

<b>Date:</b>	Wednesday, March 18, 2026	<b>Type:</b>	In-person Chrysalis Center, Hartford
<b>Start Time:</b>	1:15 p.m.	<b>End Time:</b>	2:30 p.m.
<b>Leaders</b>	Xavier Day (Co-chair), Martina De La Cruz (Co-chair), Mitchell Namias (CT DPH Resource Liaison), Sue Major (CT DPH Resource Liaison)		
<b>Participants:</b>	7	<b>Next Meeting:</b>	April 15, 2026

### WELCOME AND INTRODUCTIONS

The meeting was opened by Co-Chair Martina De La Cruz, who welcomed participants and reviewed the meeting objectives and etiquette guidelines. Participants were reminded to encourage participation, allow one person to speak at a time, share the floor respectfully, and ask clarifying questions when acronyms or terminology were unfamiliar. The committee reaffirmed that the purpose of the meeting was to review the status of the 2026 NAP workplan, finalize one-page summaries from recent survey findings, and discuss recruitment for a future NAP forum presenter.

### REVIEW AND APPROVAL OF PRIOR MEETING NOTES (February 18, 2026)

Members reviewed the February 18, 2026, meeting summary. The committee approved the meeting summary.

### 2026 NAP WORKPLAN DISCUSSION

#### Prevention Needs Assessment:

DPH liaison Mitchell Namias provided an update regarding upcoming needs assessment activities. The committee discussed plans to conduct a new prevention-focused needs assessment, building upon the framework used in previous assessments. Members noted that the previous instrument developed with earlier committee leadership could serve as a starting point for review and refinement.

The group discussed a proposed timeline for reviewing and revising the survey instrument. The goal is to begin the review process in the coming months and complete revisions by the end of the year so the assessment can inform planning activities for the next Integrated Plan cycle.

#### Proposed Survey Review Approach:

Committee members discussed reviewing the survey instrument in smaller sections over multiple meetings rather than attempting to revise the entire tool at once. One suggestion was to review approximately 15–20 questions per meeting, allowing time for discussion and careful consideration of wording, structure, and relevance.

The proposed process would include:

- Reviewing a portion of the survey questions at each meeting
- Documenting recommended revisions or additions
- Revisiting previous sections to ensure consistency
- Conducting a pilot test of the revised survey prior to launch

Members also noted that there is no August meeting, making it important to complete much of the review work before summer to stay on schedule.

### **Importance of Consistency in Survey Questions**

During discussion, members emphasized the importance of maintaining consistency in survey questions across multiple assessment cycles. Participants noted that making substantial changes to questions can make it difficult to compare results over time and identify trends.

Members explained that when analyzing previous surveys, significant wording changes made it challenging to determine whether the differences observed reflected real changes in the system or simply variations in how questions were asked. For this reason, the committee generally supported maintaining most existing questions unless there was a strong reason to revise them.

At the same time, several participants noted that some updates may be necessary to reflect evolving prevention practices and emerging issues, such as new prevention tools or changes in clinical guidance.

The committee agreed that:

- Existing questions should remain largely intact when possible
- Minor revisions may be made for clarity or updated terminology
- New questions may be added when needed to address emerging issues
- Changes should be carefully documented to preserve comparability across survey cycles

Members also emphasized the importance of clearly communicating the committee's rationale to the larger CHPC group to ensure transparency in decision-making.

### **FINALIZING ONE-PAGER SUMMARIES FROM SURVEY FINDINGS:**

A significant portion of the meeting focused on reviewing and finalizing one-page summaries derived from recent survey findings, including:

- The People with HIV Needs Assessment (PWH NA)
- The Connecticut HIV Workforce Survey

These summaries were prepared in both SWOT and four-pillar planning formats to support discussions for the upcoming Integrated Plan.

### **HIV Workforce Survey Summary:**

The committee reviewed the workforce survey SWOT summary developed from breakout discussions. Members highlighted several key findings.

#### **Strengths**

Participants noted growing recognition among providers of the importance of addressing stigma, housing instability, and patient-centered language when engaging patients. The workforce also demonstrated increasing adoption of team-based care models, with collaboration among clinicians, case managers, and administrative staff.

Some clinical settings reported strong screening activity, particularly for mental health and substance use concerns.

### ***Weaknesses***

Participants identified several workforce challenges, including:

- Inconsistent provider comfort discussing sexual health and HIV risk
- Limited prescribing confidence for youth PrEP
- Fragmented referral systems that make follow-up care inconsistent
- Workforce training gaps related to HIV history, stigma reduction, and care coordination
- Workforce burnout and turnover impacting continuity of care

### ***Opportunities***

Members emphasized opportunities to expand role-specific training, strengthen partnerships with DPH + community partners, & improve electronic health record systems to support routine screening & referrals.

### ***Threats***

Participants expressed concern about workforce capacity challenges driven by burnout & staff turnover, as well as funding instability that could affect workforce development and patient support infrastructure

### **People with HIV Needs Assessment (PWH NA):**

The committee also reviewed one-page summaries derived from breakout discussions of the People with HIV Needs Assessment survey results.

### ***Strengths***

Participants highlighted the strong statewide HIV testing infrastructure and the presence of a well-established Ryan White care network providing clinical and support services.

Members also noted the value of community-based harm reduction programs and existing cross-system partnerships that support people living with HIV.

### ***Gaps and Challenges***

Several challenges were identified:

- Service navigation and awareness gaps
- Health literacy barriers
- Underrepresentation of youth and individuals not engaged in Ryan White services
- Transportation challenges and insurance re-enrollment barriers
- Telehealth services that are available but not always practically usable
- Ongoing uncertainty regarding dental care access

These themes are summarized in the attached document developed from participant discussions.

### ***Structural Barriers***

Participants also discussed broader structural challenges affecting care engagement, including housing instability, rising costs of living, and persistent disparities affecting Black and Hispanic/Latinx communities.

### Integration with the Four Pillars:

The committee discussed organizing needs assessment findings using the four pillars of the Integrated Plan: Diagnose, Prevent, Treat, and Respond.

Participants noted that:

- CT has strong prevention and testing infrastructure but needs improved outreach and engagement
- The clinical treatment system is robust but affected by practical barriers such as transportation and insurance issues
- A coordinated syndemic response is needed to address social determinants that affect HIV outcomes

These themes were reflected in the pillar-based summary document reviewed during the meeting. Members agreed that organizing needs assessment findings by the four pillars would help connect community input more clearly to Integrated Plan strategies.

### RECRUITMENT FOR FUTURE NAP FORUM PRESENTERS

The committee discussed strategies to increase participation and engagement in future NAP meetings.

Several participants observed that the committee currently includes a high proportion of DPH representatives and suggested increasing community participation.

Engagement strategies included:

- Inviting guest speakers for short, focused presentations (a continuation of the 2025 forum)
- Hosting 20-minute presentations linked to specific needs assessment findings
- Partnering with community organizations to present emerging issues
- Holding joint meetings with other committees to broaden participation

Members suggested that organizations such as Planned Parenthood or APNH could be invited to present in June on topics related to PrEP access, prevention programs, and innovative clinical approaches.

Participants noted that targeted presentations could help translate survey findings into actionable discussions and attract new participants to the committee.

### NEXT STEPS

The committee identified several next steps:

- Begin reviewing prevention needs assessment survey questions in segments at upcoming meetings
- Finalize and share one-page summaries of needs assessment findings

- Identify potential guest presenters for future NAP meetings
- Continue organizing findings using the four-pillar framework to support Integrated Plan development

### ATTENDANCE

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

### ADJOURN

The committee meeting ended at 2:30 p.m.

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