Ending the Syndemic Committee Meeting Summary

May 20, 2026

Date:	May 20, 2026	Type:	Virtual
Start Time:	1:05 p.m.	End Time:	2:30 p.m.
Leaders	Co-Chairs Roberta Stewart; Natalie DuMont		
Participants:	23 (see last page for attendance)	Next Meeting:	June 17, 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 April 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)	• The Syndemic Partners Group met and provided input and suggestions about the Syndemic Summit plans. • A team from CT DPH will be participating in a national Syndemic Learning Collaborative. The team approach creates more coordination and impact on other syndemic activities within Connecticut. The first session will occur on 5/21/2026.
CT DPH Surveillance (Jen. Vargas)	• CT DPH epidemiologists are in the process of completing the 5-year comprehensive epidemiological profile. • Several epidemiologists (e.g., Kelly, Jen, Luis) have been participating in learning collaboratives with other states and asked to present at the national level. Jen invited community partners to participate in the learning collaborative as well. Some great suggestions and best practices get shared such as the use of search engine optimization key word searches to identify emerging hotspots based on how people check the internet for information about symptoms or treatments. DMHAS used a similar algorithm a few years ago related to searches for pain management and medication (i.e., opioid epidemic).
Sexually Transmitted Diseases (Arleen.Lewis)	• No report
Hepatitis C (Venesha.Heron)	• May is HCV awareness month. • No formal VHETAC meeting was convened or a formal HCV awareness month event held. However, individual organizations and champions were sharing photos and information about events. It is anticipated that the 2024 results of 364 HCV tests will be surpassed by the end of May. Venesha will assemble an impact report and share it later in the summer. • CT DPH HCV representatives will attend a national best practice meeting in August. • Kudos to Natalie and the DMHAS HCV training event (described below) as well as other presenters such as Audra Blood and Dr. Lawrence Peacock who spoke about the behavioral and emotional aspects of an infectious disease.

Syndemic Area	Report Highlights
Substance Use Disorder (Natalie.DuMont)	• The HCV training event coordinated by the Women's Consortium was highly successful and allowed individuals to share what they were doing and what gaps exist. Leaders and event organizers were pleased with the outcomes and remain committed to advancing syndemic work within DMHAS.
Other	• Several individuals reported that state representatives share information widely with their colleagues. These conferences and learning collaboratives have been very helpful in facilitating relationships with individuals in nearby states that are important to the work (e.g., cross-checking data registries, reviewing cases). • Natalie clarified that NASADAD is the National Association of State Alcohol and Drug Agency Directors whereas NASTAD is the National Alliance of State and Territorial AIDS Directors. Both serve similar functions for different conditions. Gina observed that she would look into NASADAD to understand how, if at all, the group supported syndemic approaches.

2022 TO 2026 PLAN IMPLEMENTATION

Micro-Tools for Patient Experience. The group reviewed a draft micro-tool organized around helping patients feel "seen, heard, and safe" based on inputs from the April meeting.

- In general, participants felt significant progress occurred since the April meeting. The draft allowed participants to better identify what they appreciated and what they would like to change or improve.
- The cover page was eye catching and clearly explained the content. Perhaps direct quotes could be included on the cover page.
- Page 2 contains repetitive information (top half) and may need to be framed more as a business case for medical providers. Remind the business managers what is in it for them (e.g., better outcomes, billing revenue, fewer no-shows, more positive patient-staff encounters).
- Concern existed that the document – even though 5 pages including a facilitators guide for each topic was going to be perceived as too long and not read or used.
- More emphasis should be placed on "patient suggestions in action".
- Perhaps development of prompt or cue cards for conversations would be a useful tool.
- YNHH does a 100 days of caring and this stimulated discussion about 100 days of patient's feeling seen, heard, and safe.
- Suggestions were made about calendar meditation type approaches to the delivery.
- Participants embraced the value of changing organizational culture and supervisor/leader behavior by multiple exposures expanding behaviors that make patients feel seen, heard, and safe.
- Some suggested putting materials like this in patient waiting areas or on the walls. Others indicated that their organizations prohibited materials from being affixed to the walls unless the materials met certain institutional requirements.
- Gina encouraged more input from providers prior to finalizing any materials and noted that CT DPH would need to review the information if CT DPH was referenced in the content.
- Several providers indicated that they would volunteer to try the tools out at staff meetings or in supervision sessions.
- Several participants noted that this engagement applies well beyond healthcare patient interactions and is a universal way to treat human beings.

