# Connecticut HIV Planning Consortium

## Ending the Syndemic Committee Meeting Summary

March 19, 2025

| Date: | Wednesday, February 19, 2025 | Type: | Virtual |
|---|---|---|---|
| Start Time: | 10:25 a.m. | End Time: | 11:40 a.m. |
| Leaders | Roberta Stewart (Chair) | | |
| Participants: | 17 (see last page for attendance) | Next Meeting: | April 16, 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) led a round of self-introductions in which participants shared their names and any organizational or town affiliations.

### ADMINISTRATIVE MATTERS

**Review of Prior Meeting Notes.** The February 2024 draft ETS Committee notes were posted on the CHPC website (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. Applications are available on the CHPC website.

### SYNDEMIC PARTNERS UPDATE

**Syndemic Partner Group (SPG).** Gina D'Angelo shared that the SPG will meet in April. Other individual partner updates include:

- CT DPH approved dissemination of the Syndemic Screening Tool to other partners. The Department of Mental Health and Addiction Services (DMHAS) will begin using the Syndemic Screening Tool at its substance abuse treatment facilities. CT DPH will upload the tool to its website.
- Feedback from multiple providers suggest that lack of awareness remains about routine HIV and Hepatitis testing laws. The SPG will discuss how to increase awareness and visibility about routine HIV and Hepatitis testing laws, available resources, and the benefits of using a syndemic approach. This may include short videos from champion providers.
- Jennifer Vargas suggested exploring the option to develop success stories or videos that feature individuals who have been diagnosed through routine HIV or Hep C testing. For example, a person who went to their provider or the Emergency Department for other reasons than routine HIV or Hepatitis testing. These stories show the power of normalizing testing.
    - Arleen Lewis discussed the importance of providing whole person care vs. a focus on working through a healthcare checklist. Engaging patients is especially important during the few opportunities the patients engage with the healthcare systems for any reason.
- A suggestion was made to consider re-implementing the Tell Everyone To Screen and Test (TEST) campaign. This empowers patients and may help normalize routine testing by providers who encounter more patients asking for these tests.
- Arleen reported that STD Tool Kits have been disseminated with limited quantities available in hard copy. She shared that CT DPH received a grant to support core functions of the program. She shared information about the ongoing high rates of STDs and the need to educate providers on treatment options. CT DPH has begun to develop plans to increase provider education opportunities.
- Venesha Heron reported that the Viral Hepatitis Elimination Technical Advisory Committee (VHETAC) will meet in April and will be reviewing the draft plan. Also, an (in-person) Connecticut Hepatitis C Symposium will take place on April 11, 2025 at High Watch Recovery Center in Kent, Connecticut. Use this link to see details of the event and to register: https://www.neaetc.org/events/view/28423

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## 2025 ETS IMPLEMENTATION ACTIVITIES

**Regional Referral Process and Network.** The group continued its discussion from February about the possibility of coordinating a pilot program to support local discussions of providers that would: (1) increase their awareness of resources in their communities to help clients and professional networks, (2) increase awareness and use of syndemic approaches, (3) strengthen the referral and problem-solving process, and (4) support other innovations such as community health fairs, community care teams, or ongoing (joint) professional development.

In general, the group should continue to design the approach and conduct a pilot program in a local area that contained willing partners who would serve as the host and help support partner engagement. The group discussed several aspects of the pilot design. The group reviewed a handout that showed the program design and logistical components checklist to organize a pilot event. The following discussion points were noted.

- The pilot should be planned to occur in June or July.
- The pilot should focus primarily on assembling diverse front-line workers who can benefit from strengthening (1) their knowledge of the syndemic approach and tools, (2) their professional networks with peers, and (3) referrals that may lead to billable services or contribute to program outcomes.
- The pilot should create an environment that allows front-line workers to identify barriers and gaps for what their clients need and help each other solve problems. It may be useful to conduct a pre-event survey of participants on these issues to help shape the discussion agenda.
- The pilot should create opportunities for the group to determine what makes the most sense for them in terms of working together. It may be assembling informally to keep their connections, for regular professional development, for more structured review of complex cases (i.e., Community Care Teams), or to support special community events (e.g., health fairs).
- Jenny and Abby shared that as Medical Case Managers and payers of last resort, they tend to be familiar with many of the local resources in their community.
- The pilot should include some aspect that involves persons with lived experience (PWLE) or persons with HIV (PWH). This may involve assembling a separate group to listen and learn about challenges, barriers, and breakdowns patients and clients face. Or it might involve incorporating PWLE and PWH somehow into the program agenda of the provider group.
- A suggestion occurred to develop a set of tools and resources to better empower PWLE and PWH to ask questions, to advocate for their own care or in response to their own needs, and to take action to help themselves.
  - An example was shared about a client receiving housing assistance and the housing was not high quality. Access to housing represents progress. Raising concerns about size, quality, or safety of a housing opportunity leads to a different conversations that is important and not intended in any way to diminish the nature of assistance.
  - Other examples included the power dynamics between healthcare providers and patients that often limit or prevent a patient from expressing their experiences, concerns, or preferences.
  - Discussion occurred about the importance of how a client is received, including the use of language and the physical environment. A point was made the sometimes providers chart that a patient may appear combative when in fact the patient may be frustrated for any number of reasons.
  - Discussion occurred about the barriers associated with technology literacy, comfort, or trust in sharing personal information into a data system.

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- Suggestions were made to expand the invitation categories to include representatives from mental health providers, substance abuse treatment providers, hospital EDs, and health departments. Each local community sponsor could identify what partners exist and are most relevant. This checklist also serves as a local resource inventory.
- Suggestions were made to reach out to CHPC Members of ETS Committee Members representing New Britain, Waterbury, or Hartford to explore interest by a local program to serve as sponsor of the event.

### OTHER / NEW BUSINESS

Participants did not introduce any new or other business.

### MEETING FEEDBACK

The table shows the results from the 10 participants who completed the interactive feedback poll at the end of the meeting.

**Summary Table from Interactive Meeting Feedback Poll (n = 10)**

| Questions | Yes | No | Unsure |
|---|---|---|---|
| 1. CHPC Member? | 40% | 50% | 10% |
| 2. I felt comfortable participating in the meeting | 100% | 0% | * |
| 3. I felt the meeting was well organized and ran smoothly | 100% | * | * |
| 4. I liked the best: participation, hearing community voices, engagement from community partners, interaction, go in different areas, the ability to speak freely, conversation and new voices, updates on tool kits and discussion on collaborations | | | |
| 5. Suggestions for improvement: more concrete decisions, develop client guide, getting more members (3), no suggestions (4) | | | |

### ADOURN

Roberta Stewart adjourned the meeting at 11:40 a.m.

### ATTENDANCE

The CHPC project support staff maintains attendance records. Participants at the meeting included: Roberta Stewart, Gina D'Angelo, Arleen Lewis, Grace Fitzpatrick, Jenny Cubano, Abby Torres, Lisbeth Vasquez, Kelly Mullin, Donasia Williams, Venesha Heron, Zaidy Lebron, Evette Ellis, Mary Tanner, Jen Vargas, Marianne Buchelli, Mark Nickel

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