

Connecticut HIV Planning Consortium

Main Meeting Summary

July 16, 2025

Date:	July 16, 2025	Type:	Virtual
Start Time:	9:00 a.m.	End Time:	10:20 a.m.
Participants:	87	CHPC Members:	27
Co-Chairs:	Dante Gennaro, Nilda Fernandez, Africka Hinds		
Next Meeting:	September 17, 2025 (in-person)		

WELCOME AND CHPC OVERVIEW

Co-Chairs Dante Gennaro, Nilda Fernandez, and Africka Hinds opened the virtual meeting by welcoming participants and offering guidelines for maintaining an engaging, respectful, and productive meeting environment. The group observed a moment of silence before briefly reviewing the CHPC's vision, mission, values, structure, and goals. Participants entered their names and affiliations into the chat box.

CHPC GENERAL BUSINESS UPDATES

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

- **CHPC Membership:** CHPC Co-Chairs welcomed Ruth Garcia as a new CHPC Member. One CHPC Membership opening currently exists. CHPC remains interested in adding as members applicants who (a) are living with HIV, (b) living in Tolland, Litchfield, Windham, or New London County, (c) under the age of 29, or (d) representing resource partners currently not on the CHPC. Interested individuals can access membership applications online at www.cthivplanning.org.
- **CHPC Committee Co-Chair.** CHPC Co-Chairs announced Dr. Natalie DuMont would be serving as Ending the Syndemic (ETS) Committee Co-Chair. A co-chair vacancy remains for the Needs Assessment Project (NAP) Committee. Interested CHPC Members can access the committee co-chair application at www.cthivplanning.org.
- **Integrated Plan Data Projects.** An update was provided on several data initiatives being coordinated by the Connecticut Funders Group and the connection of these projects to the CHPC. These projects will inform the 2027 to 2031 Integrated Plan and include (a) Financial Resources Inventory, (b) People with HIV Needs Assessment Survey, (c) HIV Workforce Survey, (d) Services Inventory, and (e) SWOT and Gap Analysis. The HIV Funders Group is coordinating data collection and analysis for several of these projects. The CHPC Co-Chairs and Executive Committee continue to connect these projects to CHPC Committee work and have begun discussing how to share this information with the CHPC community and partners as part of the plan development process.

Meeting Summary Vote. Meeting summaries get posted on the CHPC website (www.cthivplanning.org) after the meeting date and sent to CHPC Members in advance of an approval vote.

<i>Vote Topic</i>	Approval of June Meeting Summary
<i>Voting Method</i>	Electronic poll
<i>Motion</i>	Dante Gennaro introduced the motion to approve the meeting summary. Andre McGuire seconded the motion.
<i>Discussion</i>	No discussion occurred.
<i>Vote Outcome</i>	Meeting Summary Approved

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Yes	22	No	0	Abstain	2
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Anthony Santella suggested that the meeting summary be sent out by e-mail to CHPC Members a week prior to the vote in addition to the notes being available for review on the CHPC website.

IMPLEMENTATION OF CONNECTICUT INTEGRATED PLAN 2022-2026

CHPC Committees. Committee Co-Chairs reviewed areas of focus for each of the CHPC Committee meetings that were scheduled to begin at 10:15 a.m. unless otherwise agreed upon. Committee meeting links were shared at the end of the meeting and are available on www.cthivplanning.org.

Committee	Area of Focus for Monthly Meeting
<i>Ending the Syndemic</i>	Input on sample of new and existing content to promote syndemic model; Input on data fields for the HIV and syndemic services inventory
<i>Public Awareness and Community Engagement</i>	2025 PACE newsletter release & Fall/Winter newsletter planning; Outreach card update; Social Media Resource Folder; Youth subcommittee planning
<i>Needs Assessment Projects</i>	Field Form: Statewide services available through Advancing Connecticut Together with strength, weakness, opportunity, and threat (SWOT) + gap analysis discussion
<i>Quality and Performance Measures</i>	Continued discussion (from main meeting presentation) of Integrated Plan indicators discussion; October Quality Summit planning

Brief Presentation: HIV Epidemiological Profile Update & CHPC Indicators

Mukhtar Mohammed and 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 to 2026 Integrated Plan.

