

Date:	February 18, 2026	Type:	Virtual
Start Time:	12:30 p.m.	End Time:	1:39 p.m.
Leaders	Co-Chairs Roberta Stewart; Gina D’Angelo (CT DPH Resource Liaison)		
Participants:	15 (see last page for attendance)	Next Meeting:	March 18, 2026 (*in person)

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 could be extended beyond 60-minutes at the discretion of the group.

ADMINISTRATIVE MATTERS

Approval of Prior Meeting Summary. The January 2026 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 stated that the agenda aligns with key activities on the work plan and the committee is on schedule.

SYNDEMIC PARTNERS UPDATE

Syndemic Partner Group. 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"> The SPG will meet in February and provide input on the draft 2027 – 2031 Plan objectives and activities using a syndemic lens. The group will also discuss any specific gaps, needs, or opportunities facing each partner that might be relevant to the Plan Mitchell Namias and Gina attended an Academic Detailing training of trainers in San Francisco. The intention is for CT DPH to establish its own “training academy” that can help Connecticut build a team of individuals who feel comfortable delivering Academic Detailing. Informational resources would be made available to training teams as well
CT DPH Surveillance <i>(Jen Vargas)</i>	<ul style="list-style-type: none"> The surveillance team has been closely involved with developing the RESPOND pillar of the 2027 – 2031 Plan and to identify how to coordinate and integrate the various individual outbreak response plans (e.g., HCV, STD, OD) Plans are underway to communicate the statewide HIV outbreak response plan Monthly monitoring reviews occur with the surveillance teams and the team-based approach has already proven useful in terms of identifying barriers, challenges, and opportunities
Sexually Transmitted Diseases <i>(Arleen Lewis)</i>	<ul style="list-style-type: none"> STD incidence remains high and resources remain low; collaboration, communication, and coordination will be important moving forward Providers should be encouraged to show empathy toward patients; this would change the conversation space about sexual health and also reduce discrimination and stigma
Hepatitis C <i>(Venesha Heron)</i>	<ul style="list-style-type: none"> Initial planning has begun for an HCV Symposium that will be held April 10 A policy change recommendation has been initiated to include language about “referral to treatment” for individuals who have tested positive for HCV
Substance Use Disorder <i>(Natalie DuMont)</i>	<ul style="list-style-type: none"> No report

2022 TO 2026 PLAN IMPLEMENTATION

Explainer Video. The group viewed an animated video that explained the concept of a syndemic approach. The video requires some final edits and served as an example of the building blocks and informational resources available. A disconnect occurs in sharing and communicating with the public, providers, and other partners.

2026 Syndemic Summit Concept. Roberta introduced the concept of a 2026 Syndemic Summit that was developed in response to the Quality and Performance Measures Committee offering to have another group host an annual statewide CHPC summit. The committee leadership team developed a concept and a mock-up of a day-long event for a syndemic summit. [See handouts at the end of the meeting summary.] Gina described how this summit concept connected to (1) the current ETS activities including the proposed regional pilot projects, (2) the process underway to gather information and produce a resource guide of syndemic services, (3) the efforts underway to increase awareness and understanding of a syndemic approach, and (4) the intent to strengthen regional referral networks.

Roberta and Gina explained the concept in detail and answered clarifying questions.

- Discussion occurred on the topic of who would be invited and how. Roberta explained that the concept is intended to assemble partners who work in geographic proximity and are most relevant to HIV, STD, HCV, and SUD. Most of the summit activities would take place among partners who cluster together by geography. Therefore, invitations must be intentional.
 - Gina provided an example of making certain DMHAS treatment providers from their service regions were invited as well as SSP or DIS personnel. Gina stated that the Syndemic Partners Group could play a role in identifying partners who should be invited.
- Jen suggested that representatives from local health departments and districts (LHDs) should be a part of the process, especially because they are part of the statewide outbreak response plans. CT DPH could play a role with inviting these partners (e.g., Dr. Sosa).
- Venesha shared that the AETC is holding multiple events that have a syndemic -related theme - including the HCV Symposium in April. How are these events connected (or not)? She suggested checking with the AETC to get a better understanding of these other events.
 - Mark shared that the proposed summit concept was organized to focus on an additional goal of strengthening geographic partner networks and develop action plans. He stated that he would contact Dante at the AETC to learn more.
- Several individual felt optimistic about the concept, especially the geographic focus, an emphasis on each geographic area developing action items or next steps based on needs and gaps, and the opportunity to connect these partners to existing resources.

