

## Main Meeting Summary

September 17, 2025

<b>Date:</b>	Wednesday, September 17, 2025	<b>Type:</b>	In Person, Hartford
<b>Start Time:</b>	9:15 a.m.	<b>End Time:</b>	12:05 p.m.
<b>Participants:</b>	101	<b>CHPC Members:</b>	26
<b>Co-Chairs:</b>	Dante Gennaro, Africka Hinds		
<b>Next Meeting:</b>	October 15, 2025 Quality Summit (In-Person, Hartford, CT)		

### WELCOME AND CHPC OVERVIEW

Co-Chairs Dante Gennaro and Africka Hinds opened the meeting by welcoming participants and offering guidelines for maintaining a productive online environment. The group observed a moment of silence with recognition for the recent death of Delores Greenlee who was an incredible champion for the HIV community and most recently served as a CT DPH Section Chief. Participants introduced themselves. The group reviewed the CHPC’s vision, mission, values, structure, and goals.

The Co-Chairs asked participants to help celebrate the in-person meeting opportunity and to lift up the community with positive energy. The group sang Happy Birthday to CHPC Member Clifford Batson. Co-Chairs asked a few participants to randomly select and read positive affirmations filled out by participants earlier in the morning. The affirmations were read aloud, and the recipients received a CHPC t-shirt.

The engagement continued with participants volunteering to share their responses to questions: (a) What is an act of kindness that you have done for someone recently OR someone has done for you? (b) What was a highlight of your summer? (c) What excites you about the fall season? (d) What person or creature brings a smile to your face? and (e) What song would you like to see on the CHPC Playlist? Several individuals shared their responses such as enjoying the fall foliage, the joy and sadness of dropping off a child at college, or the love of a new puppy.

### CHPC GENERAL BUSINESS UPDATES

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

- **CHPC Membership:** Three CHPC Membership openings exist with more anticipated toward the end of the year. Interested individuals should fill out an application available on [www.CTHIVplanning.org](http://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.** The CHPC will hold a CHPC Community Co-Chair election in November to replace outgoing Co-Chair Nilda Fernandez. Only CHPC Members can apply. The CHPC Member meeting packets included a handout, and the online application is available on [www.CTHIVplanning.org](http://www.CTHIVplanning.org). A co-chair vacancy remains for the Needs Assessment Project (NAP) Committee; interested members can apply via [www.CTHIVplanning.org](http://www.CTHIVplanning.org).
- **Approval of July Meeting Summary.** The CHPC Members approved the July CHPC meeting summary through a virtual vote held prior to the meeting. The Executive Committee suggested making this procedural adjustment to free up time for other discussions during the main CHPC meetings.
- **Integrated Plan Data Projects.** An update was provided on several data initiatives coordinated by the Connecticut Funders Group. These projects will inform the 2027–2031 Integrated Plan. Overall, all SCSN projects remain on schedule. Data collection for the PWH Needs Assessment Survey will officially launch on 18 September 2025 with a training for providers involved in the process. Data collection for the HIV Workforce Survey is anticipated to launch on or before 1 October 2025.

## Main Meeting Summary

September 17, 2025

### IMPLEMENTATION OF CONNECTICUT INTEGRATED PLAN 2022-2026

**CHPC Committees.** CHPC Committee Co-Chairs reviewed areas of focus for each of the Committee meetings.

Committee	Area of Focus for Monthly Meeting
<i>Ending the Syndemic</i>	Updates: Syndemic Partners Group, input on HIV Workforce survey + local pilot; Partner sharing and discussion: InMOTION mobile pharmacy and clinic (Yale School of Medicine)
<i>Public Awareness and Community Engagement</i>	CHPC Newsletter; Social media resource folder; Youth subcommittee planning
<i>Needs Assessment Projects</i>	Review of regional forums and application of approach to support Integrated Plan Development – SWOT and gap analyses
<i>Quality and Performance Measures</i>	Data to Care Presentation; October Quality Summit planning

