

Date:	Wednesday, January 21, 2026	Type:	Virtual - Zoom
Start Time:	12:30 p.m.	End Time:	1:30 p.m.
Leaders	Xavier Day (Co-chair), Martina De La Cruz (Co-chair), Mitchell Namias (CT DPH Resource Liaison), Sue Major (CT DPH Resource Liaison)		
Participants:		Next Meeting:	February 18, 2026

WELCOME NEW NAP CO-CHAIRS AND INTRODUCTIONS

Ken Plourd opened the meeting by welcoming participants and facilitating introductions. The group then welcomed the new NAP Committee co-chairs, Xavier Day and Martina De La Cruz.

2026 WORK PLAN REVIEW – KEY UPDATES

The group conducted a review of the draft 2026 work plan. (Work plan attached) Planned activities include:

- People with HIV Needs Assessment Survey
 - Part 1 results reviewed this month
 - Part 2 (including stigma/discrimination content) expected in February
 - NAP will compile recommendations to CHPC based on results
- HIV Workforce Survey Review
 - Anticipated review moved later due to the Needs Assessment Survey being split into two parts
- Regional Forum Presentation Series (Expansion)
 - Plan to host one presenter in 2026, likely July/August
 - NAP will create a one-page summary + SWOT analysis for the presenter (as done previously)
 - Begin identifying 2027 presenter(s) in November/December
- Plan Monitoring & Updating
 - NAP will contribute input to CHPC plan monitoring requirements after survey review (April–June)
- Workforce Training Promotion
 - Ongoing monthly promotion as opportunities emerge

PRIORITY DISCUSSION: LATE TESTERS + UNDOCUMENTED CLIENT PATHWAYS

The committee revisited a priority concept initially raised in November: developing a regional “systems map” or practical navigation tool that clarifies pathways for undocumented clients and addresses the drivers of late HIV testing and late diagnosis. Members emphasized the importance of improving service navigation clarity, specifically, outlining what undocumented clients can and cannot access, what remains available through key systems such as Ryan White, and how providers can connect people to care quickly. A consistent theme across the discussion was the need to start small and scope this into something realistic and achievable within 2026.

Several promising directions emerged. One option is to develop a service access tool or fact sheet that case managers and providers can use as a quick-reference guide, especially as policies and eligibility rules change or are perceived to change. The group also discussed the need for testing and harm reduction reassurance messaging that clearly reinforces that HIV/HCV testing and harm reduction services remain accessible regardless of immigration status, with an emphasis on reducing fear-based avoidance and building trust. In addition, the committee explored the value of organizing “late tester” listening sessions or focus groups. Members noted that existing surveillance or program data could potentially help identify participants, and that small, compensated sessions could generate actionable insight into why late testing occurs, including gaps in messaging, stigma, fear, and missed clinical opportunities for routine testing.

The discussion also surfaced several critical barriers that contribute to delayed testing and reduced engagement. Committee members highlighted fear and trust concerns as major drivers, particularly in undocumented communities where people may avoid services due to perceived risk. Provider bias and missed opportunities were also noted, including inconsistent routine testing practices and a lack of HIV urgency in some care settings. Language access and interpretation issues were raised as persistent challenges, especially when privacy, trust, and accuracy concerns reduce willingness to use interpretation services. The group additionally discussed growing distrust of digital and telehealth systems due to cybersecurity fears and confidentiality concerns. Finally, members underscored safety concerns impacting trans communities, noting that reduced visibility, fear-driven disengagement, and avoidance of services may worsen access and delay care.

PROPOSED NAP DELIVERABLE: “BREAKOUT THEMES” ONE-PAGER (DATA → ACTION)

The committee endorsed a concrete near-term NAP product focused on translating discussion into an actionable summary. Specifically, NAP agreed to compile CHPC breakout group responses from approximately 7–8 groups across four discussion questions into a single, digestible one-pager that can be shared broadly with members and partners. The group discussed formatting options that would make the content easy to navigate and useful for planning, including organizing themes by the four pillars (Diagnose, Treat, Prevent, Respond) and/or presenting the findings as a SWOT-style synthesis. Members emphasized that the one-pager should not be a passive summary, but should include an “action layer” that clearly connects key themes to practical recommendations and near-term next steps.

ADDITIONAL THEME FOR 2027–2031 PLANNING: DENTAL ACCESS + EDUCATION

The committee also flagged dental access and dental education as a recurring issue that should remain visible in the 2027–2031 planning cycle. Members noted that dental continues to surface both as an awareness gap and an access barrier, suggesting that messaging and navigation supports may be needed alongside service availability. One proposed micro-initiative was to develop a simple education tool reminding clients that dentures still require ongoing dental care, including gum health monitoring, routine oral exams, and oral cancer screening. At the same time, the group acknowledged that education alone

may not resolve the barrier, since competing priorities such as work demands, rent, transportation, and limited time can reduce follow-through even when clients understand the importance of care.

DECISIONS / AGREEMENTS

The committee confirmed several near-term priorities and agreed to keep momentum by scoping work into achievable phases. Key decisions and agreements included:

- The **Late Testers + Service Navigation Tool** concept will remain in the **2026 work plan** as a scoped, phased effort that starts small and builds over time.
- The group will **explore the feasibility of identifying and engaging late testers** through accessible data channels, with **DPH support** to clarify what is realistic and appropriate.
- NAP will **proceed with development of the “Breakout Themes” one-pager**, ensuring it is structured to directly inform **CHPC recommendations and planning** (i.e., “Data → Action”).

ATTENDANCE

Attendance records are kept on file with the CHPC support staff.

ADJOURN

The committee meeting ended at 1:30 p.m.

Approved