The group participated in a series of interactive polls about the concept.

- 93% (n=13 of 14) or respondents strongly agreed or agreed that the concept for the syndemic summit made sense. It would increase syndemic awareness, strengthen local and regional partner networks, and promote the use of existing capacity building tools and resources.
- Participants identified the biggest area of concern with the design from a list of options. Top concerns included:
 - 42% (n=6) listed, “Getting commitments from the identified (regional) participants to attend – especially those not currently connected to the HIV community.”
 - 25% (n=3) listed, “So what? How to make sure the time, effort, and energy coordinating the event translates to action steps for those geographic areas.”
 - 25% (n=3) listed, “Regional approach should focus first on getting HIV prevention and care partners on the same page before adding in other community resources.”

- 100% (n=14) responded strongly agree or agree that an event planning team should be assembled and this team should include individuals who can be responsible to assist with partner engagement / invitations. Venesha, Keith, Dolce, Gina, and Roberta offered to participate on the event team (or at the very least help get it organized).

Gina and Roberta stated that they would share the general consensus for the concept with the Executive Committee and also with the Syndemic Partners Group for additional input. Also, some questions remain and need to be discussed further (e.g., how to define geographic areas, involvement of AETC).

2027 TO 2031 PLAN DEVELOPMENT

The committee chairs have been participating in groups (e.g., HIV Funders Group, Syndemic Partners Group) that have been providing input and reviewing versions of the draft goals, objectives, and key activities. This information will be shared with the CHPC in upcoming months at in-person meetings.

OTHER / NEW BUSINESS

- Roberta reminded the group that the CHPC and the ETS committee would meet in person (Hartford) in March.
- Venesha shared information about the VHETAC Symposium that will be held on April 10, 2026.

MEETING FEEDBACK

The table shows the results from the 12 participants who completed the feedback questions at the end of the meeting.

Summary Table from Interactive Meeting Feedback Poll (n = 12)

Questions	Yes	No	Unsure
1. CHPC Member?	25%	75%	*
2. I would give this meeting a grade of	A	B	C
	58%	42%	*
3. I understood the meeting information and materials	92%	8%	*
4. The meeting felt inclusive and respectful of all voices	100%	0%	*
5. What did you like best about the committee meeting? (a) interactive discussion, (b) group participation, (c) more people are speaking up, (d) new faces joining the group, (e) good ideas			
6. Suggestions for improving the committee meeting: (a) keep increasing participation			

RECAP & ADOURN

Mark reviewed the action items:

- Roberta and Gina will update the Executive Committee and Syndemic Partners Group about the syndemic summit concept.
- Mark will produce a meeting summary and reach out to Dante (AETC) about other syndemic summit plans.

Roberta Stewart adjourned the meeting at 1: 39 p.m.

ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting included: D Dones-Mendez, E Ellis, S Swaby, A Lewis, J Vargas, M Tanner, A Torres, A McGuire, M Keith, A Lewis, K Lynch, J Brown, V Heron, R Stewart, G D'Angelo, M Nickel