### PRESENTATIONS

#### HIV Surveillance

Dustin Pawlow from the CT DPH HIV/HCV Surveillance Program shared HIV and syndemic-related surveillance data as well as progress updates related to the statewide indicators identified in the 2022-2026 Integrated Plan. He explained that the presentation would review information presented at the July CHPC meeting and supplement the information in response to areas identified at the meeting such as updating the CHPC Indicators or showing certain data sets by zip code. The headline themes for the data appear in the CHPC July meeting summary and are not repeated again in this summary. The meeting July meeting summary and the data presentation are available at [www.CTHIVplanning.org](http://www.CTHIVplanning.org).

After a 10-minute self-care break, the CHPC re-assembled and the CHPC Co-Chairs facilitated a question and answer segment. The following topics were discussed during the presentation or after:

- A correction was noted for a zip code belonging to East Hartford (vs. Hartford).
- Clarification was given for what appears in the “Other” category such as races or ethnicities with very small numbers (e.g., Native American).
- What new or national goals must be included in the next Plan? Future meetings will address how current goals and performance measures will be adjusted.
- The retention in care definition (including labs 90+ days apart) causes confusion and is challenging to collect, especially from individuals who receive guidance from their providers that they need to see the doctor (and labs) once a year. It was noted that this definition of retention in care is not an indicator in Connecticut’s Plan. Requests have been made to the federal government to change the definition and measure (i.e., annual visits for virally suppressed clients). Dustin explained that the 90+ day period for lab testing may serve the purpose of excluding patients who are in the hospital or a treatment protocol that requires multiple labs over a shorter period of time.

Several individuals recognized the incredible progress and accomplishments achieved by the organizations and people in the CHPC community and beyond. For example, the routine HIV testing law and efforts to Tell Everyone to Screen and Test (TEST CT!) have resulted in more new HIV diagnoses which means more people are aware of their HIV status and more people are connected to treatment. The accomplishments are occurring in rapidly changing policy, funding, and social conditions. Progress looks different every day. This group as well as other Connecticut planning groups have helped to keep Connecticut at the forefront of HIV prevention and care services and leading the way for using a syndemic approach.

### Ryan White Part Cs and Ds

The CHPC invited representatives from Ryan White Part Cs and Ds to share information about their programs. Note, several of these organizations receive funding from other sources (e.g., RW A, RW B, prevention) beyond the focus on RW C or RW D. Presenters were asked to share information around four general areas: (1) Tell us about the scope of your RW services, (2) Share some success stories or accomplishments, (3) Share the biggest challenges and barriers affecting service, and (4) Share suggestions for strategies, approaches or areas of focus for the 2027-2031 Integrated Plan. The table provides highlights from the presentations.

