

Date:	March 18, 2026	Type:	Virtual
Start Time:	1:15 p.m.	End Time:	2:30 p.m.
Leaders	Co-Chairs Roberta Stewart; Gina D’Angelo (CT DPH Resource Liaison)		
Participants:	26 (see last page for attendance)	Next Meeting:	April 15, 2026 (*in person)

WELCOME AND MOMENT OF SILENCE

Committee co-chairs Roberta Stewart and Natalie DuMont welcomed participants to the meeting and asked everyone to reflect on the importance of the work with a moment of silence. She reviewed the committee charge, meeting agenda, and encouraged participation. Participants introduced themselves and shared a “go-to” resource when addressing a situation that involves sexually transmitted diseases (STDs).

ADMINISTRATIVE MATTERS

Approval of Prior Meeting Summary. The February 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.

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 Syndemic Partners Group met in February and discussed the Syndemic Summit concept and their role and provided suggestions for key activities in the 2027-2031 Plan. A bill has been introduced to change the language around universal Hepatitis C screening to include a requirement for treatment. This bill might be incorporated into a broader “DPH Tech” bill that contains a package of more regular DPH updates. Including it in the Tech bill increases the chances of success (vs. a stand-alone approach). CT DPH cannot participate in legislative advocacy. Individuals or providers can submit testimony. Visit www.cga.ct.gov to access the Connecticut General Assembly website Mitchell Namias and Gina attended an Academic Detailing training of trainers in San Francisco. They have been charged to develop a CT DPH “training academy” that can help Connecticut build a team of individuals who feel comfortable delivering Academic Detailing. CT DPH prevention contracts include a requirement for these providers to conduct academic detailing for providers within their networks. Detailing will address a full menu of topics such as PrEP, integrated testing, and treatment options Gina and Natalie are working closely with Venesha Heron to add a syndemic dimension to the April 10 HCV Symposium ACT will be restarting a statewide policy group that will fill a gap left when the AIDS Life Campaign disbanded. This group will support community-driven policy initiatives related to HIV and hope to achieve successes similar to the AIDS Life Campaign which helped to amplify the voices of communities statewide on issues such as restoring funding cuts. Contact John Merz or Erika Mott
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 The surveillance teams continues to work collaboratively with Disease Intervention Specialists and program staff to support a data to action approach

Syndemic Area	Report Highlights
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 • Data updates are not yet available due to recent system updates • Recent training of providers (n=65) confirmed that clinicians want and need more education, training, and resources/tools related to conducting sexual health histories; topics of STDs and HIV do not receive much coverage in nursing programs • Disease Intervention Specialists have been active and helped patients avoid unwanted outcomes for babies in utero as well as longer-term consequences related to future pregnancies • Arleen continues to focus on identifying and pursuing other funding options to expand capacity of the DPH STD Program
Hepatitis C <i>(Venessa Heron)</i>	<ul style="list-style-type: none"> • Please register for the 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 • Anyone interested in joining the Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) should contact Venessa. The group meets every three months
Substance Use Disorder <i>(Natalie DuMont)</i>	<ul style="list-style-type: none"> • A learning collaborative with the behavioral provider group will occur every three months and help to increase awareness of and capacity to use syndemic approaches. The approach means that staff – included new hires, have a regular forum to learn about critical resources and to meet subject matter experts • DMHAS has selected a vendor to do training of providers on matters related to viral hepatitis. The training will involve clinicians and case managers beyond the traditional HIV service system. It is another example of moving toward using a syndemic approach

2022 TO 2026 PLAN IMPLEMENTATION

Syndemic Summit. Gina reported that the CHPC Executive Committee gave the approval to move forward in planning a syndemic summit. The group discussed the concept (also summarized in the February meeting notes contained in the meeting packet). Key discussion themes emerged.

- The event will be organized in a more intentional way to expand the use of syndemic approaches among and between key partners and stakeholders. The meeting will contain workshops organized by geographic area to help partners identify what is working, gaps, and action steps that include the use of existing resources.
- The group discussed ways in which to conduct specific outreach and engagement for diverse partners such as:
 - DMHAS funded behavioral health providers and outpatient treatment programs
 - Regional Behavioral Health Action Organizations
 - Local Health Departments and Districts
 - DPH Prevention contractors (e.g., syringe service programs)
 - Ryan White funded partners
 - Hospitals and healthcare organizations including urgent cares
 - Community-based organizations actively involved in partnering with HIV service providers
- The activity during introductions was an example of this intentional approach that will be used to get people thinking about specifically the individuals and partners that need to be invited. The focus on an STD go-to resource yielded a wide range of partners all of whom could be invited to the summit. For example:
 - Planned Parenthood of Southern New England in multiple communities across the state

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- STD clinics supported by local Health Departments and Districts
- Private providers who specialize in STDs and have a connection to HIV providers
- Medical case managers who have connections to healthcare providers
- Disease Intervention Specialists
- National networks such as HIV positive heterosexual men
- Community health centers
- Ryan White funded provider networks
- The group discussed the value of inviting nursing program leaders from Institutions of Higher Education (e.g., Eastern Connecticut, Yale, Connecticut State).
- These conversations and working sessions are critical as providers do not want CT DPH or other regulators to “tell them how to do their jobs.” This does not mean they are unwilling or incapable of doing a great job and complying with requirements such as offering an HIV test.
- Providers need to be champions of the message and also help recruit participants to the summit. This will help expand the reach beyond the traditional HIV services partners.
- Many resources and tools exist that are not yet fully used. Maybe the provider community needs to be even more involved in the development of these tools and resources. Gina confirmed that providers did review the current offerings (e.g., syndemic screener, toolkit).
- The summit and the tools are designed to help provider help their patients achieve better outcomes. This needs to be a major selling point for the event.
- Questions should be asked about why providers are not using the existing tools and resources.
- Academic Detailing program will help put these tools and resources to use.

