

<b>Date:</b>	Wednesday, January 15, 2025	<b>Type:</b>	Virtual
<b>Start Time:</b>	10:15 a.m.	<b>End Time:</b>	11:50 a.m.
<b>Leaders</b>	Roberta Stewart (Chair), Gina D’Angelo (CT DPH Resource Liaison)		
<b>Participants:</b>	18	<b>Next Meeting:</b>	February 19, 2025

### WELCOME AND CHPC OVERVIEW

Ending the Syndemic (ETS) Committee support staff reviewed the committee charge, agenda, and suggested guidelines for virtual meeting etiquette. Roberta Stewart (ETS Chair) and Gina D’Angelo (CT DPH Resource Liaison) as well as all meeting participants introduced themselves.

### ADMINISTRATIVE MATTERS

**Review of Prior Meeting Notes.** The November 2024 draft ETS Committee notes were posted on the CHPC website ([www.cthivplanning.org](http://www.cthivplanning.org)). Participants approved the meeting notes by consensus with no additions or corrections.

**Leadership.** CHPC Members can apply for open leadership positions for the CHPC Community Co-Chair as well as for leadership positions at the committee level. The Executive Committee will consider adding committee co-chairs for all committees based on the level of interest. This will expand leadership development opportunities for CHPC Members and provide support to the current and ongoing CHPC Committee leaders. Applications are available on the CHPC website.

**Review of 2024 Accomplishments.** The Executive Committee requested a review of the 2024 accomplishments by all committees. ETS completed this task in November 2024. Participants reviewed a crosswalk showing the relationship of the committee accomplishments to HIV Plan strategies.

### SYNDEMIC PARTNERS UPDATE

**CT DPH Syndemic Partner Group.** The group will meet in the upcoming month. Gina D’Angelo reported that new syndemic tools and resources have been published by the Centers for Disease Control and Prevention (CDC). She has been reviewing these tools and using them to inform discussion for the Syndemic Partner Group. For example, more emphasis could be placed on social determinants of health (SDOH) such as housing access and stigma – areas identified in the HIV Plan.

**CT DPH Prevention.** Gina D’Angelo shared that the 2025 legislative session is underway with a high volume of new bills related to public health. CT DPH receives a “hot sheet” daily and she has been and will continue to monitor all the syndemic related matters. The group briefly discussed the absence of a statewide advocacy group such as the AIDS Life Campaign which operated independently of the CHPC. It was recommended that the Executive Committee consider including a brief “Legislative Policy Update” at the main CHPC meetings to educate partners on policy areas in play and position them to take appropriate follow-up action (outside of the CHPC).

**CT DPH STD.** Arleen Lewis (CT DPH) reported several areas of current activity including: (1) Ongoing dissemination of the STD tool kit to providers, (2) Collaboration with the Massachusetts Department of Public Health to develop professional development training in adult syphilis, (3) Efforts to secure funding for Disease Intervention Specialists, and (4) a commitment to reducing stigma (and fear) that limits individuals – including undocumented individuals from accessing care.

**CT DMHAS.** No report or updates shared.

**CT DPH Viral Hepatitis.** Venesha Heron (CT DPH) shared the context and process for the Hepatitis Elimination Plan, the connection to the CHPC as part of the syndemic focus, and the first two goals and objectives of the Hepatitis C Elimination Plan. Participants provided input and suggestions.

- ALL Consider removing the “explanations” from the objectives. The explanations can occur in a narrative or an attachment that defines services.

