Connecticut HIV Planning Consortium

Ending the Syndemic Committee Meeting Summary

July 15, 2026

Date:	July 15, 2026	**Type:**	Virtual
Start Time:	10:30 a.m.	**End Time:**	11:58 a.m.
Leaders	Co-Chairs Roberta Stewart; Natalie DuMont		
Participants:	19 (see last page for attendance)	**Next Meeting:**	September 16, 2026

WELCOME AND MOMENT OF SILENCE

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

ADMINISTRATIVE MATTERS

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

Future Meetings. The committee chairs reminded the group that the Committee would not meeting in August.

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 will meet on July 28 and focus on Syndemic Summit planning tasks • The New England AETC will be a co-sponsor of the Syndemic Summit and play multiple roles in the event (e.g., moderation, mini-presentation, provide CEUs) • CT DPH will be assembling prevention and care contractors in September for trainings such as expectations of front-line staff • An upcoming Prevention Power Hour will focus on expectations and support for supervisors • CT DPH is conducting many observational site visits to better understand how services are being delivered and to help providers build capacity and implement best practices. These are met to be technical assistance-oriented visits to improve the patient experience and outcomes
CT DPH Surveillance *(J Vargas)*	• No report
STDs *(A Lewis)*	• CT DPH continues to wait on its notice of funding award from the federal government • Nathan Santana and Ramon Rodriguez-Santana shared information on Partner Services at the main meeting which confirmed the value of partner services in identifying individuals with HIV and also the limiting factor related to newly diagnosed individuals not sharing information about partners who may be at risk
Hepatitis C *(V Heron)*	• July 28 is World Hepatitis Day. CT DPH, AETC, and the Viral Hepatitis Elimination Technical Assistance Committee (VETAC) is hosting its 3rd annual Virtual Ted Talk ("Its Still Hip to Talk about Hep"). The event will feature best practices from providers and programs
SUD *(N DuMont)*	• DMHAS continues to explore opportunities with CT DPH to partner on more training that results in system and syndemic services integration of infectious disease services and

Draft

Syndemic Area	Report Highlights
	behavioral health services. This includes collaborations with FQHCs and community providers
Other	• No other partners shared updates

2022 TO 2026 PLAN IMPLEMENTATION

Micro-Tools for Patient Experience. The group reviewed another iteration of the draft micro-tool organized around helping patients feel "seen, heard, and safe" based on inputs from the June meeting. The document had been reframed and shortened to two pages. Participants shared feedback:

- The document is much cleaner and easier to read.
- On page 1, switch the order of the "charge" and "purpose."
- Participants liked the reframe of the provider "challenge" and the simple approach.
- On page 2, reformat the page and devote less space to the pictures and more space to the suggested actions.

Alysse volunteered to work with Mark to address final revisions before pilot testing occurs.

Syndemic Summit. Gina provided a brief update on Summit planning. She reviewed (1) Save the date flyer, (2) Agenda for the day, (3) Table structure organized to assemble local and system level community champions and action teams, (4) Panel discussion format, and (5) Other considerations such as materials that may be included in resource packets or available through tables or exhibits from organizations. Participants shared input and suggestions about the Summit planning:

- It will be important to invite different people to attend the summit. This cannot be another CHPC meeting where we are preaching to the choir.
    - Gina agreed and pointed out that the Table Champions would be identifying key action team members from their communities.
- Primary care providers or Chief Medical Officers (from FQHCs) really need to be involved to change their systems.
    - Gina agreed and indicated that this might be a follow-up action item for local teams and for system-level teams. Also, the AETCs ongoing involvement in syndemic work connects the event to training opportunities (with CEUs).
    - Mark stated that an option under consideration was reserving a few of the tables for "health systems" to assemble teams that would have this discussion about next steps for building syndemic capacity in their systems. For example, perhaps CHC/ACT would invite the Chief Medical Officers from the FQHCs or Hartford Healthcare would assemble a team, or the Local Health Directors statewide association would want to convene a table as well as position staff at community tables.
    - Several participants shared that these "system-level" participants needed to be participating at the local tables too. Mark observed that in many cases, a system-level person is involved in local-level change. However, this person is not in a position to influence system-level change within their organizations. The system-level conversations must also occur somehow – at the Summit or elsewhere.
- Participants agreed that a provider and voice of the people panel would be effective and powerful.
    - Keith shared his willingness to participate on either of the panels.
    - Gina clarified that the voice of the people panel could include affected individuals (i.e., family members or partners) and ideally would relate to folks beyond those with HIV.

Draft

- Andre shared that he could participate on the panel if needed as a result of his lived experience and knowledge of the service delivery systems and process and connections (or lack thereof) to community.
- Tia suggested using short (30-second) video clips of people to jump start topics that would be covered by voice of the people panelists. In some cases, the message could be simple: "I am .... I have .... How can you help me...?"
- Andre suggested videos or participants who could share success stories would be equally compelling (e.g., going from homeless to owning a home and getting healthier).
- Natalie suggested some clients might like to share their story but not appear in person. Perhaps a provider or moderator could read or tell this story as part of their involvement in the panel.
- Keith pointed out that the panelists should reflect a population broader than MSMs.
- Arleen reminded the group of the importance of addressing psycho-social dynamics and emotional support systems.

- Participants discussed the importance of creating a resource packet and/or organizing tabling space for resource partners.
  - Gina stated that the Event Planning Team has identified this as a task and has begun building a list of these resources (e.g., Syndemic Screener).
  - The ETS Committee will have a chance to provide input on a new 1-page syndemic overview page at its September meeting.

Gina said that the Event Planning Team will meet on July 20 at 12 noon and multiple times during August. The Syndemic Partners Group will meet on July 28 and focus on Summit planning tasks as well.

OTHER / NEW BUSINESS

Co-Chairs reminded the group that the CHPC and the ETS committee would not meet in August.

- Mary and Evette shared that they were not able to complete the full feedback surveys from their phones. They got bumped out at the open-ended questions.
  - Committee staff will look into this issue.

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

Draft

Summary Table from Meeting Feedback Poll (n = 17)

5. What did you like best about the committee meeting?
    - Community input / suggestions
    - Everyone given an opportunity to speak
    - All of the ideas
    - Inclusivity
    - Diversity of participants
    - Great Discussion!
    - Great working meeting! Lots got done
    - Discussions on the Summit
    - We are all well intentioned

6. Suggestions for improving the committee meeting:
    - Get people from outside to participate and give the group ideas
    - I prefer in-person meetings rather than virtual
    - Keep a chart for future progress or solutions or questions
    - None (5)

RECAP & ADOURN

Mark reviewed the action items:

- No ETS Committee meeting in August.
- ETS leaders will convene the Summit Event Planning Team on July 20, 2026 at 12 noon.
- Mark and Alysse will revise the patient engagement tool.
- Mark will produce a meeting summary and post it on the website and send it to the committee members.

Roberta adjourned the meeting at 11:58 a.m.

ATTENDANCE

The CHPC project support staff maintain attendance records. Participants at the meeting included: R Stewart, C Rodriguez, A Lewis, J Colon, A Schultheis, A McGuire, N DuMont, T Gaines, K Ba, B Ligon, K Taylor, E Ellis, E Birdsall, M Tanner, E Schlossberg, V Heron, L Corpora, G D'Angelo, M Nickel

Draft