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| **Date:** | 19 April 2023 |  | **Start Time:** | 12:30 p.m. |  | **End Time:** | 1:47 p.m. |
| **Chair:** | Roberta Stewart |  | **DPH Liaison:** | Gina D’Angelo |  | **Location:** | Zoom |
| **Attendees:** | Refer to page 6 |  | **Recorder:** | Mark Nickel |  |  |  |

**RESULTS**

1. The committee members approved by consensus the March committee meeting summary.
2. The committee chair did a progress check on planned v. actual performance as it relates to the committee’s 2023 Work Plan. The Committee work remains on schedule.
3. Representatives of the Connecticut Department of Public Health (CT DPH) Syndemic Partners Group shared updates on current and future areas of focus related to the committee.
4. The group discussed the development of a brief syndemic screening tool.
5. The group received updates on the development of the routine HIV testing provider tool kit and resources – including content on web pages, that are connected to this effort.

**ACTION ITEMS**

* Mark Nickel will draft a meeting summary. Participants will review the draft meeting summary and provide any additions or corrections.
* Gina D’Angelo will connect with the marketing campaign and monitor progress on the development of draft products for the routine HIV testing toolkit.
* Gina D’Angelo will engage the Syndemic Partners Group to discuss suggestions for their support in piloting the syndemic screener and/or organizing some type of effort to better understand “baseline” conditions.
* The committee will assemble in May.

**\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \***

**Call to Order, Welcome & Introductions**

Committee chair Roberta Stewart called to order the meeting at 12:30 p.m. She introduced Gina D’Angelo as the committees CT DPH resource liaison and subject matter expert who provides technical assistance to the committee. Ms. Stewart briefly described the charge of the committee to support the development, adoption, and scaling of prevention and care strategies relevant to ending the HIV epidemic and other related epidemics of Sexually Transmitted Diseases (STDs), Hepatitis (Hep), and substance use disorders (SUDs). Participants shared their names and their organizational affiliation or town or residence. Ms. Stewart welcomed Filomena Sgambato who works as a prevention counselor for the HIV program at Yale New Haven Hospital and Amy Clark, an Assistant Nurse Manager at UConn Health.

**Consensus Approval of Prior Meeting Summary**

The committee members approved by consensus the March meeting summary with no additions or corrections.

**Updates from the Committee Chair AND PROGRESS CHECK OF 2023 WORK PLAN**

Ms. Stewart stated that she did not have any committee chair updates. The committee members reviewed a screen share of the 2023 Work Plan and recognized that the committee remains on schedule in all areas of focus.

**Coordinating Ending the HIV Epidemic Activities**

CT DPH Update

Ms. D’Angelo reported that:

* The Syndemic Partners Group meets quarterly and has not met during the past 30 days. The group provided input into the development of a brief syndemic screening tool that will be discussed later in the meeting.
* Marcelin Joseph, a CHPC Member and an MPH student who is completing a graduate school capstone project, is collecting data on syndemic activities in the original five (5) Getting to Zero cities. Results will be shared with the committee at a future meeting.
* CT DPH positive prevention and ending the syndemic website pages need re-alignment. Gina D’Angelo and Luis Diaz will lead this effort.

Sexually Transmitted Diseases

Ms. Linda Ferraro reported that:

* CT DPH has hired Arlene Lewis as its new STD Program Director. She will start on Friday. Ms. Lewis holds experience as a nurse and has significant experience working in the field of infectious diseases, including at the Connecticut Department of Corrections.
* The CT DPH convened a second meeting of an emerging statewide coalition. The virtual update meeting attracted nearly 70 participants. Participants provided input on vision, mission, and goals that will frame a strategic plan. The group decided on a name: The Connecticut Sexual Health Coalition. The Coalition will meet in person at the end of May.
* The STD program has been very active leading up to and during STI Awareness Week (last week) with additional outreach and activities occurring through the rest of the month. This includes an increase in social media messaging using national STD surveillance data with Connecticut specific facts.
* A Centers for Disease Control and Prevention (CDC) Notice of Funding Opportunity (NOFO) was circulated to community partners. The funding focuses on building clinical infrastructure for STD services.
* The Disease Intervention Specialists (DIS) workers shared a presentation at the main CHPC meeting and it was very well received. Materials and videos are available on the CT DPH website. Posters are also available. A web link to the “leave it to us” video was shared: <https://www.jobapscloud.com/CT/sup/bulpreview.asp?b=&R1=230417&R2=0285HC&R3=001>
* Disease Interventionist Specialist (DIS) positions remain open. Ms. Ferraro encouraged individuals to assist in sharing/recruiting qualified personnel for these important positions. These positions are listed as “epidemiologists” and can be viewed on the Department of Administrative Services website: <https://www.jobapscloud.com/CT/sup/bulpreview.asp?b=&R1=230222&R2=0285HC&R3=001>

