

Main Meeting Summary

February 19, 2025

Date:	Wednesday, January 19, 2025	Type:	Virtual
Start Time:	9:00 a.m.	End Time:	10:13 a.m.
Participants:	100+ ¹	CHCP Members:	22
Co-Chairs:	Xavier Day, Nilda Fernandez, Africka Hinds		
Next Meeting:	March 19, 2025 (Virtual)		

WELCOME AND CHPC OVERVIEW

CHPC Co-Chair Xavier Day, Nilda Fernandez, and Africka Hinds welcomed participants to the virtual meeting, shared guidance on how participants could contribute to a productive, virtual meeting environment, and identified the meeting objectives which focused on providing transparency to the group about the 2025 planning year, process, and efforts to strengthen the CHPC. The group held a moment of silence and quickly reviewed the CHPC vision, mission, values, structure, and goals.

CHPC GENERAL BUSINESS UPDATES

January Meeting Summary. Meeting summaries get posted on the CHPC website (www.cthivplanning.org) within 10 days after the meeting date.

Recruitment for New CHPC Members. The CHPC will add up to 15 new members during 2025 and more depending on level of interest. Six individuals have submitted applications to date. The Executive Committee will review those applications next week. The open enrollment process will continue and will encourage applications from individuals with lived experience related to the syndemic areas of focus or reflective of priority populations as well as those living or working in Litchfield, Windham, or New London Counties. Applications are available online at www.cthivplanning.org.

Recognition of Outgoing CHPC Members and Leaders. CHPC Co-Chairs recognized several individuals for their leadership, compassion, contributions, and commitment to ending the HIV epidemic in Connecticut. These individuals included outgoing CHPC Members Thomas Butcher and Marcelin Joseph as well as Angelique Croasdale-Mills who formerly led the Ryan White Part A Transitional Grant Area project at the City of Hartford. The CHPC Co-Chairs acknowledged and expressed gratitude to CHPC Members who were ending their tenures as CHPC committee chairs: Dr. Anthony Santella for his leadership of the Needs Assessment Projects team and Marcelin Joseph and Dante Genarro of the Membership and Awareness and Positive Prevention Connecticut team.

CHPC Leadership Openings and Recruitment. CHPC Members interested in becoming the CHPC Community Co-Chair can apply online at www.cthivplanning.org. The CHPC received one application which was subsequently withdrawn. CHPC Members interested in serving in a leadership role at the committee level should complete the online application available at www.cthivplanning.org. The Executive Committee will review applications for committee leadership positions. Immediate openings exist for the Membership and Awareness / Positive Prevention CT and the Needs Assessment Projects.

IMPLEMENTATION OF CONNECTICUT INTEGRATED PLAN 2022-2026

Update on Process to Align 2022-2026 Plan Goals with National HIV/AIDS Strategy (NHAS) and Gain Concurrence from CHPC and Ryan White Part A Planning Councils. The CHPC Co-Chairs received notification from the Ryan White Part A Planning Councils that the groups will provide a letter of concurrence for the 2022 to 2026 Plan revisions related to alignment of goals with the NHAS. The Executive Committee will schedule the CHPC to conduct its own concurrence re-vote at the main CHPC meeting in March.

¹ Number does not include virtual access points where multiple individuals gathered and signed in under one identity.

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CHPC Committee Meeting Previews. CHPC Committee leaders reviewed the upcoming meeting agenda. It was noted that each of the committee meetings will start at 10:15 a.m.

Committee	Areas of Meeting Focus <i>(*all committees will review 2024 progress and accomplishments)</i>
Quality Performance Measures (QPM)	Connecticut PrEP data presentation and discussion on barriers and challenges to PrEP uptake among Cisgender and Transgender Black Women; Quality Improvement spotlight options for March
Ending the Syndemic (ETS)	Update from Syndemic Partners; Approach to supporting regional referral process Professional development approach to whole-person care and stigma reduction (cross-cutting syndemic issue)
Needs Assessment Projects (NAP)	Committee chair opening; Ryan White Part B Needs Assessment Survey & inclusion of stigma questions; Update on open letter to medical providers
Membership and Awareness (MAC) & Positive Prevention Connecticut (PPCT)	Input on combining two committees into “Public Awareness and Community Engagement”; Newsletter development; Recruitment supports; Approach to promoting content across partner network