CONCEPT: 2026 Connecticut Syndemic Summit

Theme/Title	Reducing HIV, STDs, HCV, and SUDs in Connecticut by Strengthening Regional Referral and Resource Networks
Objectives	<p>Complete key activities in the 2022 – 2026 Plan such as</p> <ul style="list-style-type: none"> ✓ Increase awareness of Connecticut’s syndemic approach to HIV, STDs, HCV, and SUDs ✓ Share data about priority communities affected by HIV, STDs, HCV, and SUDs ✓ Support networking and knowledge building by partners of existing syndemic services within their regions and local communities ✓ Help regions and communities develop specific actions to help PWH and patients access prevention and care resources ✓ Increase participation from regional and local partners to participate in CHPC and HIV-related planning groups or activities (e.g., trainings, forums, events)
Intended Audience	<p>This will be an intentional outreach to engage/invite two specific types of participants</p> <ol style="list-style-type: none"> 1. CHPC Members (optional participation) 2. Regional and local partners identified by the Event Planning & Coordination Team <ul style="list-style-type: none"> ○ CT DPH contract leads for regional prevention or care network coordination ○ CT DMHAS regional contract service leads ○ SSP programs, DIS and Partner Services ○ RWA, RWB, RWC, RWD, RWF and HOPWA service providers ○ Community health leads from Local Health Departments / Districts ○ Community resource partners addressing social determinants of health (e.g., food, housing, transportation) or representing other key groups (e.g., opioid overdose task forces, prevention coalitions)
Maximum Size	150 to 175 people
Date	October 21, 2026 (CHPC Wednesday)
Time	9:00 a.m. to 3:00 p.m.
Food / Beverage	Lunch and refreshments will be available
Location	Hotel venue (Rocky Hill, Cromwell, Shelton) with a main room and 4 additional breakout rooms
Event Planning & Coordination	Ad hoc team representing Syndemic Partners Group & HIV prevention/care partner regional leads with input from CHPC Ending the Syndemic Committee with as needed assistance from AETC
Event Agenda	See page 2
Staff support	CHPC project staff + facilitators and moderators identified by SPG and regional lead partners Facilitation tools, resources, interactive polls developed by Events team
Financial Support	CT DPH through the CHPC project support budget + possible assist from AETC to sponsor any keynote speakers + open to other partners contributing resources (financial or staff)

PRELIMINARY AGENDA: 2026 Connecticut Syndemic Summit

*[*Design will include engagement activities / opportunities for participation]*

8:15 a.m. to 9:00 a.m.	<p>Registration and Networking</p> <ul style="list-style-type: none"> ○ Name tags will include “regional” designation for regional team sessions
9:00 a.m. to 9:14 a.m.	<p>Welcome and Opening Remarks</p> <ul style="list-style-type: none"> ○ Includes any dignitaries
9:15 to 9:59 a.m.	<p>General / Syndemic Key Note Address [Speaker & specific theme to be determined]</p> <ul style="list-style-type: none"> ○ Why use a syndemic approach ○ Challenges to implementation and implications for a public health collaborative model
10:00 to 10:29 a.m.	<p>Building Blocks Towards a Syndemic Approach in Connecticut [Speaker(s) to be determined]</p> <ul style="list-style-type: none"> ○ Now: Routine testing law, stronger outbreak response strategies (single condition disease outbreak), collaborations (e.g., HCV/HIV summit, testing days, syndemic screener), and shifts toward syndemic integration (Syndemic Partners Group, ADI supports disease outbreak, DIS/Partner Services) ○ New: Finding efficient and effective models for regional and local syndemic referral networks ○ Next: What is the vision for next?
10:30 a.m.	<p>Self-Care Break & Networking</p>
10:45 a.m.	<p>Blue Print / Road Map to Support Regional Models</p> <ul style="list-style-type: none"> ○ Steps & tools ○ Expectations for regional sessions
10:55 a.m.	<p>Regional Teams Session 1: Networking, Syndemic Asset Mapping & Emerging Models</p> <ul style="list-style-type: none"> ○ Mapping tool activity ○ Guided questions <p style="padding-left: 40px;">*Regional leads / facilitator support + templates and tools for group</p>
11:59 a.m.	<p>Lunch / Self-Care Break & Networking</p>
12:50 p.m.	<p>Regional Teams Session 2: Needs/Gaps and Action Items for Next Steps in Region</p> <ul style="list-style-type: none"> ○ Gaps / needs ○ Action items and consensus on next steps within region <p style="padding-left: 40px;">*use menu of activities for quality assurance and create more uniform discussions</p>
2:15 p.m.	<p>Full Group Share Outs</p> <ul style="list-style-type: none"> ○ Key insights (session 1) and action plans (session 2) <p style="padding-left: 40px;">*follows template to standardize share outs</p>
2:30 p.m.	<p>Recap, Feedback & Next Steps</p>
3:00 p.m.	<p>Adjourn</p>