Hepatitis

Ms. Venesha Heron reported that:

* CT DPH will preset its syndemic approach to the Bristol Mayor’s Task Force in support of local work to connect Hepatitis screening and testing into other areas of STD, HIV, and harm reduction work.
* May 19th will include coordinated statewide Hepatitis testing day activities. The effort will involve mobile units, incorporate the delivery of Hep A and Hep B vaccines, and include diverse partners including the CT Harm Reduction Coalition.
* An ABCs of Hepatitis workshop will be offered on May 9, 2023, by CHPC Member Anthony Santella. A training event held during early April reached 52 participants. <https://www.train.org/connecticut/admin/course/1109274/live-event>

Substance Use Disorders and Mental Health

Ms. Natalie DuMont shared that the treatment community remains excited about the syndemic approach.

Center for Interdisciplinary Research on AIDS

No report.

**2023 Committee Work Plan**

The committee members viewed a screen share of the 2023 Work Plan which highlighted tasks for March. (Refer to the work plan at the end of this document.) Ms. Stewart reported that the committee remains right on schedule.

**ROUTINE HIV TESTING CONTENT DEVELOPMENT**

Draft content has been sent by CT DPH to its marketing vendor responsible for developing the graphic design for the routine HIV testing toolkit. The committee will have an opportunity to provide input on draft materials as they become available.

* The group reviewed via screen share an infographic on provider best practices.
* The CT DPH Commissioner will write two (2) letters related to the routine HIV testing toolkit. One will be sent to all of the providers reminding them about the legislation and introducing them to the toolkit. The second will be a letter that appears in the toolkit.

**SYNDEMIC SCREENING**

Ms. Stewart explained that the Statewide HIV Plan calls for the development of a syndemic screening tool to ensure that patients are asked about STDs, HIV, Hepatitis, substance misuse, and mental health. Providers currently screen for areas related to their type of services and not necessarily all the areas of syndemic focus. The Plan calls for developing a simple “syndemic screening” tool to help providers address all areas of syndemic focus. The Syndemic Partners Group has done some work on this issue already and identified some simple questions as a starting point. Ms. Stewart explained that the group will see the draft tool. Discussion will be guided by three questions: 1) What other screener questions do you use or would you suggest? 2) What happens next when a patient wants/needs a test? And how does this vary by setting? and 3) What is the best approach to pilot the screener?

Screener Questions

Ms. D’Angelo reviewed the screener questions.

| ***Preliminary / Draft Syndemic Screen Questions by Area of Focus*** | |
| --- | --- |
| ***HIV*** | * Have you ever been tested for HIV (yes or no)? If yes, when was the last time and what were the results? * Since your last HIV test, have you had sex without a condom or protection? If yes, do you know whether your partner was HIV+ or was involved in sharing needles or works to take drugs? * Do you want an HIV test? |
| ***STDs*** | * Do you currently or have you ever had any of these Sexually Transmitted Diseases: Gonorrhea, Chlamydia, Syphilis, Herpes, HPV or Genital Warts, or Hepatitis B? If yes, did you receive treatment or are you currently receiving treatment? * Since your last STD test, have you had sex without a condom or protection? * Do you want to be tested for STDs? |
| ***Hepatitis*** | * Have you ever been tested for Hepatitis C? If yes, when was the last time and what were the results? * Since your last Hepatitis C test, have you had sex without a condom or protection? If yes, do you know whether your partner was HIV+ or was involved in sharing needles or works to take drugs? * Do you want a Hepatitis C test? |
| ***Substance Use / Mental Health*** | * In the past 30 days have you been concerned about your substance use (getting high or drunk) or has anyone else expressed concerns about your substance use (getting high or drunk) to you? * Would you like to talk to someone about substance use? * In the past 30 days have you had any concerns about your mental health (anxiety, depression)? * Would you like to talk to someone about how your feeling? |

The participants offered the following comments.

