



Connecticut HIV Planning Consortium 20 April 2022 Meeting Summary



Location:	Zoom virtual meeting	Recorders:	Michael Nogelo
Date:	20 April 2022	End Time:	10:43 a.m.
Start Time:	9:11 a.m.		
Presiding Chairs:	Nilda Fernandez & Dante Gennaro		
Attendance:	See end pages for roster of CHPC members and public participants		

MEETING AT A GLANCE

- CHPC Co-Chairs announced that: a) CHPC members voted to approve the March meeting summary; b) The proposed routine HIV testing bill appears poised to pass out of committee; c) A leadership opening exists for the CHPC Positive Prevention CT (PPCT) group; d) Starting in May, PPCT will meet on the second Monday of each month; and e) The HIV/AIDS Awareness Day rally will happen at the state capitol in Hartford on Monday, April 25.
- CHPC committee leaders provided reports on the work of each committee.
- CHPC Co-Chairs reviewed logic models to help clarify how the Integrated Plan structure relates to each CHPC committee.
- Panelists from healthcare, local health department, and community-based and school settings shared their perspectives about changes in local sexually transmitted infection (STI) trends and access to services – including HIV services, in their respective settings.
- CHPC committees conducted virtual meetings starting at 11:00 a.m.

CALL TO ORDER and MOMENT OF SILENCE

CHPC Co-Chair Dante Gennaro called to order the Connecticut HIV Planning Consortium (CHPC) at 9:11 a.m., offered tips to help create a productive virtual meeting environment, and introduced his fellow CHPC Co-Chair Nilda Fernandez. The third CHPC co-chair, Barry Walters, was attending a prevention conference in Chicago. Mr. Gennaro notified participants that CHPC meetings are open to the public, and are recorded to assist with the accuracy of note taking.

Ms. Fernandez led participants in a moment of silence to remember those who have been lost to HIV and to support those who are living with and affected by HIV, as well as others throughout the world affected by social injustices or natural disasters.

Ms. Fernandez stated that the CHPC's mission is to "establish and maintain a coordinated statewide prevention and care system that reduces the rate of new HIV infections and connects those living with and affected by HIV/AIDS to appropriate services." The CHPC goals are to: 1) Prevent new HIV infections; 2) Improve health outcomes of persons with HIV (PWH); 3) Reduce HIV-related disparities and inequities; and 4) Achieve a more coordinated statewide response to end the HIV epidemic. Everyone holds a responsibility and accountability to help end the HIV epidemic. Ms. Fernandez said the CHPC uses data to assess its progress toward ending the HIV epidemic goals, and showed a chart with data on the HIV continuum of care in Connecticut as an illustrative example.

Ms. Fernandez explained how the CHPC creates its community with CHPC members and public participants. The CHPC has 27 diverse members, recruits new applicants throughout the year, and selects new members in November and December. CHPC members are the only individuals who "vote" on CHPC business matters such as meeting notes, election of CHPC Co-Chairs, or the statewide Integrated HIV Prevention and Care Plan. The CHPC organizes five committees that create opportunities for public participants to partner in the work. Committees are led by a CHPC member and use a consensus approach to decision-making.



CHPC LEADERSHIP ANNOUNCEMENTS

Mr. Gennaro reviewed the meeting agenda and made the following leadership announcements:

- CHPC members voted virtually to approve the March CHPC meeting summary.
- A leadership opening exists for the CHPC Positive Prevention CT (PPCT) group. CHPC members with interest in this leadership opportunity should email Mr. Gennaro.
- Starting in May, PPCT will begin meeting again on the second Monday of each month. It was determined that returning to this 2021 schedule would increase participation. Attendance at a PPCT meeting will count as attendance at a CHPC committee meeting.
- The proposed routine HIV testing bill ([House Bill 5190](#)) is moving towards passing out of committee and will head toward a vote. Language in the bill continues to be adjusted to find common ground in response to some concerns related to implementing routine HIV testing in emergency departments.
- The HIV/AIDS Awareness Day rally will happen at the state capitol in Hartford on Monday, April 25 starting at 10:30 am. For more information, contact John Merz at 860-247-AIDS extension 314.

Mr. Gennaro reviewed a slide showing the high-level timeline for the process of developing Connecticut’s 2022–2026 Integrated HIV Prevention and Care Plan. The CHPC committees will develop priority strategies and activities from March to June, and then the full CHPC will finalize the Plan strategies from July to September. Mr. Gennaro reviewed a slide showing how each CHPC committee supports Plan development, and encouraged participants to choose the committee that they would like to participate in.