Organizations (Presenters)	RW Part*	Select Highlights
<i>APEX Community Care</i> (Sofia Swaby, Roberta Stewart)	C	<ul style="list-style-type: none"> <li>○ Offered to present at another time due to time constraints</li> </ul>
<i>Connecticut Children's</i> (Danielle Warren-Dias)	D	<ul style="list-style-type: none"> <li>○ Serve as umbrella entity for programs at Yale, Bridgeport Hospital, and UConn Health Center</li> <li>○ Serve 100 PWH and another 135 affected</li> <li>○ 88% viral load suppression rate for 13 to 24 year olds higher than national average of 66%</li> <li>○ Need to address workforce challenges (e.g., retirement, turnover)</li> <li>○ Need to address unemployment for PWH</li> <li>○ Need to re-start conversations about uniform reporting system across RW funding sources</li> </ul>
<i>Connecticut Health Center Association of Connecticut</i> (Casey Cummings, Dr. Valerie Ingram)	D	<ul style="list-style-type: none"> <li>○ CHC/ACT serves as the umbrella administrative agency for 7 community health centers</li> <li>○ Dr. Ingram shared information about elevating the Consumer Advisory Board members into leadership positions on the Hartford TGA Planning Council and other efforts to engage youth in leadership development</li> </ul>
<i>Southwest Connecticut Health Center</i> (Ludger Pierre-Louse, Jennifer Dagraca)	C	<ul style="list-style-type: none"> <li>○ 360 patients of which 354 are Black, Hispanic, or other</li> <li>○ 97% viral load suppression for clients attests to whole-person care and connection with patients</li> <li>○ Strong PrEP program with expanded access points (e.g., OB-GYN, pediatrics, urgent care and connection to Rapid or same day PrEP)</li> <li>○ Integrating HCV screening and treatment (i.e., syndemic approach)</li> <li>○ Involved in research studies related to long-acting injectables (PrEP, ART)</li> <li>○ Workforce challenges; using internal teaching approach (Dr. Holder)</li> <li>○ Ongoing concern for anal PAP-Anal cancer rates</li> </ul>
<i>Staywell Health Center</i> (Kasima Geter)	C	<ul style="list-style-type: none"> <li>○ 487 PWH clients: 190 (RW A), 72 (RW B), 163 (RW C), 62 (RW D)</li> <li>○ 97% viral load suppression for clients</li> <li>○ Successes include stronger coordination between medical and case management teams, improved wrap-around support, enhanced partnerships with pharmacies, increased uptake of PrEP, and peer support groups</li> <li>○ Gaps and challenges include dental care, adherence to 2 medical visits (HRSA standard of care) for patients seen outside of Staywell, housing instability, and fear experienced by undocumented clients</li> </ul>

## Main Meeting Summary

September 17, 2025

Organizations (Presenters)	RW Part*	Select Highlights
<i>Optimus Community Health Center (Dr. Karim Ba)</i>	C	<ul style="list-style-type: none"> <li>○ 250 patients (decreasing over time)</li> <li>○ 96% viral load suppression for clients</li> <li>○ Need to increase PrEP uptake and streamline data entry</li> <li>○ Need to shift toward HIV treatment as chronic disease through Internal Medicine doctors with fewer Infectious Disease doctors</li> </ul>

\*All of these organizations receive funding from other sources (e.g., RW A, B, prevention, insurance) and were asked to focus primarily on their RW C or D services.

### ANNOUNCEMENTS

Dante Gennaro shared that the AETC had been notified that its funding will continue through June 30, 2026 (instead of December 31, 2025). Dante shared information about upcoming trainings:

- Motivational Interviewing Workshop on October 7, 8, and 9 from 9:00 a.m. to 3:00 p.m. with Manuel Paris, PsyD
- From Crisis to Catalyst – How HIV Advocacy Changed Medicine and Society on September 30, 2025 at 12 noon with Gary F. Spinner, MPH, PA, AAHIVS
- The Tri-State PrEP Navigator Community of Practice on October 24, 2025 from 9:30 a.m. to 3:00 p.m. at the Beechwood Hotel in Worcester, MA

Venesha Heron announced that CDC had approved Connecticut’s first ever Viral Hepatitis Elimination Plan. The plan represented a collaborative effort guided by diverse members of the Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) and like the CHPC, uses a syndemic approach. More information will be shared when the plan gets officially released.

CHPC Co-Chairs reminded the group that:

- Today’s CHPC Committee meetings will start at 1:00 p.m.
- The October 15 CHPC meeting time would be devoted entirely to the Quality Summit. Participants need to register in advance. [Click on this link](#) to register.

### MEETING FEEDBACK

Forty-one (41) participants completed a CHPC main meeting feedback form to share their meeting experience and suggestions for improvement. 99% of respondents (members and public participants) reported the CHPC event was well organized, inclusive, and respectful.

### ADOURN

The CHPC Co-Chairs adjourned the meeting at 12:05 p.m.

### ATTENDANCE

Attendance records are on file with the CHPC support staff.