* Several participants offered suggestions to improve the wording of the questions (which has been incorporated into the above table).
* Ms. Ranier stated that the questions were relevant and straight forward.
* Ms. Heron expressed caution in the use of acronyms or technical language.
* The group discussed the phrasing of the mental health question and the reason for not going too deep in this screen to allow for experts to ask questions that might relate to issues such as past trauma or suicidal ideation.
  + Ms. Rainer shared a link to mental health training upcoming through Amplify. Mental Health 101 training, in person at 178 Oakwood Drive, Glastonbury, CT 06033. Wednesday May 24th 5:00 pm- 7:30 p.m. Contact Geralyn at 860-416-5839. Check for QPR- Suicide Prevention training at [www.amplifyct.org](http://www.amplifyct.org)
* Ms. Heron asked whether this screen would be an appropriate time to ask, “why not?” when a patient indicates they have not been tested. The group determined that providers would not consider that conversation part of their clinical role. Everyone did acknowledge it is a teachable moment.
* Ms. Garcia stated the proposed questions offer a wholistic approach to patient care and encouraged any efforts for providers to use this type of approach.
* Ms. Sgambato agreed with using a wholistic approach.
* Ms. Ellis expressed concern that asking a patient all of these questions might be overwhelming, especially if a patient is going to the doctor for a specific issue. Other individuals recognized this concern and felt that using the screen at a general wellness check-up allows the healthcare provider to explore all issues.
  + Ms. Garcia explained that when a specific priority issue exists, healthcare providers will focus first on that priority area and also explore other related issue areas.
* Ms. Knox stated that all of these topics must be covered. He shared a story of his periodontist asking questions about HIV on a form and it was never discussed any further. Other participants shared that dentists are getting more involved in screening (e.g., oral cancer) and do make referrals. However, historically, questions about HIV and other diseases also are asked so the oral health providers better understand the patients general health, medication use, and the need to be aware of protocols related to HIV transmission.

Ms. D’Angelo thanked everyone for their suggestions.

What Happens Next When a Patient Needs a Deeper Assessment or Test

Ms. Stewart stated that any type of screening instrument must also come with “solutions” or in this case referral resources for syndemic screening and testing for health providers who do not do this work onsite.

* Participants agreed that some type of simple and regional/local resources should be available to healthcare providers who do not offer on-site services.
* Ms. Stewart stated that this was where the idea originated to develop some type of centralized or regionalized referral process that made it easy for patients and providers to match patients with best fit resources in their local areas. The current configuration of 211 does not yet allow for this type of response. Most providers not in the Ryan White funded care network are not aware of HIV prevention and care services in their local / regional areas.
* Ms. D’Angelo provided a guided tour of the content available on the Ending the Syndemic <https://endthesyndemicct.org/>) and Positive Prevention Connecticut (<https://positivepreventionct.org/test-ct/>) websites and explained how these websites connected to the TEST CT landing page that uses redirects based on a person clicking a button for “provider” or for “patient”.
  + A suggestion was made to add a “testing sites” button on the main landing pages to facilitate easy access to resources.

Recommendations to Pilot the Screener

The group briefly discussed options to pilot the screener.

* Some felt holding a provider round table discussion or a lunch and learn (“how to do syndemic screening”) to hear their thoughts would be valuable. Champion providers could be panelists to make the event peer-to-peer. Perhaps this would be an event the Syndemic Partners Group could help organize by tapping into their networks.
* A suggestion was made to pilot the CT DPH funded testing sites and focus on improving the areas of syndemic screening (and referral) that were not occurring.
* Most participants felt it would be important to include non-CT DPH funded testing sites in any type of pilot process.
* An observation was made that the existence of the screening questions also serves as a way to conduct a “baseline assessment” of how many providers (and types) ask these questions and in what format. The first step might be understanding what questions are currently being asked vs. piloting a new tool.
* An observation was made that identifying 3 to 5 pilot sites would force the issue of identifying the referral sites. The Syndemic Partners Group might be able to help assemble the referral lists within a pilot region. Focusing on one (1) region would limit the scope of work of the Syndemic Partner Groups to one region (v. statewide).

