 2025 through specific data collection projects (PWH Needs Assessment Survey, Workforce Survey).

- Required partners will help coordinate data collection and community engagement.
- The new Plan will build on the objectives and key strategies in the 2022 to 2026 Plan.
- Easy to understand visualizations and infographics will be shared to increase community engagement and input.

The figure outlines the process and timeline for Plan development from July 2025 to June 2026.

2027 to 2031 Plan Development Process and Timeline



During the remainder of 2025, the HIV Funders Group will invest significant time to review information and develop draft documents that will be the starting point to get more input from Plan partners. Africka encouraged members of the HIV community to stay engaged with the CHPC, their planning groups, and participate in other community engagement sessions.

- Dr. Virata encouraged CT DPH to align its contracting and funding process around a 5-year window. Mitchell explained some of the challenges related to coordinating procurement across multiple funding sources and administrative entities. Mitchell acknowledged the merit of the idea and indicated that he would share it with the CT DPH leadership.

ANNOUNCEMENTS

Dante and Africka presented Nilda with a bouquet of flowers and expressed gratitude for her leadership as a CHPC Community Co-Chair. Nilda shared some reflections about her time co-leading the group and encouraged people to focus on creating space and grace necessary to effectively problem solve at any level. She was grateful she got to increase awareness of issues related to women, infant, children and youth, and commended the group on successfully navigated turbulent times of COVID-19, changes in leadership, deaths of friends and colleagues, and changes in policy and funding.

Nilda asked folks to look out for future CHPC e-mails that promote World AIDS Day events, AETC trainings, and other important information such as CHPC Membership opportunities.

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MEETING FEEDBACK

Thirty-one (31) participants completed a CHPC main meeting feedback form to share their meeting experience and suggestions for improvement. 100% of respondents (members and public participants) reported the CHPC event was well organized, inclusive, and respectful.

ADJOURN

The CHPC Co-Chairs adjourned the meeting at 2:28 p.m. and wished everyone a healthy, happy, and safe remainder of 2025.

ATTENDANCE

Attendance records are on file with the CHPC support staff.

DRAFT