Mr. Gennaro then showed four slides with preliminary logic models for each of the four Plan goals. The goals align with national goals and with strategies in other plans including Ryan White Part A and Ryan White Part B. Each CHPC committee will continue to discuss the preliminary strategies that are identified as connected to their committee.

COMMITTEE REPORTS

Ms. Fernandez invited committee chairs or designees to provide two-minute committee updates. Table 1 summarizes these updates.

Table 1. Summary of Committee Updates

Committee (Lead)	Charge	Focus for April Meeting	Future Areas/Data
Membership & Awareness or MAC (Stephen Feathers)	<ul style="list-style-type: none">• Recruit & retain CHPC members• Info sharing & public awareness• Amplify community voice	<ul style="list-style-type: none">• Review membership application• Plan June newsletter• Discuss community outreach plans• Mentor/mentee check-in findings• PWH engagement analysis	<ul style="list-style-type: none">• Invite other HIV planning groups to share what works and challenges



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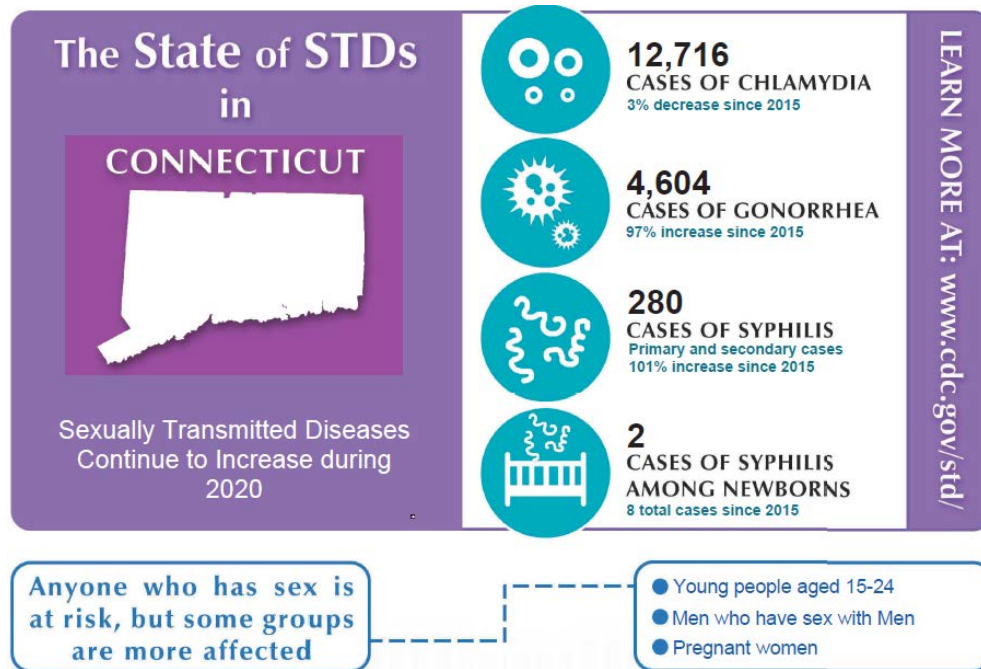
Committee (Lead)	Charge	Focus for April Meeting	Future Areas/Data
Positive Prevention Connecticut or PPCT (Dante Gennaro)	<ul style="list-style-type: none"> • Create health communication campaigns & strategies for high-risk populations 	<ul style="list-style-type: none"> • Discuss group chair/leadership recruitment strategy • Announce change in monthly meeting date/time • Review PPCT campaign proposal 	<ul style="list-style-type: none"> • In May, will start meeting on 2nd Monday of the month at 10 am • Restructuring group leadership • Campaign development progress
Quality & Performance Measures or QPM (Peta-Gaye Nembhard)	<ul style="list-style-type: none"> • Develop & monitor CHPC indicators • Facilitate continuous quality improvement 	<ul style="list-style-type: none"> • Finish developing indicators for the 2022-2026 Plan 	<ul style="list-style-type: none"> • Approach to monitoring progress of the plan during implementation
Needs Assessment Projects or NAP (Anthony Santella)	<ul style="list-style-type: none"> • Conduct or support data efforts that support planning and/or other special projects 	<ul style="list-style-type: none"> • New Haven/Fairfield Counties Planning Council shares info from needs assessment studies • Workforce development activities coordination 	<ul style="list-style-type: none"> • Hartford Planning Council shares info from needs assessment studies • Ryan White Part B shares findings from 2022 statewide PWH needs assessment survey
Ending the Syndemic or ETS (Roberta Stewart)	<ul style="list-style-type: none"> • Coordinate/support expansion of statewide ending the HIV epidemic strategies/activities 	<ul style="list-style-type: none"> • Exploring what a hub-based prevention and care service strategy might look like: focus on HIV services • Partner updates on ETS activities 	<ul style="list-style-type: none"> • Exploring what a hub-based prevention and care service strategy might look like: focus on STI/STD, hepatitis, SUDs and mental health services

