Connecticut HIV Planning Consortium

Ending the Syndemic Committee Meeting Summary

April 15, 2026

Date:	April 15, 2026	**Type:**	Virtual
Start Time:	1:15 p.m.	**End Time:**	2:30 p.m.
Leaders	Co-Chairs Roberta Stewart; Natalie DuMont		
Participants:	26 (see last page for attendance)	**Next Meeting:**	May 20, 2026 (*in person)

WELCOME AND MOMENT OF SILENCE

Committee co-chairs Roberta Stewart and Natalie DuMont welcomed participants to the meeting. Participants reflect briefly on the importance of the work with a moment of silence and then introduced themselves.

ADMINISTRATIVE MATTERS

Approval of Prior Meeting Summary. The March 2026 draft committee meet summary notes were posted on the CHPC website (www.cthivplanning.org) and contained in the meeting packets. Participants approved the meeting notes by consensus with no additions or corrections.

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 *(G D'Angelo)*	• Venesha Heron shared that the Syndemic Partners Group will be meeting later in April and will discuss the structure and required attendees at the Syndemic Summit
CT DPH Surveillance *(Jen Vargas)*	• The surveillance team has been closely involved with developing the RESPOND pillar of the 2027 – 2031 Plan that was reviewed and discussed at the main CHPC meeting • Two summer interns will be assisting the surveillance team with quality improvement projects that involve analyzing data sets related to Disease Intervention Specialist encounters and case notes
Sexually Transmitted Diseases *(Arleen Lewis)*	• Arleen shared that it was STI awareness week. All efforts to increase information about STDs and resources will be helpful • A memo was sent to providers in March that described information about triaging and prioritizing high risk patients • Carlos Rodriguez shared insights and observations about his experience interacting with students at a recent UConn health / career fair. For example, they spoke more openly about STIs, expressed concern about disclosures to parents on insurance-related documents about private healthcare matters, appreciated access to free condoms, and did not know too much about Disease Intervention Specialists or process for reporting infectious diseases
Hepatitis C *(Venesha Heron)*	• The HCV Symposium (April 10) engaged over 70 participants and included multiple sessions related to the syndemic with ETS Committee participants such as Gina D'Angelo and Natalie leading workshops and seminars • Anyone interested in joining the Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) should contact Venesha
Substance Use Disorder *(Natalie DuMont)*	• Natalie spoke about the value of recognizing accomplishments – personal and professional, and shared information about the journey and process to integrate syndemic-related approaches into the DMHAS provider network • She spoke about how her own involvement with the ETS Committee has allowed her to recognize other opportunities exist to make an impact. For example, her ongoing

	involvement with the state's Fatherhood Initiative (Economically Stable Domain group) could translate into information sharing and engagement for this community • An upcoming training event will occur on May 14 and focus on expanding awareness and integration of HCV testing and treatment (or referral)
Other	• The group welcomed Nina Makaridina, a representative from the Department of Corrections who anticipates becoming more involved in the CHPC community. The inmates face healthcare challenges and those transitioning out of the facility will experience a better community re-entry with a strong network of resources and supports.

2022 TO 2026 PLAN IMPLEMENTATION

2026 Work Plan Tasks. Roberta stated that the agenda aligns with key activities on the work plan and the committee is on schedule.

- Roberta shared that the ETS Committee Co-Chairs were in the process of reviewing key assumptions that would influence the planning for the **Syndemic Summit** such as the extent to which CT DPH and CT DMHAS could require contract partners to participate and how, if at all, activities connected to an annual prevention and care contractor meeting convened by CT DPH would or could cover some of the information and set the stage for the summit.
    - E Schlossberg and A Schultheis volunteered to participate on the Syndemic Summit event team.
- Mark Nickel shared that the Public Awareness and Community Engagement (PACE) Committee was developing a pilot approach to support a **"uniform" messaging strategy** using 1 or 2 themed posts each month and organizing providers and influencers to customize the content and share the post on an agreed upon schedule. This approach represents an alternative to a more generalized approach (e.g., resources can be downloaded off a website and used as needed).

Development of Micro-Tools and Resources. Suggestions from meeting feedback forms over the past few months have requested more participatory activities as well as a connection to more "actionable" tasks. Key themes relate to supporting syndemic screening and testing, reducing stigma, and improving patient engagement, empathy, and environment.

The list would be used to create "micro-tools" that could be used with providers to help them organize brief discussions with staff members (individually or at group meetings) and to develop patient self-advocacy tools. These tools could be alternatives to or introductory steps toward more extensive or intensive professional development or quality improvement efforts. The concept is to pilot some of these tools and resources with the CHPC community and determine whether providers use and value these tools and the extent to which these tools could also be included in academic detailing resources or as a way to generate interest to enroll in other trainings.

The group shared their personal experiences as providers and as patients to generate a list of suggestions for how to create empathy, empowerment, and a trusting, safe environment.