Hepatitis C Elimination Plan. Venesha Heron, Health Program Associate / Viral Hepatitis Prevention Coordinator at CT DPH shared information related to Connecticut’s Hepatitis C Elimination Plan. Hepatitis C is one of the syndemic areas of focus included in the Statewide Integrated HIV Prevention and Care Plan. CHPC Participants completed an interactive poll related to Hepatitis C awareness and screening. The table shows the results.

Hepatitis C Awareness and Knowledge Poll Question (n = 85)	Yes / True	No / False	Do Not Know
During your lifetime, have you ever been tested for Hepatitis C?	65%	18%	17%
During the past 12 months, have you been tested for Hepatitis C?	30%	67%	3%
During the past 12 months, has your healthcare provider “offered” to screen or test for Hepatitis C?	19%	72%	9%
Hepatitis C can be treated. However, it cannot be cured. (False = Correct)	24%	76%	*
In Connecticut, a healthcare provider MUST offer patients a HIV test but does NOT have to offer patients a Hepatitis C screen/test. (False = Correct)	48%	52%	*

What Everyone Needs to Know. Venesha reviewed foundational knowledge that everyone in the CHPC community needs to know. For example, anyone can have Hep C. Persons born between 1981 and 1996 make up one in three new Hep C infections, and three in five injection drug users with HIV also have Hep C. Leading risk factors include: injection drug use, being born to a mother with Hep C, being HIV+, tattoos and piercings, blood transfusion and organ transplants before 1992, being in prison, and having sex with a person who has Hep C. Getting tested is the only way to know if you have Hep C. Over 90% of people with Hep C are cured in eight to 12 weeks. Most Medicaid and Medicare policies and private insurers cover Hep C cures.

Data Snapshot. Venesha shared important data points nationally and for Connecticut. Specific to Connecticut, the number of chronic Hepatitis C chronic cases has been declining over time from 1,736 in 2018 to 647 in 2022. Persons born between 1981 and 1996 (“Millennials”) make up 36.5% of new Hepatitis C infections. Hartford, New Haven, and Windham Counties experience the highest rates of new Hepatitis C mortality (2.5 per 100,000). About 21% of persons with HIV have Hepatitis C. 62% to 80% of injection drug users with HIV also have Hepatitis C. HIV and Hepatitis C more than triples the odds for liver disease, liver failure, and liver-related death. The table below shows data from CDC-funded HIV/Hepatitis C Prevention Programs for 2022 and 2023.

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Within CDC-funded HIV/hepatitis C Prevention Programs	2022	2023
HCV tests conducted	6,798	11,358
HCV antibody positive	581	338
HCV antibody test top subpopulation = PWID	62.48%	50.47%

Participants received information about overlapping risk factors and the syndemic approach (see table) as an overview of the \$315,000 in funding CT DPH receives for Hepatitis C and the primary uses.

HCV/HIV	HCV/SUD/HIV	HCV/STI
<ul style="list-style-type: none"> Nationally and locally, about 21% of people living with HIV have Hepatitis C Additionally, 62% to 80% of people with HIV who inject drugs are co-infected with Hepatitis C Effective treatment is possible and complicated for co-infected individuals HIV can be treated Hepatitis C can be cured 	<ul style="list-style-type: none"> SUD can increase risk for HIV, STI, and Hepatitis C SUD can impede care and treatment for HIV, STI and Hepatitis C SUD can lead to poorer health outcomes for those with HIV, STI, and Hepatitis C All substance use can elevate risk (not just IDU) The opioid epidemic is closely tied to other epidemics 	<ul style="list-style-type: none"> According to the CDC, having an STI or HIV, having multiple sexual partners, and engaging in anal sex can increase the risk of contracting HCV HCV can be transmitted through blood-to-blood contact during sex, or, if a person has an STI, especially if cuts or lesions are present around the genital area

Advisory Committee. Venesha shared information about the Viral Hepatitis Technical Advisory Committee (VHETAC). CT DPH established the group in 2022, includes diverse partners and persons with lived experience, meets three to four times a year, and supports the development of the Connecticut Hepatitis C Elimination Plan as well as promotes events, collaborations, and local action plans.

