



# Ending the Syndemic (ETS) Committee Meeting Summary 20 July 2022



<b>Date:</b>	20 July 2022	<b>Start Time:</b>	11:07 a.m.	<b>End Time:</b>	12:26 p.m.
<b>Chair:</b>	Roberta Stewart	<b>DPH Liaison:</b>	Gina D'Angelo	<b>Location:</b>	Zoom
<b>Attendees:</b>	Refer to page 8	<b>Recorder:</b>	Mark Nickel		

## RESULTS

1. The committee approved by consensus the June meeting summary.
2. The committee confirmed that an ad hoc meeting will occur on Wednesday 4 August 2022 at 10:05 a.m.
3. The committee received a preview of initial routine HIV testing campaign materials and a list of other resources gathered from other states.
4. The committee received an update on the State Department of Public Health (DPH) Syndemic Partners Group that assembles to address system-level issues and barriers relevant to implementing ETS strategies and priority activities (i.e., hub model).
5. The committee discussed best ways to frame priority activities for possible inclusion in the plan and identified potential barriers in advancing the work.

## ACTION ITEMS

- Mark Nickel will draft a meeting summary. Participants will review the draft meeting summary and provide any additions or corrections.
- Mark Nickel will send out a meeting appointment for the ad hoc group on 4 August 2022.
- CHPC staff will post the approved meeting summary on the CHPC website.
- Committee leaders and staff will develop a draft set of priority activities in work plan format for review at the next committee meeting.
- Committee leaders will share preliminary recommendations about the hub model with any partners and funders to get a better sense of their buy-in to this approach and willingness to adjust systems or funding to support this type of approach.
- The committee will assemble in August.

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## CALL TO ORDER, WELCOME & INTRODUCTIONS

Committee chair Roberta Stewart called to order the meeting at 11:07 a.m. Roberta used a roll call process to allow participants to make brief self-introductions. Roberta briefly described the charge of the committee and explained how the ETS work connects to the development of the statewide integrated HIV plan.

## CONSENSUS APPROVAL OF PRIOR MEETING SUMMARY

The committee approved by consensus the June 2022 meeting summary with no additions or corrections. CHPC staff will post the approved meeting summary on the CHPC website.



## UPDATES FROM THE COMMITTEE CHAIR

Ms. Stewart reminded the committee that two ad hoc groups had been established to jump-start activity related to increasing awareness of and readiness for routine HIV testing. The committee received a brief update from each group.

### Positive Prevention Connecticut (PPCT) Ad Hoc Group on Routine HIV Testing Campaign

Mr. Marcelin Joseph (MJ) and Mr. Dante Gennaro, Jr. stated that the group had develop some initial campaign concepts. These concepts were shared at the CHPC meeting. They shared additional concepts and explained the approach to set up a Gettestedct.com landing page. The campaigns would push viewers to this page. This page would then allow the audiences to access the types of resources that they needed (e.g., providers, patients and testing sites or general information).

- Venesha Heron stated that she loved the campaign.
- Reggie Knox agreed that the campaign will be very helpful.
- Alixe Dittmore stated that it was important for providers to see the campaign as well.
- Mr. Gennaro stated that DPH will make available resources to promote the campaign (e.g., billboards, bus advertising, radio spots, boost ads on social media).
- Ms. Heron suggested including video testimonies and success stories on the web site. Mr. Gennaro confirmed videos will be included.
- Gina D'Angelo acknowledged that the use of the word "testing" and references to other issues such as cholesterol or blood pressure was meant to normalize testing. However, the work "testing" does not include "screening" for substance use disorders (SUDs) and other mental health issues.
- Ms. Stewart stated that at some point, the campaign could be adjusted to "increase your screen time" with a play on words related to screening instead of testing.
- Kelly Moore suggested including images of married individuals too. Ms. Heron agreed.
- Barry Walters agreed and stated that universal is universal.
- AC Demidont expressed that she appreciated the anti-stigma approach to the campaign.
- Ms. Dittmore shared a story about her experience in having to request testing with a provider.
- Dr. Demidont stated that only one question need be asked about raising a discussion around PrEP. That question relates to current sexual activity.

### ETS Committee Ad Hoc Group on Routine HIV Testing Resources

Ms. Stewart shared that a small group had met to organize the ad hoc group. The group developed a work plan. The work plan was screen shared (next page). Individuals from the group began completing tasks such as: 1) developing an inventory of materials from other states for patients, providers, and general campaign support; 2) developing an outreach list to engage providers and provider networks; and 3) setting up the logic for the landing page which would help identify what materials and resources already exist.