Inputs for Development of Micro-Tools to Improve the Patient Experience

Suggestion	Empathy	Empowerment	Environment
1. Talk to me as an adult (vs. lecturing them)			
2. Look at me, introduce yourself, smile, and welcome me			
3. Listen to me, ask questions to show you are listening and that you care			
4. Slow down. Make me feel like I am a person and not a transaction or an "imposition" to getting through the checklist			
5. Ask me what I am worried about			
6. Ask me about how may culture or faith affects my relationship with health and medical providers			
7. Ask me if I understand and invite me to ask questions			

8. Ask me questions about what is happening vs. re-asking me questions about information in the chart. If you need to ask me about the chart, ask me in a way that creates a connection, "last time you visited, this was happening, is that still happening…"			
9. Ask me what it took to make it to the appointment / recognize the social determinants of health (e.g., transportation barriers, work, childcare)			
10. Don't make assumptions about me or by habits or behaviors because of my age, gender, skin color, or marital status (e.g., married person has one partner, older person does not have sex)			
11. Hire people who look like me which helps put me at ease			
12. Approach me with a curiosity to learn how my case connects to your knowledge			
13. Come to the lobby, greet me, and walk with me			
14. Sit at the same level (vs. hover above) when possible			
15. Give better guidance or instructions before placing me in a room to wait for an unknown period of time			
16. Give me some tasks to do while I am waiting that will be helpful for the visit			
17. Ask me to write my questions down before I come in for the appointment, and then take time to answer these questions			
18. Encourage patients to fill out feedback forms about their experiences, especially if something does not feel right			
19. Encourage patients to find new providers if it is not a good fit			
20. Ask someone to join you during the visit, especially if you are anxious or may have difficulty understanding the language (e.g., translation, complex medical terms)			
21. Remind the healthcare workers they work for you. Without patients, providers would not have jobs			
22. Fill out feedback or grievance forms; share your story with the press			
23. Providers should check their "power-dynamic" and ego at the door. It will create a more productive appointment			
24. Ask the provider, "Is this a good time for you?" if they seem to be unable to interact with you (e.g., not listening, looking only at the computer)			
25. Put up signs and posters that are encouraging and promoting good health vs. compliance related or technical diagrams			
26. Do not "justify" what you said with research or assumptions. Let's talk and listen to each other			
27. Don't talk about other patients in front of me. I assume you do the same about me which makes me not trust the process			
28. If you are a female and being examined by a male, ask a nurse to stay			
29. Ask the provider to send you a recording of the notes and visit			
30. Ask me if I can afford to pay for extra labs and help me figure out a solution when I do not have the money			
31. Check with me about "what is happening" vs. approach me by saying that I am not complying or adhering to the medical advice			
32. Summarize what was discussed and the next steps before the appointment ends			
33. Use appropriate language and terms (e.g., not an "addict")			
34. Ask me a personal question about my life or family (e.g., small talk) so I feel seen as a person			

35. Help me learn about medication and my options			
36. Provide clear, tiered pricing for services before they are provided			
37. Ensure the space is accessible, clean, and with comfortable seating			

Roberta and Natalie thanked everyone for sharing their stories and suggestions. Project staff will develop some sample resources from these suggestions for the group to review in May. At that time, the group can determine whether it would make sense for short videos (featuring volunteers from the ETS Committee) expressing some of these themes about how to better "see me and hear me" in the context of patient-centered or relationship-based healthcare encounters.

2027 TO 2031 PLAN DEVELOPMENT

The ETS committee leadership team has been sharing information from this committee with other groups (e.g., HIV Funders Group, Syndemic Partners Group) directly involved in developing draft objectives and activities. The CHPC and other groups will continue to discuss and refine Plan content. A public comment period will remain open until April 30, 2026.

OTHER / NEW BUSINESS

- Natalie reminded the group that the CHPC and the ETS committee would meet in person (Hartford) in May.
- Roberta encouraged participants to use the public comment process and share any suggestions about improving the Plan.

MEETING FEEDBACK

Participants shared openly their appreciation for the interactive discussion about patient-provider interactions, and very much appreciated so many different individuals contributing to the conversation. The co-chairs asked individuals to fill out their meeting feedback forms prior to leaving. The table shows the results from the 16 participants who completed the feedback questions at the end of the meeting.

Summary Table from Meeting Feedback Poll (n = 16)

Questions	Yes	No	Unsure
1. CHPC Member?	33%	67%	*
2. I would give this meeting a grade of	A	B	C
	94%	6%	*
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) the discussion, (b) different topics and ideas helpful to improve services where it matters, (c) interactive activity, (d) all of the participation and input, (e) everything, (f) interaction, (g) activity for discussion, (h) inclusivity, (i) interactive participation, (j) hearing how other people's experience was similar to mine – good and bad, (k) hearing how people were empowering themselves and others, (l) hearing about the students / young people at the career/health fair			
6. Suggestions for improving the committee meeting: (a) keep up with the engagement / activities, (b) more discussion on housing especially for persons with HIV and how to transition from homelessness to having an apartment, (c) nothing/none (8 responses)			

RECAP & ADOURN

Mark reviewed the action items:

- ETS leaders will share information from the group that may be relevant to the 2027-2031 Plan activities with the HIV Funders Group and Syndemic Partners Group.
- ETS leaders will move forward with convening the Syndemic Summit events team.
- ETS leaders and staff will develop draft “micro-tools” that can be reviewed at the May meeting.
- Mark will produce a meeting summary.

Natalie adjourned the meeting at 2:30 p.m.

ATTENDANCE

The CHPC project support staff maintain attendance records. Participants at the meeting included: E Schlossberg, A Schultheis, E Ellis, M Tanner, A Lewis, A Cuevas, L Corpora, N Makaridina, D Dones-Mendez, C Romanik, V Heron, R Hanna, D Williams, D Rose-Daniels, K Lynch, M Keith, R Rivera, N DuMont, R Stewart, B Ligon, K Taylor, C Rodriguez, J Vargas, R Lopez, A McGuire, M Nickel