Individuals who wish to join the event planning team should contact committee leaders or staff. Thus far the list includes: Roberta, Natalie, Gina, Dolce, Venesha, and Keith.

Spotlight on STDs. Gina pointed out that the integration of HCV and HIV services continues to occur at a faster rate than integration in areas related to STDs and SUD. STDs continue to increase. Reducing STDs is essential to end the HIV epidemic. The group used meeting time to discuss what is working, what is not working, and gaps as well as solutions.

- The data speaks volumes:
 - Condom use continues to decrease especially among youth.
 - STDs continue to increase and produce adverse health outcomes that can be avoided.
 - Co-infection rates continue to increase.
 - Resources for STD services continue to diminish, including for Disease Intervention Specialists (DIS).
 - Sexual health education remains limited in schools; community-based partnerships are less likely to occur post-COVID.
 - Social media and digital content on the internet creates uncertainties about what to believe.
 - Providers face time challenges to conduct comprehensive sexual health histories or make assumptions (e.g., older people are not sexually active, married people are monogamous).
- Disease Intervention Specialists (DIS) shared a variety of insights about their work.
 - DIS follow up on positive lab results for reportable disease conditions. It is their job to investigate by collecting information.
 - DIS relationships and access differ by providers.

- DIS co-locate workspaces with providers in local communities (e.g., patients can be interviewed on-site in confidential, known settings). City of Hartford Health Department is a great example of collaboration and promoting access to STD services (e.g., Dr. Jackson).
- Lack of access to EPIC creates undue barriers and challenges in researching patient histories or locating patients.
- Timing creates opportunities. Folks who need treatment or early in the process are more likely to share information and help partners than patients who already completed their treatment and who may want to move beyond the past.
- For STDs, specific information about timelines is very important to understand treatment and the tracing aspects related to each case. General answers are not helpful.
- Providers and partners do not always understand or trust that DIS conversations are confidential.
- Delays occur when investigating patients who use providers affiliated with multiple employers. Following up on labs becomes more challenging when the answer is the patient is not affiliated with the provider group.
- DIS workers operate with a sense of urgency because they know what is at stake in terms of potential short- and long-term health outcomes, especially for pregnant patients.
- Providers can “verify” the authenticity and CT DPH affiliation of a DIS worker by calling 860-509-7920.
- Statewide campaigns for STDs as well as for DIS (and reporting requirements) should be considered.
 - April is STD awareness month
 - Providers are more likely to hear messages from peers and champions (than CT DPH).
 - Several effective campaigns have occurred in Connecticut.
 - Digital content exists and can be shared and customized.
 - Tik Tok and other platforms for youth must be considered.
 - Keith explained that he films and shares his own messages and this has been very well received.
 - Videos exist that explain the role of the DIS (“Leave it to us”).
- Options related to legislation and policy included:
 - Historically, some elected officials adopted the position that “nothing can be done” and over time, laws have been passed for HIV and HCV. Why not for STDs?
 - Would DIS programs be more effective if they could be operated at the local level (vs. state)?
- Actions to increase awareness of DIS include:
 - The CHPC should schedule another “meet the DIS” segment for a future meeting.
 - DIS workers should have a featured role in the Syndemic Summit.
 - CT DPH will send out a list of DIS contacts for each region to its contractors and to the CHPC.
- How can existing training platforms (e.g., AETC, CHC/ACT) be used to reach providers?
- More focus should be placed on Doxy Pep awareness and access.

Gina stated that the ETS committee and the full CHPC will spend more time on how to frame key activities around STDs in the upcoming planning meetings.

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 HIV Funders group will meet next week and the latest version of the draft objectives and activities will be shared and discussed with the CHPC in April.

OTHER / NEW BUSINESS

- Natalie reminded the group that the CHPC and the ETS committee would meet in person (Hartford) in April.
- Venesha reminded the group to register for the VHETAC Symposium that will be held on April 10, 2026.

MEETING FEEDBACK

The table shows the results from the 17 participants who completed the feedback questions at the end of the meeting.

Summary Table from Meeting Feedback Poll (n = 17)

Questions	Yes	No	Unsure
1. CHPC Member?	18%	82%	*
2. I would give this meeting a grade of	A	B	C
	88%	12%	*
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) discussion, (b) everyone given time to talk – great discussion, (c) lively discussions with questions and suggestions, (d) informative, I felt included and my voice was heard. I learned a lot, (e) open discussion, (f) I learned more information about certain programs, (g) everyone’s ideas and feedback, (h) learning about upcoming summit meeting, (i) great discussion, (j) explaining the STI increase in communities, (k) conversations, (l) conversations, (m) sharing of thoughts and ideas			
6. Suggestions for improving the committee meeting: (a) less sitting – too much after a meal, (b) actionable items, (c) keep up the good work, (d) CHPC meeting should be held in a different location instead of Hartford for near future, (e) activity for discussion			

RECAP & ADJOURN

Mark reviewed the action items:

- Gina will share information from the group that may be relevant to the 2027-2031 Plan activities with the HIV Funders Group.
- Individuals interested in joining the syndemic summit event planning team will send their contact information to a committee leader or project staff.
- CT DPH will send out a list of DIS contacts for each region.
- 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: R Stewart, C Romanik, S Swaby, D Dones-Mendez, V Heron, N DuMont, M Tanner, E Ellis, C Rodriguez, M Sgambato-Prokep, E Schlossberg, J Brown, B Datcher, M Keith, K Lynch, K Taylor, B Ligon, D Rose-Daniels, A Lewis, G D’Angelo, L Corpora, T Gianes, K Williams, J Vargas, A McGuire, M Nickel