- Several suggestions involved ways in which to recognize providers within a practice or across the state for the ways in which they make their patients feel seen, heard, and safe.
- Some individuals suggested making short videos of the patients and even using these as discussion or micro-training tools, and to challenge provider staff members about their patient engagement practices.

Roberta and Natalie thanked everyone for the excellent suggestions. The ETS Committee leaders and staff will develop another iteration to review at the June meeting. Several providers can then pilot the resources during the summer time.

Syndemic Summit. Gina shared that the Syndemic Partners Group did some initial brain storming about the structure of the day and the preferred participants. The morning structure most likely will remain the same with a national key-note speaker who is highly motivating and can speak to the heart (vs. technical content), information about accomplishments and successes in Connecticut that represent building blocks and hope, and tools and resources. It appears that rather than organize groups into "regional" groups, it might be more to use "table top exercises" (TTX). Also, this would change the facility requirements and lower costs because of needing only one large room (vs. many breakout rooms).

A tabletop exercise (TTX) in public health is a discussion-based simulation – usually in emergency preparedness, where key personnel gather in an informal, low-stress setting to review and test their response plans against a hypothetical health crisis. Unlike physical drills or full-scale live simulations, it requires no real-time operational or physical actions. Instead, participants sit around a table (or virtual meeting room) and verbally walk through how their organizations would respond to an unfolding scenario. A typical TTX focuses on assessing existing plans, identifying operational gaps, improving communications, and clarifying roles.

A TTX typically takes between 1 and 4 hours and follows four steps: (1) briefing, (2) discussion and injection phase, (3) multi-agency evaluation, and (4) hot wash and after action report to review successes and challenges. The idea would be to develop syndemic TTXs and to be intentional about inviting key stakeholders and organizing the seating chart. One idea was to focus on the Getting to Zero Communities or other ready communities (e.g., identified by Ryan White Planning Councils). Several complex syndemic TTX cases have already been identified for possible use.

Approximately 10 individuals have volunteered to participate on the event planning team. A doodle poll will be sent out next week and the team will launch its first event planning meeting in early June. More information will be shared at the June ETS Committee meeting.

2027 TO 2031 PLAN DEVELOPMENT

The draft Plan will undergo final revision using suggestions from the CHPC main meeting and from the Ryan White Planning Councils. A revised draft will be sent out at the end of May and used as the basis to conduct a concurrence vote in June.

OTHER / NEW BUSINESS

Natalie reminded the group that the CHPC and the ETS committee would meet in person (Hartford) in June.

MEETING FEEDBACK

The co-chairs asked individuals to fill out their meeting feedback forms prior to leaving. 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%	*

Summary Table from Meeting Feedback Poll (n = 17)

4. The meeting felt inclusive and respectful of all voices	100%	0%	*

5. What did you like best about the committee meeting?
   - Respectful of everyone's opinion
   - Shared system of accepting others' values
   - Topics and conversation flowed easily
   - The engagement on the topics discussed
   - Lots of input
   - Partnership; Productivity
   - Interactive discussion of the new Micro tool
   - Everyone's ideas were considered and heard
   - Engaging and really informational
   - Mark did a great job with Seen/Safe/Heard document
   - I liked that everyone had an opportunity to share their input
   - Open discussions and proper time allocation
   - Inclusivity & respectful of all voices
   - Great Conversation
   - Everyone's engagement & feedback regarding Patients Input - Micro Tool

6. Suggestions for improving the committee meeting:
   - Possibly have people sitting in the same area when meeting starts to alleviate a lot of moving and carrying belongings
   - Action items should be better outlined
   - Sending materials ahead of time
   - N/A (7)

RECAP & ADOURN

Mark reviewed the action items:

- ETS leaders will conduct a doodle poll and convene the Syndemic Summit Event Planning Team.
- Gina will continue to develop options for syndemic TTX activities.
- ETS leaders and staff will develop a second iteration of the “micro-tools” that can be reviewed at the June meeting.
- Mark will produce a meeting summary and post it on the website.

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

ATTENDANCE

The CHPC project support staff maintain attendance records. Participants at the meeting included: S Swaby, E Ruiz, K Lynch, M Keith, K Williams, L Corpora, T Gaines, A Cuevas, C Rodriguez, D Aditola, D Dones-Medez, J Vargas, M Sgambato, K Moore, A McGuire, J Brown, R Stewart, N DuMont, G D’Angelo, E Ellis, V Heron, M Nickel