

Date:	January 21, 2026	Type:	Virtual
Start Time:	12:30 p.m.	End Time:	1:35 p.m.
Leaders	Co-Chairs Roberta Stewart; Gina D’Angelo (CT DPH Resource Liaison)		
Participants:	14 (see last page for attendance)	Next Meeting:	February 18, 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. Roberta reviewed the committee charge, meeting agenda, and encouraged participation. She noted the meeting length would be only 60-minutes in length.

ADMINISTRATIVE MATTERS

Approval of Prior Meeting Summary. The November 2025 draft committee meet summary notes were posted on the CHPC website (www.cthivplanning.org). Participants approved the meeting notes by consensus with no additions or corrections.

2026 Work Plan. Roberta reviewed the 2026 ETS Committee work plan which was organized into three areas of work: committee management, 2022 to 2026 Plan implementation projects, and 2027 to 2031 Plan development tasks. Roberta and Gina stated that some of the tasks would be occurring over the course of several months with much of the activity happening outside of the committee meetings. However, the committee will focus its effort on a subset of priority tasks.

General Feedback on Main Meeting & Afternoon Committee Meetings. Participants shared perspectives about the structure and approach to the CHPC main meeting. In general: (a) positive feedback about the 2025 PWH Needs Assessment Survey results (e.g., understandable, clear), (b) positive feedback about the self-care break, (c) positive feedback about the time and space for discussion during both the general presentation and breakout groups, (d) very productive breakout groups with significant participation, (e) even with 30-minute break for lunch and self-care breaks, still takes a great deal of energy to participate in virtual CHPC meetings for 4 hours in one day, and (f) concerned that attendance might be lower at committee meetings because of the timing and also the breakout groups felt like a committee meeting.

Some individuals suggested holding committee meetings on a different day. Roberta and Gina shared that the Executive Committee had reviewed various options to structuring the virtual main CHPC and committee meetings and determined that the most important use of CHPC main meeting time related to sharing data and information for the 2027 to 2031 Plan development and engaging CHPC participants in discussions. As a result, the “business” part of the main meeting was reduced and the committee meetings were scheduled to start at 12:30 p.m. and reduced in length. Most folks reserve the third Wednesday of the month for some type of CHPC-related meeting(s), a day when other HIV-related planning groups such as the Ryan White A Planning Councils do not meet.

SYNDEMIC PARTNERS UPDATE

Syndemic Partner Group (SPG). The table summarizes highlights from the syndemic partner reports. The reports were brief in nature due to the limited meeting time.

Syndemic Area	Report Highlights
CT DPH Prevention and Policy <i>(Gina D’Angelo)</i>	<ul style="list-style-type: none"> Gina has been meeting 1:1 with Syndemic Partner Group (SPG) members to get input for the objectives and key activities of the 2027 to 2031 Plan. The SPG will meet in February and discuss syndemic and focus on providing input for how key activities in the 2027 to 2031 draft Plan incorporate syndemic strategies and accountability measures
Sexually Transmitted Diseases <i>(Arleen Lewis)</i>	<ul style="list-style-type: none"> The professional development series that occurred during October to December was well received. STD incidence remains too high and will contribute to higher incidence of HIV.

Syndemic Area	Report Highlights
Hepatitis C <i>(Venesha Heron)</i>	<ul style="list-style-type: none"> VHETAC (Advisory Committee) will meet on January 22, 2026 at 12:00 noon Initial planning has begun for an HCV Symposium that will be held April 10 or May 1.
Substance Use Disorder <i>(Natalie DuMont)</i>	<ul style="list-style-type: none"> No report

2022 TO 2026 PLAN IMPLEMENTATION

Gina shared that the ETS Committee will be focusing on completing priority work plan items such as:

- Explainer video(s) to help promote and communicate information about available resources; this work should be coordinated with the Public Awareness and Community Engagement (PACE) Committee and their efforts to create uniform content and (monthly) social media campaign content.
 - Several participants felt access to PrEP should be a priority.
 - GBAPP has developed PrEP materials that are more relevant and relatable to Black/African American women.
 - Promoting existing resources and toolkits (e.g., Syndemic Screener, STD Toolkit) should be a top priority.
 - Different platforms need to be used to engage different audiences.
- Gina shared that she and Mitchell Namias attended a training on Academic Detailing and would soon begin to use this approach in the field to help providers and pharmacies to build syndemic service capacity.
- The group discussed the importance of re-evaluating the current delivery system to understand who is and who is not doing integrated work and who can and who cannot do referrals. Capacity building will be an important area of focus.
 - Availability of negative lab tests will help in understanding what testing occurs in the field.
- The group discussed a renewed importance of updating the service inventory and helping to stand up local/regional referral networks.
 - This should be more straight forward for HIV and HCV because of a lower number of referrals.
 - Jen Vargas encouraged setting up an accountability process for any of the capacity building work. Sharing tools and information does not mean providers will change their approach. Gina indicated that the Academic Detailing would involve an evaluation or continuous quality improvement process.
 - The presentations on the data to action Area Deprivation Index (ADI) should continue.
 - Medical doctors can be reluctant to treat infectious diseases including HIV, STDs, and HCV because they may not feel knowledgeable about infectious diseases.
- The group could “coordinate” some key training activities such as Expedited Partner Therapy (EPT) for STIs. Some providers are not comfortable with prescribing EPT for gonorrhea/chlamydia despite Connecticut General Statute authorizing prescribers to prescribe or dispense antibiotics for gonorrhea and or gonorrhea.