- Dustin explained some context related to the data and analysis:
 - HIV Surveillance data for the presentation was analyzed from the enhanced HIV/AIDS Reporting System (eHARS) with laboratory results reported through April 8, 2025. Connecticut population estimates are from the CT DPH Connecticut state and county Population Estimate Series, 2010-2023.
 - Newly diagnosed HIV cases are considered Connecticut cases when their address of residence is located within the state at the time of diagnoses. People with HIV (PWH) are considered Connecticut cases when their last known address of residence is located within the state at the end of the analysis year.
 - HIV laboratory results volume was lower than normal during 2022 and some statistics may be under-reported.
- Of the total # of PWH:
 - 36% identify as Hispanic/Latino followed by 33% Black/African American, and 28% White.
 - Transmission categories for PWH is led by MSM (35%) followed by heterosexual contact (28%), injection drug use (22%), other (13%), and MSM + injection drug use (2%).

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- Highest prevalence cities include Hartford (1,346), New Haven (1,272), Bridgeport (1,149), Waterbury (696), and Stamford (495).
- 246 new HIV diagnoses in 2023 with provisional data suggesting a higher number for 2024.
 - Highest incidence found in larger cities (led by Bridgeport and Hartford) with mid-level incidence in towns surrounding these larger cities.
 - Race ethnicity of new diagnoses 2019 to 2023 show 35% Black / African American, 35% Hispanic/Latino, and 25% White.
 - Progress has occurred in reducing new HIV diagnoses in Black/African American males and Hispanic/Latino males during 2019 to 2023. However new HIV diagnoses has increased during 2019 to 2023 for Black/African American females and Hispanic/Latina females.
 - A slight increase occurred in newly diagnosed men who have sex with men (MSM) occurred during 2019 to 2023.
- The percent of people presenting with or diagnosed with Stage 3 (AIDS) within 3 months of HIV diagnoses (“late testers”) increased from 2019 to 2023, with 69 (28%) of the 246 HIV diagnoses in 2023 meeting the definition for late testers.
 - Black/African American accounted for 43% of late testers followed by Hispanic/Latino (32%), and White (20%).
 - In terms of transmission, MSMs accounted for 43% of late testers, followed by 46% through heterosexual contact.
- In terms of linkage to care, 83% of newly diagnosed PWH attended a routine HIV care visit within one month of diagnosis were linked to care and 96% were linked to care within 12 months of diagnoses. This falls below the statewide indicator goal of 90%.
- In terms of viral suppression, 75% of newly diagnosed individuals in 2023 were virally suppressed. This falls below the statewide indicator goal of 87%.
- Knowledge of HIV status continues to hover around 92.2% which is lower than the 2026 statewide indicator goal of 93%.
- In terms of viral suppression of PWH diagnosed through 2022 and residing in Connecticut at the end of 2023, 90.7% of those who received care and engage in 1 or more care visits in 12 months were virally suppressed as compared to a 70.4% viral suppression rate for all 10,559 PWH in Connecticut.
 - The viral suppression rate for PWH in care remains below the 95% goal for the 2026 statewide indicators.
 - Viral suppression rates vary by race/ethnicity and gender. White Females (64.5%) and Hispanic Males (64.8%) have the lowest rates of viral suppression.
 - Progress remains limited as it relates to increasing viral suppression rates by at-risk groups. However, notable progress is occurring with respect to viral suppression in youths age 13 to 24 during 2023.
- In general,

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- Progress has occurred in areas such as reducing disparities of new HIV diagnoses in Black/African American men, reducing disparities in viral load suppression for youth, as well as percent of people with diagnosed HIV who are virally suppressed and percent of PWH in care who are virally suppressed.
- The number of new HIV diagnoses has increased. The increase may be explained in part by implementation of routine HIV testing.
- Progress in reducing disparities in viral load suppression and disparities in newly diagnosed (MSM, Black Women, and Hispanic Men and Women) remains limited.

CHPC participants used remaining meeting time to share questions and considerations about the data.