Ms. Nembhard reviewed the QPM data point of the month: late testers. Connecticut has consistently performed worse than the national average for “late testers:” the percent of people presenting with or diagnosed with AIDS within three months of their initial HIV diagnosis. QPM decided to keep this indicator in the 2022-2026 Plan. Routine testing is a key strategy for reducing the percent of late testers.

PANEL DISCUSSION: PERSPECTIVES ON STI FROM THE FIELD

Mr. Gennaro said sexually transmitted infections (STIs)¹ increase the risk of contracting HIV and noted that the CHPC’s Ending the Syndemic (ETS) approach focuses on STIs. Mr. Gennaro showed an infographic with new data illustrating that STIs remain far too high nationally, and showed the infographic below highlighting Connecticut STI data. Mr. Gennaro stated that undetected and untreated STIs can cause serious health consequences and STIs can increase the risk of spreading HIV. Connecticut’s Integrated HIV Plan will use a syndemic approach that includes STIs.

¹ Note that the term “sexually transmitted infection (STI)” is used in the summary for consistency. Some panelists sometimes used the term “sexually transmitted disease (STD)” interchangeably.



Mr. Gennaro introduced a diverse set of panelists to share their perspectives, challenges, and ideas for how to improve STI prevention and care:

- Roberta Stewart, Chief Executive Officer, Apex Community Care
- Patrick Cahill, MD, Infectious Disease Specialist, Hartford Healthcare Medical Group Community Care Center
- Deirdre Gruber, Nurse Practitioner, Bridgeport Health Department
- Angela Maresca, RPAC, Planned Parenthood of Southern New England
- Nathan Santana, Disease Intervention Specialist (DIS), CTDPH STD Control Program
- Kimberly Williams, DIS, CTDPH STD Control Program

Mr. Gennaro asked each panelist to share information about the populations they serve and the types of services they provide.

- Ms. Stewart said Apex Community Care is a one-stop shop for prevention and care services. They test just about everyone, with a focus on priority populations. Roughly 40% of the people they serve are from communities of color. They attempt to reach out to surrounding communities. Almost everyone tested for HIV is also tested for STI or hepatitis.
- Ms. Maresca said Planned Parenthood of Southern New England conducts almost 100,000 tests each year. They try to be a one-stop shop. They primarily serve young women ages 15-44, large numbers of people of color, and mostly low-income individuals, as well as some men. They have an opt-out policy for testing, meaning that clients are told what they will be tested for and must choose to opt out of testing if they do not wish to be tested.
- Dr. Cahill said the Community Care Center in Hartford serves primarily the Medicaid population. They offer primary care and recently started introducing transgender care. They try to test everyone who walks in the door for HIV and STIs and offer treatment and get people on medication the same day.



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They have an instrumental pharmacy liaison who helps connect people to medication coupons. They are trying to beef up their pre-exposure prophylaxis (PrEP) efforts and they work with the Hartford Hospital emergency department to get more people tested there.

- Ms. Gruber said the Bridgeport Health Department program is a dying breed, as the Waterbury and New Haven health department STI programs recently shut down. Their clients are overwhelmingly men of color who are uninsured and/or undocumented. They work with Planned Parenthood as a partner. They serve many clients frequently over time, so they know their clients very well.
- Mr. Santana covers New Haven and Fairfield counties while Ms. Williams covers everywhere else in the state. They have historically served all populations, but there is an emphasis on equity. DIS can address social determinants of health (SDOH) to break down barriers (e.g., transportation, language, insurance). Populations they serve include the trans community, low socioeconomic status individuals, pregnant women, and immigrant communities. Many members of these populations are afflicted with intersectional conditions. Services include STI education and partner services, including facilitating testing and treatment.
- Ms. Williams explained that, if someone tests positive for HIV or an STI, a DIS contacts them to explain the disease and to offer to help to identify and notify partners of exposure and help partners get tested and treated. DIS work closely with Planned Parenthood because public clinics have been closing. Serving partners offers an opportunity for education even if they test negative, as DIS still talk with partners about condoms, abstinence, and reducing the number of sexual partners.
- Mr. Santana said DIS bring public health to the individual and provide services to people who need it most.
- Ms. Williams said many female clients have an obstetrician/gynecologist, but their partners may not know how to connect to services.