- ALL Confirm the dates are accurate. Some have already occurred. For actions that may have been completed, perhaps indicate that these are “ongoing” or represent a maintenance of effort or sustainability.
- OBJ 1.1. Consider reaching out to additional partners for the ongoing group process such as representatives from: urgent care, Planned Parenthood, school-based health centers, local health departments, city or town homeless and transitional housing providers, pharmaceutical representatives, insurance providers, and other community groups relevant to the population.
- OBJ 1.2 Define what is meant by “action plan”. Does this need to be a “comprehensive” approach (i.e., prevention, testing, treatment, and support) by or within a community? That may be very difficult to achieve with no additional resource. Is it possible or preferable to frame partnership development around a specific action area with a suitable partner (e.g., work with partner X to increase awareness among a priority population or to conduct Academic Detailing)?
- OBJ 2.1 Is OBJ 2.1 about increasing testing? If yes, maybe call it out as a testing “intervention” under goal 2. Add in reference to baseline data and any 2024 data. Consider removing “reducing stigma” from this objective. Reducing stigma might be a cross-cutting strategy or a separate objective that applies to all the plan.
- OBJ 2.2 Consider updating the provider resource inventory annually and remove the December 31, 2024 reference. Add any parameters related to resources that support the resource inventory. For example, will it be possible and practical (i.e., resource) to canvass every licensed (individual) provider to confirm Hepatitis services? A link to the partner/provider form can be found at [Viral Hepatitis Elimination Technical Advisory Committee \(VHETAC\)](#)
- OBJ 3.2 Consider similar language to HIV Plan objective for developing a syndemic referral system and/or use of syndemic screening. Clarify whether this objective focuses on the “treatment” vs. referral for “testing” (OBJ 2.1). Might be worth separating the testing, diagnosis, and treatment components into separate objectives to track progress and to account for separate roles by partners in a rapidly changing healthcare landscape.

Venesha Heron thanked everyone for their input and suggestions. Another chance for input on the Hepatitis C Elimination Plan will occur at the February main CHPC meeting. She encouraged people to save the date on Friday March 28, 2025 for the Hepatitis C Symposium in Kent, Connecticut.

### 2025 ETS IMPLEMENTATION ACTIVITIES

**Regional Referral Process and Network.** Jenny Cubano shared a complex case study related to an undocumented individual who was out of care for over five years who re-entered care under very complex circumstances (e.g., domestic violence, unhoused, discharged from hospital). She emphasized the difficulty of finding resources for persons who are undocumented.

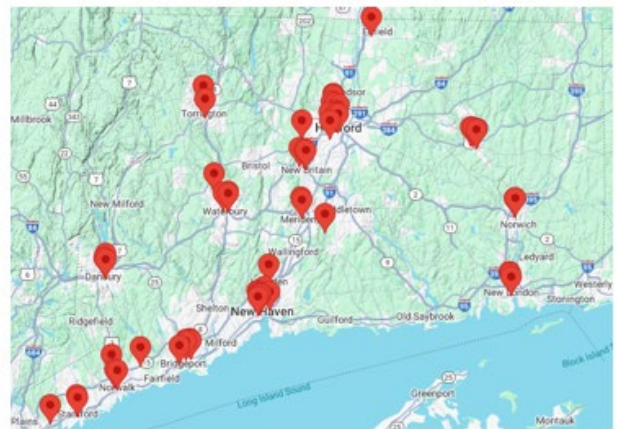
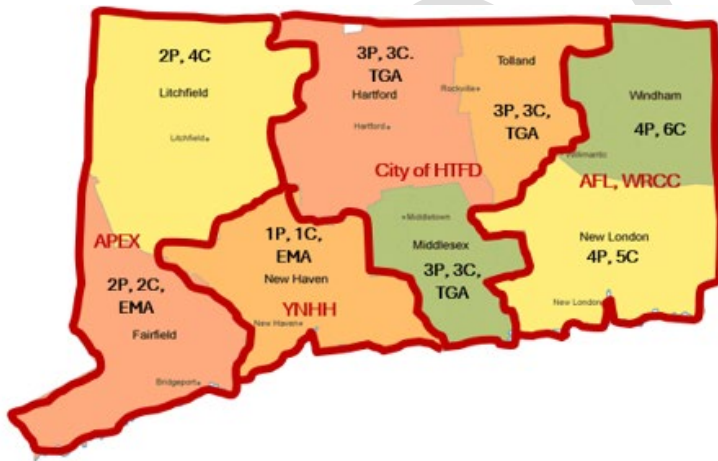
- Participants shared suggestions and contacts of organizations that may be helpful such as Family Centers in Stamford, APNH, IRIS, and APEX.
- Participants noted the value of the “Crimson Table Talks” or other similar gatherings in which case managers and care coordinators assembled and shared best practices and resources to solve complex cases.

Gina D’Angelo stated that this example highlights the need for and value of a referral network and support system, especially for providers who are new to routine HIV testing or syndemic screening and do not have access to any “in-house” services or may choose to refer the patient out because of their level of expertise. Gina D’Angelo explained the existing regional HIV prevention and care leads as well as an interactive map of providers that shows services.