# Ending the Syndemic (ETS) Committee

## Meeting Summary 20 July 2022



### Work Plan and Timeline

Task	Deliverable (small team charge)	Lead	2022						2023		
			6/22	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
<b>Group Management</b>	<b>Ad hoc Routine HIV Testing Group / CHPC Liaisons</b>	<b>RHT</b>									
Meetings	Assemble team, assess progress, assign next steps	Roberta									
Report back to CHPC ETS	Keep ETS Committee current on RHT, engage additional resources	Roberta									
Coordinate with DPH	Align RHT with DPH resources and other syndemic efforts	Gina									
Coordinate with CHPC NAP	Align RHT with education and training plans	Anthony									
Coordinate with CHPC PPCT	Align RHT with public awareness campaigns	MJ									
<b>Content Development</b>	<b>Content for all delivery methods</b>	<b>Content Team</b>									
Assemble content	Inventory of weblinks of content organized by thematic cluster	Caroline									
Content vetting	RHT participants identify preferred content / themes	Caroline									
Content clusters	RHT group agrees on top content clusters for web	RHT									
Content build 1	Preferred informational content finalized for delivery (methods)	Caroline									
Content build 2	Customized success stories and initial tools finalized for delivery	TBD									
Content build 3	Customized tools and workflows finalized for delivery	TBD									
Content build 4	Customized tools and workflows for EDs or hub model	TBD									
<b>Delivery Design - Web</b>	<b>Web Site Map Build</b>	<b>Site Map Team</b>									
Site map design 1	Review PPCT web site + Develop initial click logic for content	Mark/Caroline									
Site map design 2	Refine click logic & content based on RHT	Caroline									
Build & test	Build prototype and test	DPH									
Deploy and update	Finalize content and go live	DPH									
<b>Delivery Design – Swag</b>	<b>Swag Products</b>	<b>SWAG TEAM</b>									
Identify swag options	Inventory of options, costs, and any evidence of past success	Alix/Caroline									
Finalize swag list	RHT decides on final menu	RHT									
Final swag design	Team applies final design and orders	TBD									
Swag <u>deploy</u> (outreach)	Coordination with outreach team to disseminate/deploy	TBD									
<b>Outreach/ Events</b>	<b>Training and Events Coordination with Partners</b>	<b>Outreach Team</b>									
Identify key stakeholders	List of key contacts (trade industries, champions)	Anthony									
Exploratory discussions	Summary of delivery options (include existing activities)	Anthony									
Outreach design	Detailed communication and event plan	TBD									
<u>Outreach</u> deploy 1	Communication heavy (include SWAG)	TBD									
<u>Outreach</u> deploy 2	Training and awareness events	TBD									
<u>Outreach</u> deploy 3	CME trainings for providers	NAP/AETC									



# Ending the Syndemic (ETS) Committee

## Meeting Summary 20 July 2022



- Ms. Warren Dias stated that it was important to get materials and resources to providers. She also cautioned that Emergency Department (ED) approaches would differ by site and may need to be customized beyond whatever their work group recommends. She noted that it will be important to include their voices in the process to make the materials meaningful for them.
- Ms. D'Angelo confirmed that one size will not fit all. The tool kit may need to offer many different examples and suggest that provider groups customize their workflows to what best fits their needs and systems.
- Mr. Walters stated that only a few EDs across the state have experience in attempting routine HIV testing.
- Dr. Demidont asked whether quality measures were included in the legislation. Ms. D'Angelo stated that quality measures did exist and were minimal.
- Dr. Demidont noted that HIV testing will soon be a Medicare performance measures.

### **COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES**

#### CT DPH update – Syndemic Coordination & Statewide STD Consortium

Ms. D'Angelo stated that the Syndemic Partners group continued to meet monthly and explore how to better integrate services. Many partners confirmed issues with linking people to care and a lack of information about provider resources (and/or knowledge by staff of resources in the community). Moving forward:

- Ms. D'Angelo will hold 1:1 conversations with partners to better understand the current circumstances and opportunities.
- Requesting a snapshot from each partner of their data, core services and intersection with HIV, plans to increase capacity or change service delivery in the next five years, and suggestions to better integrate and/or coordinate services across programs.
- Ms. Heron stated that she did not have any additional updates for Hepatitis C.
- Ms. Dumont stated that she requested a template to help her access information from across the various departments affiliated with DMHAS and to help engage the best people.
- Ms. D'Angelo stated that DPH, with input from the group, will develop some recommended priority activities that can be included in the plan in Goal 4 (increase collaboration). Some of these might take several years to develop, pilot, and scale (e.g., an integrated screening tool, a hub concept embraced by all partners).

#### Other Partners

No other partners reported on syndemic-related planning efforts or activities.