Building Blocks and Innovations from the field. Venesha asked CHPC meeting participants to share innovations occurring in the field and recognized that partners across the state are doing incredible work. The VHETAC intends to celebrate and to promote best practices.

- Natalie Kil shared, “At Yale CHCV we are hoping to participate in a project in the spring to use the newly approved HCV RNA point of care testing technology.”
- Dr. Ayiti Best shared, “At PPSNE, we have implemented an intake form for all STI screening visits that include a question offering Hep C for all patients.”
- Roberta Stewart shared, “ Apex has integrated HIV / STI / Hep C screening into our SUD intake process.”
- Danielle Warren Dias shared, “At Connecticut Children’s, we were understaffed for Hep C testing and Venesha and Luis helped our agency do testing. A few folks tested positive.”
- Santos Cancel shared, “I saw (Hep C) literature in the doctor’s office.”
- Dante Gennaro shared, “AETC offers Hep C and related trainings...and helps clinicians understand Hep C is curable.”

Hepatitis C Elimination Plan Vision and Goals. Venesha shared the vision and goals of the emerging plan and explained that the VHETAC developed the goals in the context of the available resources, the current building blocks, and the intent to use a syndemic approach to eliminate Hepatitis C. The VHETAC appreciated the

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opportunity to get input and feedback from the CHPC community about the Hepatitis C Elimination Plan. Venesha shared that the vision was to eliminate Hepatitis C in Connecticut by 2030. She reviewed the five goals: (1) develop strategies for planning and monitoring the Hepatitis C Elimination Plan, (2) identify interventions to reduce Hepatitis C among person who use injection drugs, (3) increase HCV testing in healthcare and routine testing sites, (4) expand provider HCV treatment capacity in high impact settings, and (5) increase dissemination of materials on evidence-based practices for access to HCV treatment and prevention.

CHPC participants used an interactive poll to share their perspectives on which goals were most important and the priority action to reduce stigma around Hepatitis C. Results indicated that participants did not identify a specific goal as the most important (i.e., leading goal received 28%). With respect to reducing stigma, the leading response related to normalizing routine testing/screening (41%) followed by provider education and training (25%).

Call to Action. Venesha encouraged interested individuals to attend the next virtual VHETAC meeting on April 24, 2025 at 12 noon. Individuals shared their names in the chat box. Visit <https://endthesyndemicct.org/epidemics/viral-hepatitis/> for more information and resources about Hepatitis C.

PLAN DEVELOPMENT FOR CONNECTICUT INTEGRATED PLAN 2027 – 2031

CT DPH will convene the HIV Funders Group on February 26, 2025. The group will develop and agree on an approach to support the completion of the Statewide Coordinated Statement of Need as well as how the process interfaces with CHPC, its committees, and other planning groups.

NEW BUSINESS AND ANNOUNCEMENTS

No new business was introduced. Participants shared announcements and can send information to CHPC support staff members for distribution to the CHPC contact list.

- Danielle Warren Dias recognized the upcoming retirement of colleague Myrna Millett-Saez, Community Health Specialist, for her incredible 30+year contributions to supporting families and the community.
- Dante Gennaro shared the link to the AETC training event at noon on Communities of Practice. Learn more about other webinars offered by the national network of AETC Programs <https://aidsetc.org/calendar/webinars>

MEETING FEEDBACK

Sixty three (63) participants completed an interactive poll to share their meeting experience and suggestions for improvement. 100% of respondents (members and public participants) reported the CHPC event was well organized, inclusive, and respectful.

ADOURN

The CHPC Co-Chairs adjourned the meeting at 10:13 a.m. Africka Hinds suggested the committees adjust their start times to 10:20 a.m.

ATTENDANCE

Attendance records are on file with the CHPC support staff.