### Connecticut HIV Prevention and Care Service Regions by County and Funding Source

County (FIPS)	DPH Prevention	DPH RW Part B	DPH Statewide	RW Part A EMA	RW Part A TGA
Fairfield (001)	Region 2 APEX	Region 2 APEX	Transitional Linkage to Community Advancing Connecticut Together (ACT)	City of New Haven	--
Hartford (003)	Region 3 City of Hartford	Region 3 City of Hartford		--	City of Hartford
Litchfield (005)	Region 2 APEX	Region 4 APEX		--	--
Middlesex (007)	Region 3 City of Hartford	Region 3 City of Hartford	Harm Reduction Services CT Harm Reduction Alliance (CTHRA)	--	City of Hartford
New Haven (009)	Region 1 Yale University	Region 1 YNH Hospital	Statewide Testing Planned Parenthood of Southern New England (PPSNE)	City of New Haven	--
New London (011)	Region 4 Alliance for Living	Region 5 Alliance for Living		--	--
Tolland(013)	Region 3 City of Hartford	Region 3 City of Hartford		--	City of Hartford
Windham (015)	Region 4 Alliance for Living	Region 6 WRCC		--	--

### Connecticut County and HIV Prevention and Care Region Locator Map + E2CT Provider Locations



Gina D'Angelo indicated that the referral process and partners may look different in each region. The current gap relates to Hepatitis C and SUDs (and mental health). The group discussed options to facilitate connections to services for Hepatitis C and Substance Use Disorders (SUDs).

- Venesha indicated that no specific regional leads exist in Hepatitis C. However, the plan to maintain a provider resource inventory may be helpful.
- Venesha Heron stated that she used this community engagement approach in a prior job with the City of Hartford and it worked very well to increase awareness and networks among providers serving the same priority populations

(for varied reasons or with different services).

- Rosalyn Wimbish reminded the group the HIV Medical Case Managers may be limited to working only with HIV+ individuals – even though they may be well versed on syndemic resources in the local area or region.
- Abby Torres and Jenny Cubano explained how Hispanic Health Council connects with services at partner organizations such as CHC and Rushford to facilitate care coordination in syndemic areas of focus (e.g., updates on labs, changes in circumstances).

Gina D'Angelo thanked the group for sharing their perspectives and suggestions. She stated that she will review the CDC toolkits and resources for specific examples that may advance the work at the Syndemic Partner Group level or at this committee.

**Professional Development Areas of Emphasis.** The AETC Program at Yale will continue to offer trainings for clinicians on whole-person care and/or status-neutral care and remains willing to support development of additional training offerings.

- Participants briefly discussed the value of community engagement events and forums and even listening sessions with priority populations.
- Several participants suggested offering more stigma-related training and or information related to laws and policies affecting undocumented individuals.

### OTHER / NEW BUSINESS

Participants asked questions and shared resource information.

- Angel Ojeda asked for clarification about access to PrEP for uninsured, under-insured, or undocumented individuals. Gina D'Angelo indicated that the Ready Set PrEP was no longer an option, the PrEP-DAP will be coming online soon. A suggestion was made to contact Family Centers (Stamford) to learn more about their strategies to assist undocumented and uninsured individuals.
- Abby Torres shared that many healthcare providers do not know about PrEP. Jen Vargas agreed that providers would benefit from more training and she sees the disconnects in her surveillance work. She suggested holding more community and provider forums or events to increase dialogue.

### MEETING FEEDBACK

Ten (10) participants completed an interactive feedback poll. 100% of the participants felt that the committee meeting was well organized and ran smoothly.

### ADOURN

Gina D'Angelo adjourned the meeting at 11:50 p.m.

### ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting included: Roberta Stewart, Inthiany Ardilla, Angel Ojeda, Loretta McPherson, Evette Ellis, Gina D'Angelo, Jean Brown, Mary Tanner, Josh Hoffner, Jen Vargas, Roselyn Wimbish, Grace Fitzpatrick, Demilola Adetiba, Rolo Lopez, Arleen Lewis, Jenny Cubano, Abby Torres, Mark Nickel