### **2022 – 2026 PLAN DEVELOPMENT**

Ms. Stewart reviewed the hub model concept as a soft-landing spot for individuals who need access to syndemic-related services and to support providers who may not offer specific syndemic-related services. Roberta stated that the hub model represented a strategy that could impact a variety of outcomes including access to PrEP (pre-exposure prophylaxis), reduction in sexually transmitted infections (STIs),



# Ending the Syndemic (ETS) Committee

## Meeting Summary 20 July 2022



hepatitis and HIV infections, access to treatment, and lowering viral suppression rates – especially in persons with HIV (PWH) who are affiliated with providers who do not offer full wrap-around services such as those offered by the Ryan White funded providers.

Ms. Stewart stated that committee must begin organizing its activities into a framework for how these might be rolled out over a five-year plan period. Ms. Stewart reminded the group that it had identified several priority activities during its previous discussions. These activities included:

- Establishment of a hub model that received support from prevention and care funders and also required many steps to work such as resource inventories, service protocols, and the possible use of a referral system such as Unite Us.
- Professional Development training for providers and staff on various topics:
  - Routine HIV testing
  - Status neutral care
  - PrEP and PEP
  - Any new medications (e.g., injectables)
  - New processes such as the hub model
  - Emerging topics such as Monkeypox
- Awareness campaigns for routine HIV testing
- Provider tool kits that will need to be updated over time
- Peer-to-peer approaches

The table on the next page shows how the committee began to think through how these various activities would be implemented over time. Each activity might require a different partner to be the lead.

- Ms. D'Angelo stated that these activities will require the involvement of many partners and a sustained effort over time. It might be wise to select a small number of priority activities and focus on doing them well. Also, it will be important to get feedback from the clients to make this client-centered.
- Ms. Stewart agreed and indicated that lead partners must be engaged in each priority activity. For example, will AETC and a small set of other training providers be in position to support and coordinate training? If not, will the CHPC NAP lead this or will the CT HIV Funders or DPH lead training?
- Dr. Demidont felt it will be important to get the involvement of residents and patients in any new approaches to service delivery. She also stated that these individuals have shared their voices and the process should recognize all the prior listening sessions that have occurred including the Getting to Zero Commission.
- Ms. Raynor stated that a concerted effort must be made to engage Eds and to distribute flyers and information to non-traditional networks in the community and the provider groups – including schools and health clinics.
- Ms. D'Angelo stated that DPH and the Syndemic Partners will develop priority activities for Goal 4 areas (coordination and collaboration).



# Ending the Syndemic (ETS) Committee

## Meeting Summary 20 July 2022



Sample Framework to Guide Implementation of Priority Activities over the Planning Period						
Activity (* identify a lead partner)	Milestones by Year of Plan					Measures
	2022	2023	2024	2025	2026	
HUB Model (referral mechanism and standard of care by service system / partners)	<ul style="list-style-type: none"> <li>Develop concept</li> <li>Inventory of resources (where to referrals go?)</li> <li>Readiness of funders to support the concept (i.e., regional approaches to funding)</li> </ul>	<ul style="list-style-type: none"> <li>Buy-in of concept</li> <li>Confirmation of region v. statewide</li> <li>Customer flows and referral protocols</li> <li>Use of database such as Unite Us CT or United Way 211</li> <li>Increase readiness of partners to implementing</li> <li>Listening sessions with residents and customers</li> </ul>	<ul style="list-style-type: none"> <li>Confirm level of funders support for implementation</li> <li>Education and train providers about approach</li> <li>Begin adding syndemic partners into the mix</li> <li>Monitor service utilization</li> </ul>	<ul style="list-style-type: none"> <li>Enhance syndemic areas of focus and adjust services (e.g., protocols, resource lists, training)</li> <li>Assess service utilization</li> <li>Conduct continuous quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>Assess service utilization</li> <li>Conduct continuous quality improvement</li> <li>Evaluate impact</li> </ul>	<p><u>CHPC indicators</u></p> <ul style="list-style-type: none"> <li>Viral suppression</li> <li>PrEP uptake</li> <li>Reduced stigma (TBD)</li> <li>SUDS</li> <li># new infections</li> </ul> <p><u>Other progress measures</u></p> <ul style="list-style-type: none"> <li># training participants</li> <li># awareness events</li> <li># protocols / tools</li> <li># funders on board</li> </ul>
ETS Provider Tool Kit	<ul style="list-style-type: none"> <li>Assemble resources</li> <li>Outreach activities</li> <li>ED work group</li> </ul>	<ul style="list-style-type: none"> <li>AETC / ECHO trainings</li> <li>Resource guide (ED)</li> <li>Provider detailing (ED)</li> </ul>	<ul style="list-style-type: none"> <li>Update guides</li> <li>Ongoing education and training (Hub model)</li> </ul>	<ul style="list-style-type: none"> <li>Update guides</li> <li>Ongoing education and training (Hub model)</li> </ul>	<ul style="list-style-type: none"> <li>Update guides</li> <li>Ongoing education and training (Hub model)</li> </ul>	
PPCT Campaign	<ul style="list-style-type: none"> <li>Design concept</li> <li>Launch phase 1 (October)</li> <li>Design phase 2</li> <li>Establish TestCT landing page</li> </ul>	<ul style="list-style-type: none"> <li>Launch phase 2 (January)</li> <li>Assess effectiveness</li> <li>Identify areas to increase activity</li> </ul>	<ul style="list-style-type: none"> <li>Refresh campaign and adjust to include syndemics (e.g., increase your “screen” time)</li> </ul>	<ul style="list-style-type: none"> <li>Assess effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>Assess effectiveness</li> </ul>	
Professional Development training	<ul style="list-style-type: none"> <li>Identify training resources</li> <li>Assess readiness and support of funders to encourage training</li> </ul>	<ul style="list-style-type: none"> <li>Develop training schedules and topics (e.g., PrEP, PEP, stigma reduction, status neutral care)</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing training</li> <li>Assess reach and impact</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing training</li> <li>Assess reach and impact</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing training</li> <li>Assess reach and impact</li> </ul>	
Syndemic Partner integration	<ul style="list-style-type: none"> <li>Assess interest</li> <li>Develop priorities</li> <li>Continuous partner engagement</li> </ul>	<ul style="list-style-type: none"> <li>Develop integrated screen</li> <li>Professional development</li> <li>Partner engagement</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	
Hep C Task Force	<ul style="list-style-type: none"> <li>Assemble Task Force</li> <li>Develop plan</li> <li>Build data capacity</li> </ul>	<ul style="list-style-type: none"> <li>Build data capacity</li> <li>Standards of care</li> <li>Partner engagement</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	
STD Consortium	<ul style="list-style-type: none"> <li>Assemble Consortium</li> <li>Develop plan</li> </ul>	<ul style="list-style-type: none"> <li>Build data capacity</li> <li>Standards of care</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	<ul style="list-style-type: none"> <li>TBD</li> </ul>	