Ms. Stewart and Ms. D’Angelo expressed gratitude for the suggestions and feedback. They stated that they will discuss specific next steps for the pilot at their committee leadership meeting.

**Other business**

No participants introduced new or other business.

**Next steps / Meeting Feedback**

Participants stated that they were appreciative of all the work ongoing to develop tools and resources for routine HIV testing and other syndemic screening.

**Adjourn**

Ms. Stewart adjourned the meeting at 1:47 p.m.

**ETS COMMITTEE ATTENDANCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CHPC Members** | | **1/18** | | **2/15** | | **3/15** | | **4/19** | |  | |  | |  | |  | |  | |
| Gigi Chaux | | x | | x | |  | |  | |  | |  | |  | |  | |  | |
| Natalie DuMont | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| Evette Ellis | |  | |  | |  | | x | |  | |  | |  | |  | |  | |
| Stephen Feathers | |  | |  | | x | | x | |  | |  | |  | |  | |  | |
| Nilda Fernandez | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Dante Gennaro | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Blaise Gilchrist | | x | |  | |  | | x | |  | |  | |  | |  | |  | |
| Marcelin Joseph | | x | | x | | x | |  | |  | |  | |  | |  | |  | |
| Reggie Knox | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| Norma Little | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Roberta Stewart | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| Rebecca O’Brien | | x | | x | | x | |  | |  | |  | |  | |  | |  | |
| Marie Raynor | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| Angel Ruiz | | x | |  | | x | |  | |  | |  | |  | |  | |  | |
| Mary Tanner | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| CHPC Member # | | **13** | | **8** | | **9** | | **8** | |  | |  | |  | |  | |  | |
| **Public Participants** | | **1/18** | | **2/15** | | **3/15** | | **4/19** | |  | |  | |  | |  | |  | |
| Amy Clark | |  | |  | |  | | x | |  | |  | |  | |  | |  | |
| Daniel Davidson | | x | | x | |  | |  | |  | |  | |  | |  | |  | |
| Maria Diaz | |  | |  | |  | | x | |  | |  | |  | |  | |  | |
| Gina D’Angelo | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| Sam Bowens | |  | | x | | x | | x | |  | |  | |  | |  | |  | |
| Jean Brown | |  | |  | | x | | x | |  | |  | |  | |  | |  | |
| Michael Daud | |  | | x | |  | |  | |  | |  | |  | |  | |  | |
| AC Demidont | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Linda Ferraro | | x | |  | | x | | x | |  | |  | |  | |  | |  | |
| Alex Garbera | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Ruth Garcia | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| Shavon Gordon | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Venesha Heron | | x | | x | | x | | x | |  | |  | |  | |  | |  | |
| Neena A Jacob | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Doug Janssen | | x | | x | |  | | x | |  | |  | |  | |  | |  | |
| Michael Judd | | x | | x | |  | |  | |  | |  | |  | |  | |  | |
| Dr. Anne Kohler | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Norman Lebron | |  | | x | |  | |  | |  | |  | |  | |  | |  | |
| Maria Lorez | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Susan Major | |  | |  | | x | |  | |  | |  | |  | |  | |  | |
| Mieykeya McClendon | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Pedro Mendez | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Kelley Moore | | x | | x | |  | | x | |  | |  | |  | |  | |  | |
| Nathanial Parril | | x | |  | |  | |  | |  | |  | |  | |  | |  | |
| Josh Rozovsky | |  | | x | |  | |  | |  | |  | |  | |  | |  | |
| Filomena Sgambato | |  | |  | |  | | x | |  | |  | |  | |  | |  | |
| Jenn Vargas | | x | | x | | x | |  | |  | |  | |  | |  | |  | |
| Melinda Vazquez-Yopp | | x | | x | |  | |  | |  | |  | |  | |  | |  | |
| Lisbeth Vasquez | | x | | x | |  | |  | |  | |  | |  | |  | |  | |
| Danielle Warren Diaz | | x | |  | | x | |  | |  | |  | |  | |  | |  | |