Mr. Gennaro asked what has been working well and should be expanding moving forward.

- Ms. Stewart said Apex also offers syringe services programs (SSP) to integrate substance use disorder (SUD) services. Integration of services works best. Nothing stands alone. They test for all STIs and work to get people into care. They also offer on-site medical services, including primary care and in-house PrEP. They bring services into the community, including take-home tests, and they test at Western CT State University. They link people into LGBT (lesbian, gay, bisexual, transgender) services. Clients might come for one service, but end up being connected to other services that benefit them. Apex provides many services to undocumented and non-English-speaking individuals.
- Dr. Cahill emphasized that offering integrated care on-site is important to prevent the loss of clients. Being able to administer medications on site is important. There has been a huge increase in demand for HIV injectables. They provide on-demand testing that allows people to get tested without having to wait for an appointment. They pair clients with social workers to address social service barriers.
- Ms. Maresca said many people end up at Planned Parenthood with syphilis cases. They have been getting more people with Hep C. Ms. Maresca said she transitioned to telehealth during the pandemic, and found that telehealth can be important to getting people what they need. She gets people tested and treated for chlamydia. On-demand and same-day testing are important. If someone comes in looking for birth control pills, they also get STI tests. People often come in looking



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for just an HIV test, but she encourages them to get all STI tests while educating people on STI incidence. She has increasingly been encouraging people to consider PrEP.

- Mr. Gennaro said we should learn from COVID by letting the public know when an STI wave is occurring so people can be more mindful.
- Ms. Maresca said some testing sites do not conduct thorough testing, but she tests all the body parts people use when they have sex (e.g., oral tests). She said “health care is a discussion between provider and patient.” People are terrified of what will happen if they contract HIV, but she makes sure they know how she can help them.
- Mr. Gennaro noted that an optimistic lens works much better than scare tactics. Continuing to provide services via telehealth will be crucial to making services more accessible.
- Ms. Maresca said telehealth makes services more accessible for teenagers, especially. She explained that conceptually, PrEP is like the “birth control of HIV.”
- Ms. Gruber said one-stop shopping is a huge boon. Strong messaging is important – it has been essential to get their services out to the community during periods of quarantine. She saw increases in syphilis during the pandemic. Doing screening during routine physicals is important. She said patients should get quantitative testing and confirmatory testing. They have a language line that enables them to talk with people in their native language. They encourage clients to bring a family member or partner if the client feels it would be helpful.
- Ms. Maresca noted that she is trying to encourage that every positive pregnancy test results in other HIV/STI testing. This can be challenging, even to her staff, but she thinks it should be done.
- Mr. Santana said DIS are very personable and build rapport with clients. Many DIS are members of the historically marginalized communities they serve, giving them extra motivation to serve those communities well. They bring services to the communities at large. Having language fluency helps.
- Ms. Williams said we need comprehensive care for everyone. As long as we can have services in one place – once we have someone, we need to keep them. We all need to work together.

Mr. Gennaro asked the panelists to share their ideas about areas for improvement.

- Dr. Cahill said testing is not often conducted at most primary care offices or at the emergency department. If testing identifies an STI, many testing sites do not test the client for other conditions. Testing and PrEP availability are insufficient.
- Ms. Gruber said case management is necessary, even across agencies. Strengthening integration is critically important, because we lose people when service integration is not strong enough.
- Ms. Stewart noted that the ETS initiative focuses on integration. The language providers use when talking with clients is important – being welcoming and affirming makes people comfortable having conversations. Having a sense of humor breaks down barriers.
- Ms. Maresca added that stigma is a huge barrier. She uses humor to break down stigma by letting people know that they are not alone in their experiences.