- Dante Gennaro observed that Connecticut might be receiving an influx of PWH as neighboring states have reported evidence that more people are moving into states that have better service and a more receptive political climate.
- Andre McGuiire asked if a plan exists to bring in line the newly diagnosed with the state and federal goals for new diagnoses. Dante explained that the Connecticut Integrated Plan was the vehicle to facilitate ending the HIV epidemic in Connecticut.
- Anthony Santella shared that he was expecting to see more “progress” on the statewide indicators.
 - Short term progress in routine HIV testing translates to less progress on reducing new HIV diagnoses.
 - Dave Bechtel stated that the pre-COVID trends were mostly positive and the statewide indicator goals for 2026 anticipated that these trends would continue which is clearly not the case.
 - Mark Nickel shared that the CHPC and its Quality and Performance Management group had initially set much more conservative goals for indicators such as reducing new HIV diagnoses. The conservative approach was intentional in anticipation that implementation of routine HIV testing laws would result in a short-term uptick before a longer-term reduction. However, feedback from federal project officers required Connecticut to use the federally stated goal irrespective of Connecticut’s data.
- Andre McGuiire asked for additional demographic information on individuals being tested. Many Black African Americans are late testers.
- Nilda Fernandez shared that late HIV diagnoses tends to be more common among older adults.
- Dr. Michael Virata requested that the late HIV testers data set also be shown by age and that HIV testing data can be shown by zip code.
- Jenny Bobadilla Pincos and Dante Gennaro asked if any evidence existed that the new routine HIV testing laws were effectively increasing the number of new HIV diagnoses or if other factors were contributing to the increase. Mukhtar Mohammed replied that analysts should be able to find insights upon deeper examination of the data and comparing pre- and post-implementation of routine HIV testing, especially as it relates to emergency room settings.
- Ruth Murray asked whether the data sets reflected only Ryan White funded programs or the entire state. Mukhtar Mohammed confirmed that the data sets include all labs received by CT DPH.

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- Several individuals observed the importance of setting up or using effective communication channels with community partners and residents to convey the information.
- Peta-Gaye Tomlinson shared that the Greater Hartford Transitional Grant Area issued a “Special Bulletin” to providers about the data sets and specific zip codes in an effort to start or strengthen a response strategy. Marianne Buchelli indicated that CT DPH could work on partnering on these types of communications.
 - Several participants indicated that they were currently working with CT DPH to review and identify geographic areas of concentration of HIV, STIs, HCV, and SUD, and then develop more focused response strategies with local and regional partners.
 - Jenny Cubano shared that they are doing outreach to primary care physicians, dentists and clinics, mental health and substance use treatment programs to help promote PrEP and routine HIV testing.
 - Gina D’Angelo shared the need to scale up training capacity and services in the community in response to the data.
- Several participants shared that more must be done for people of color and older adults.
- Numerous participants shared gratitude and appreciation for the data presentation.
- CT DPH representatives stated that they would like to revise and update the presentation and return in the future with more time for discussion.
 - CHPC Co-Chairs confirmed this will occur as part of the 2027 to 2031 Plan development process and also relates to annual review of the 2022 to 2026 Plan.

CHPC Co-Chairs thanked Mukhtar and Dustin for assembling and sharing the information. Dave Bechtel stated that the discussion would continue on this topic at the Quality and Performance Management (QPM) meeting.

NEW BUSINESS AND ANNOUNCEMENTS

No new business was introduced. Participants shared announcements and were reminded to send information to CHPC support staff members for distribution to the CHPC contact list.

- Casey Cummings shared that CHC/ACT would like to invite you to the 2025 Connecticut Healthcare for the Homeless Symposium, taking place on August 5, 2025, at: CT State College – Housatonic Community College. This full-day event will bring together healthcare providers, public health professionals, advocates, and community partners to explore innovative strategies and collaborative solutions to improve care for individuals experiencing homelessness.

MEETING FEEDBACK

Sixty (60) participants completed an interactive poll to share their meeting experience and suggestions for improvement. 96% of respondents reported the CHPC event was well organized, inclusive, and respectful with many positive comments about the engagement activities and gratitude for meeting in person.

ADOURN

The CHPC Co-Chairs adjourned the meeting at 10:20 a.m. and announced committee meetings would begin at or about 10:30 a.m.

ATTENDANCE

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Attendance records are on file with the CHPC support staff.