| *Public Participant #* | | **21** | | **14** | | **9** | | **11** | |  | |  | |  | |  | |  | |
| **Total Attendance** | | **34** | | **22** | | **18** | | **19** | |  | |  | |  | |  | |  | |
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| Work Plan **Activity and Milestones Over Time** | **Month 2023** | | | | | | | | | | | |
| **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| **General Committee Management** |  |  |  |  |  |  |  |  |  |  |  |  |
| Approve meeting summary | x | x | x | x | x | x | x | x | x | x |  |  |
| Updates from partners or collaborators | x | x | x | x | x | x | x | x | x | x |  |  |
| 1. Develop content enhancements for **routine HIV testing** materials used in the provider tool kit | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Receive update on current tool kit resources | x |  |  |  |  |  |  |  |  |  |  |  |
| Generate FAQs and response (customer journey map) | x | x |  |  |  |  |  |  |  |  |  |  |
| Identify provider interview list | x |  |  |  |  |  |  |  |  |  |  |  |
| Conduct interviews with providers and draft scenarios |  | x | x |  |  |  |  |  |  |  |  |  |
| Finalize FAQ and provider scenarios |  |  | x |  |  |  |  |  |  |  |  |  |
| Share content with CTDPH marketing contractor for packaging |  |  |  | x |  |  |  |  |  |  |  |  |
| 2. Develop “how to” videos to support **routine HIV testing** and implementation of **status neutral model** by practitioners | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Develop / confirm list of priority topics / titles | x |  |  |  |  |  |  |  |  |  |  |  |
| Identify best practices, content, or individuals who can provide subject matter expertise |  | x |  |  |  |  |  |  |  |  |  |  |
| Discuss core messaging for use in scripts |  | x | x |  |  |  |  |  |  |  |  |  |
| Finalize scripts |  |  |  | x |  |  |  |  |  |  |  |  |
| Transfer scripts to partner for video production |  |  |  | x | x |  |  |  |  |  |  |  |
| Review videos and provide any feedback for editing |  |  |  |  | x |  |  |  |  |  |  |  |
| 3. Develop **brief screening tool** that addresses all **syndemic** areas of focus | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| CTDPH alerts and engages Syndemic Partner Group and coordinates involvement | x |  |  |  |  |  |  |  |  |  |  |  |
| ETS participants requested to submit “best screening questions” by e-mail |  | x |  |  |  |  |  |  |  |  |  |  |
| ETS reviews list of best questions and identifies top questions |  |  | x |  |  |  |  |  |  |  |  |  |
| Develop and review draft screener |  |  |  | x |  |  |  |  |  |  |  |  |
| Pilot draft screener at up to three CTDPH funded prevention sites |  |  |  |  | x | x |  |  |  |  |  |  |
| Review feedback from pilot process and adjust screener |  |  |  |  |  |  | x |  |  |  |  |  |
| Develop recommendations to scale use of screener |  |  |  |  |  |  |  |  | x |  |  |  |
| 4. Develop **PrEP**-specific content enhancements to provider tool kit to support prevention and **status neutral model** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Receive update on current tool kit resources |  |  |  |  |  |  | x |  |  |  |  |  |
| Generate FAQs and response |  |  |  |  |  |  | x |  |  |  |  |  |
| Identify provider interview list |  |  |  |  |  |  | x |  |  |  |  |  |
| Conduct interviews with providers and draft scenarios |  |  |  |  |  |  |  | x | x |  |  |  |
| Finalize FAQ and provider scenarios |  |  |  |  |  |  |  |  |  | x |  |  |
| Identify priority topics for “how to videos” |  |  |  |  |  |  | x |  |  |  |  |  |
| Develop core messaging for use in scripts (includes ETS discussions, interviews with experts) |  |  |  |  |  |  |  |  | x | x |  |  |
| Finalize scripts |  |  |  |  |  |  |  |  |  | x |  |  |
| Transfer scripts to partner for video production |  |  |  |  |  |  |  |  |  |  | x |  |
| Share content with CTDPH for inclusion in tool kits |  |  |  |  |  |  |  |  |  |  |  | x |