2027 TO 2031 PLAN DEVELOPMENT

Reflections on the 2025 PWH Needs Assessment Survey Results (Part 1). Participants shared some thoughts about the data presentation and small group discussions from the main CHPC meeting.

- No data was shown on whether participants were asked about STD, HCV, or SUD testing in the past year. Gina will look to see what, if any, type of information is available on syndemic conditions.
- Much less of an emphasis exists on “prevention for positives.”
- Need to increase knowledge of and access to PrEP.
- Need to increase education and training and encourage patient-facing staff to focus on whole-person care across all syndemic conditions.
- Capacity building appears to be a priority. Providing tools and resources alone is not sufficient. The partners must create a more effective communications and capacity building campaign – across all epidemics.
- An emphasis should be placed on integrating STD and SUD. HIV and HCV (within publicly funded programs) appear to be more highly integrated.
- Provider education and training should be a priority within the context of quality improvement or academic detailing projects as well as other opportunities that could be scheduled at various forums (e.g., Crimson Table Talks, Prevention Power Hour, RW meetings, CHPC meetings) and through intentional training (e.g., AETC).
 - CT DPH could engage local health departments / districts via its monthly meetings (Dr. Sosa).
- Some type of strategy to engage urgent care centers will be important. The group discussed starting with “known” partners such as AFC or Hartford Healthcare and working from the “top” with leaders accountable for multiple urgent care centers.
- Gina shared that some of the promotional and informational materials and resources need to be made even more accessible, ideally with a sixth grade reading level.
- More education and engagement should occur with younger people who are at risk or who may be a PWH.

Gina and Roberta thanked everyone for their input. Gina stated that she would incorporate this information into suggestions for the 2027 to 2031 Plan key activities and share them with the HIV Funders Group. Gina reminded the group that the CHPC and other planning groups will have a chance to provide input on the goals, objectives, and key activities during the upcoming months.

OTHER / NEW BUSINESS

- Roberta reminded the group that the CHPC and the ETS committee would meet virtually in February at 12:30 p.m. for one hour. Roberta and Gina will identify what information from the 2025 PWH NA Survey results or HIV Workforce Survey can be brought into the ETS Committee for discussion.
- Venesha shared information about the VHETAC meeting on January 22, 2026 at 12 noon.
- Gina reminded participants of the Crimson Table Talk meeting on January 22, 2026 at 10:30 a.m.

MEETING FEEDBACK

The table shows the results from the 11 participants who completed the feedback questions at the end of the meeting.

Summary Table from Interactive Meeting Feedback Poll (n = 11)

Questions	Yes	No	Unsure
1. CHPC Member?	27%	73%	*

Summary Table from Interactive Meeting Feedback Poll (n = 11)

	A	B	C
2. I would give this meeting a grade of	72%	28%	*
3. I understood the meeting information and materials	100%	0%	*
4. The meeting felt inclusive and respectful of all voices	100%	0%	*
5. What did you like best about the committee meeting? (a) Our insights into what is working and what is not working, (b) Sharing ideas and resources across agencies, (c) The engaging conversation in which all voices were heard, (d) Ideas, (e) Atmosphere – allowing everyone to participate, (f) Inclusive, (g) There was group cohesiveness, (h) The conversation, and (i) Informative			
6. Suggestions for improving the committee meeting: (a) None (2), (b) Ending the meeting with action steps and how we can transform ideas into action (2), (c) Less repetitive, and (d) The meeting is pretty well put together			

RECAP & ADJOURN

Mark reviewed the action items:

- Roberta (or Sofia) and Gina will provide input on syndemic strategies during 2027 to 2031 Plan development discussions at the upcoming HIV Funders Group
- Roberta and Gina will participate in the upcoming Executive Committee meeting to coordinate ETS Committee tasks related to reviewing PWH NA survey results or HIV workforce survey results.
- Gina will look to see what, if any, type of information from the 2025 PWH NA Survey and HIV Workforce Survey results are relevant to the committees discussions.
- Mark will produce a meeting summary.

Roberta Stewart adjourned the meeting at 1: 35 p.m.

ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting included: E Ellis, S Swaby, A Lewis, J Vargas, P Monge, M Tanner, S Cancel, K Lynch, J Brown, V Heron, D Rose-Daniels, R Stewart, G D’Angelo, M Nickel