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- Mr. Santana said he sees many systemic challenges related to socioeconomic status – inadequate access to food and housing, exposure to violence, and stress all correlate with higher exposure to disease. Maintaining a sex-positive approach is crucial to getting people to test and get into treatment. He said he has heard many people talk about themselves as dirty because they get an STI, but sex must be normalized. Timely reporting of test results is important to notify partners and stop the spread. Mr. Santana defined “timely” as “as soon as the results are received and reported to DPH and shared with him within a day or two of receiving the case and contacting partners within a day.”
- Ms. Williams urged the need to educate providers about their responsibility to report positive tests to DPH, because this gets their patients the care they need. We need to talk in a language that people understand, and we need to break things down to confirm understanding.
- Mr. Gennaro said we are all multi-dimensional. Providers must understand that the topics they discuss with clients may be brand-new for the client.
- Ms. Maresca said COVID has taught everyone what an epidemic is. People now know about antibodies and infectious disease. STI is the “COVID of the genitals.” Viruses do not target people.
- Ms. Gruber added that COVID taught us that public health often could not get out of its own way. SDOH are always interrelated. We must think about people in context and must address SDOH.

Mr. Gennaro asked the panelists to share their thoughts on what an ideal STI landscape would look like.

- Dr. Cahill said if testing was done as it is supposed to be done, we would not see the numbers we see. We would all save a tremendous amount of time and energy.
- Ms. Stewart said ETS is about integrating all the care. That also reduces stigma. Making testing routine and testing everyone – not because they look a certain way or do a certain thing – destigmatizes testing. We must address SDOH – how can someone think about testing if they do not know where they are sleeping tonight? We need to overlay an HIV case management model on other symptoms. Apex has so many resources for people with HIV, but cannot offer the same level of support for other people with the same issues but no HIV.
- Ms. Maresca agreed with everything Dr. Cahill and Ms. Stewart said and added that testing and treatment should be free.

Mr. Gennaro thanked the panelists for sharing their time and expertise and perspectives.

OTHER BUSINESS

Ms. Fernandez invited Carolina Price, part of the research team for a research study for women with HIV, to share information about participation opportunities.

Ms. Price said the I-CARE Study is a research project by Drs. Tami Sullivan and Jaimie Meyer at the Yale School of Medicine that she is coordinating. This confidential study focuses on women living with HIV who have experienced relationship conflict to better understand women's health and how women's relationships impact their ability to manage their HIV day to day. This is a three-part study: Part 1: A three-hour 1-on-1 research interview; Part 2: A 32-day, daily phone survey completed via a secure app or by calling an 800 number; Part 3: Another interview six months later. Participants who complete all three parts receive \$233, plus opportunities for bonuses. The research team is looking for cisgender and transgender women who are living with HIV. Research team members have backgrounds in partner violence and HIV treatment and



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prevention. For more information, people can call 203-733-7155 or complete the [I-CARE online form \(https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_3aTRFCMVyKGLjKd?Q_CHL=qr\)](https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_3aTRFCMVyKGLjKd?Q_CHL=qr). Ms. Price invited people to email her (Carolina.price@yale.edu) to request fliers with a tear-off pad that she can deliver. The research team has offices in New Haven, Hartford, and Bridgeport, and can conduct interviews at agencies in other locations, if allowed. Ms. Price said they also have small cards to leave in a clinic room, and said she is happy to provide whatever resources are needed. Interviews are available in Spanish. All materials are rigorously translated.

Ms. Gennaro thanked Ms. Price and announced that committee meetings would begin shortly.

ADJOURNMENT

Ms. Fernandez encouraged all participants to complete a 1-minute survey to share any feedback on how to improve virtual CHPC meetings. The survey can be accessed by scanning a QR code on the slide or by clicking a link in an email sent to all participants after the meeting. Ms. Fernandez encouraged everyone to attend the AIDS Awareness Day Rally. Ms. Fernandez thanked everyone for a productive meeting, and adjourned the meeting at 10:43 a.m.



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CHPC ATTENDANCE RECORDS (1 = present; 0 = absent; arriving late is counted as an absence for official records)