# Ending the Syndemic (ETS) Committee

## Meeting Summary 20 July 2022



Ms. Stewart stated that this framework provided a great starting point to help the committee members understand how this information needed to be unpacked. Many of the proposed steps were important and represented complex processes that would require time and effort by many partners.

Ms. Stewart stated that the committee leaders will continue to develop the work plan draft so this can be the focal point of discussion at the August meeting. She will share with the Executive Committee the emerging recommendations and areas where it is unclear what CHPC committee or partner might be leading the work (e.g., professional development).

### **OTHER BUSINESS**

No participants introduce new or other business.

### **NEXT STEPS / MEETING FEEDBACK**

Participants stated that they were energized and exhausted by the CHPC meeting and the committee meeting.

### **ADJOURN**

Roberta adjourned the meeting at 12:28 p.m.



# Ending the Syndemic (ETS) Committee

## Meeting Summary 20 July 2022



### ATTENDANCE

Name	CHPC Member	1/19	2/16	3/16	4/20	5/18	6/15	7/20	
C. Barrian							x		
E. Benedetto	Yes	x	x		x	x	x	x	
M. Bond		x							
J. Brown								x	
T. Butcher	Yes	x	x						
G. Chaux	Yes			X			x		
C. Cole		x							
A. Cumberbatch				X	x	x	x		
S. Cutaia				X		x			
G. D'Angelo		x	x	X	x	x	x	x	
A.C. Demidont		x			x	x	x	x	
A. Dittmore						X	x	x	
N. DuMont	Yes	x	x	X	x	x	x	x	
L. Ferraro		x	x	X	x				
T. Gaines			x				x	x	
A. Garbera			x				x		
R. Garcia							x		
D. Gennaro	Yes							x	
D. Gosselin				x	x				
L. Hunt				x	x	x	x	x	
V. Heron			x	x		x	x	x	
L. Irizarry	Yes	x							
M. Joseph	Yes	x	x	x			x	x	
W. Knox	Yes		x		x	x		x	
A. McGuire			x						
K. Moore		x		x	x	x	x	x	
A. Nepal						x			
J. Norton		x	x						
D. Pawlow		x	x		x	x	x		
C. Powell							x		
R. Radicchio		x		x					
B. Reyes				x	x				
M. Raynor						x		x	
C. Rodriguez			x		x		x		
J. Saperro		x	x	x	x		x		
R. Stewart	Yes	x	x	x	x	x	x	x	
C. Vandin							x		
J. Vargas		x	x	x	x	x	x	x	
Y. Velez		x							
B. Walters	Yes	x	x	x		x	x	x	
D. Warren-Dias		x	x	x	x			x	
<b>TOTAL</b>		<b>20</b>	<b>19</b>	<b>18</b>	<b>17</b>	<b>17</b>	<b>23</b>	<b>18</b>	