First Name	Last Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Victor	Acevedo	1	1	1	1					
Melanie	Alvarez	1	1	1	1					
Laura	Aponte	1	0	1	1					
Erma	Benedetto	1	1	1	1					
Thomas	Butcher	0	1	1	0					
Gigi	Chaux	0	0	1	1					
Wallace	Daniels	0	1	0	0					
Brian	Datcher****	1	0	0	--					
Xavier	Day	1	1	0	1					
Martina	De La Cruz	1	1	0	1					
Natalie	DuMont	1	1	1	1					
Taylor	Edelmann***	1	1	-	--					
Stephen	Feathers	1	1	1	1					
Nilda	Fernandez	1	1	1	1					
Carl	Ferris	1	1	1	0					
Justin	Gabino	1	1	1	0					
Dante	Gennaro	1	1	1	1					
Charles	Hardy	1	1	1	1					
Tawana	Hart	1	1	1	1					
Cynthia	Hall	1	1	1	1					
Luis	Irizarry**	1	--	--	--					
Marcelin	Joseph	1	1	1	0					
Reggie	Knox	1	1	0	1					
Waleska	Mercado*	--	--	--	--					
Mitchell	Namias	1	1	1	1					
Peta-Gaye	Nembhard	1	1	1	1					
Anthony	Santella	1	1	0	1					
Bob	Sideleau	0	1	1	1					
Roberta	Stewart	1	1	1	1					
Barry	Walters	1	1	1	0					
Lisa	Weeks	0	0	0	--					
TOTAL		25	25	21	20					
PERCENTAGE		83%	86%	75%	77%					

- * On leave while meetings occur virtually
- **Resigned prior to February meeting
- ***Resigned prior to March meeting
- ****Resigned after March meeting



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PUBLIC PARTICIPANTS (1 = present)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Agosto, Nitza	1	1		1					
Allen, Whitney		1		1					
Auretta, Megan			1						
Berrian, Camron		1	1	1					
Bowens, Sam		1	1						
Brown, Jean	1			1					
Buchelli, Marianne	1		1	1					
Cahill, Patrick				1					
Cole, Christopher	1	1	1	1					
Croasdale-Mills, Angelique	1	1	1	1					
Cruz, Veronica	1								
Cubano, Jenny			1	1					
Cumberbatch, A			1	1					
Cutaia, Sam	1	1							
D'Angelo, Gina	1	1	1	1					
Davidson, Daniel	1								
Defosse, Joseph				1					
Del Vecchio, Christina	1	1	1	1					
Diaz, Luis	1	1	1						
Dittmore, Alixe		1	1						
Dones-Mendez, Dulce	1								
Duarte, Andrea			1						
Edelmann, Taylor			1						
Ferraro, Linda	1	1		1					
Francis, Shannon	1								
Gaines, Tia		1		1					
Garcia, Ruth				1					
Gibson, René				1					
Gjika, Jonida	1	1	1	1					
Gosselin, Deborah			1	1					
Gruber, Dierdre				1					
Heron, Venesha	1	1	1						
Hong, Grace				1					
Hulton, Daniel	1			1					
Hunt, LaJuan			1	1					
Jacob, Neena			1	1					
Janssen, Doug	1	1							
Jean-Baptiste, Clunie	1	1	1	1					
Kinsey, Jennine		1		1					
Ligon, Barbara		1	1						
Linardos, Heather		1							
Lindsey, Sean	1			1					
Lorius, Jean		1							
Magaña, Luis	1			1					
Major, Susan	1	1	1	1					
Maresca, Angela				1					
Marquis, John		1							
McGuire, André	1								
McKay, Sharen			1						
Mierzwa, Sharon	1		1	1					
Mohamed, Mukhtar	1	1	1	1					
Montgomery, Joanne		1	1						



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Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Moore, Kelly	1	1	1	1					
Moore, Tayla	1	1	1						
Mott, Erika	1	1	1	1					
Muñoz, Consuelo	1	1	1	1					
Nepaul, Ava	1	1	1						
Ngongi-Wumba, Sarah			1	1					
Norton, Joe	1	1	1	1					
O, Janiel	1								
Ostapoff, Michael	1								
Ostrej, S			1	1					
Pawlow, Dustin	1	1	1	1					
Pierre-Louis, Ludger	1	1	1	1					
Price, Carolina				1					
Radocchia, Rich	1	1	1						
Raynor, Marie			1						
Reyes, Beverly		1		1					
Reyes, Dawn			1						
Rios, Dawn			1						
Rodriguez, Carlos	1	1		1					
Rodriguez-Santana, Ramon		1	1	1					
Roman, Virgen				1					
Romanik, Christine	1								
Ruiz, Angel	1	1	1	1					
Santana, Nathan				1					
Sapero, John	1		1						
Speers, Sue		1	1						
Tastensen, Meghan	1	1	1	1					
Tyson, LaToya		1							
Vargas, Jennifer	1	1	1	1					
Vassallo, Anna				1					
Vazquez-Yopp, Melinda	1	1	1	1					
Warren-Dias, Danielle	1	1	1	1					
Williams, Kimberly		1		1					
Wimbish, Roselyn			1	1					
Unidentified participants	1		2	1					
TOTAL COUNT	45	45	51	55					