



Ending the Syndemic (ETS) Committee Meeting Summary 17 August 2022



Date:	17 August 2022	Start Time:	11:05 a.m.	End Time:	12:15 p.m.
Chair:	Roberta Stewart	DPH Liaison:	Gina D’Angelo	Location:	Zoom
Attendees:	Refer to page 7	Recorder:	Mark Nickel		

RESULTS

1. The committee approved by consensus the July meeting summary.
2. The committee confirmed that an ad hoc meeting will occur on Tuesday 23 August 2022 at 1:30 p.m.
3. The committee received an update from the chair of Positive Prevention CT (PPCT) on the routine HIV testing campaign materials.
4. The committee received an update on the Connecticut 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 made adjustments to priority activities for possible inclusion in Connecticut’s 2022–2026 Integrated HIV Prevention and Care Plan and discussed topics such as workforce development.

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 23 August 2022.
- CHPC staff will post the approved meeting summary on the CHPC website.
- The committee will assemble in September.

CALL TO ORDER, WELCOME & INTRODUCTIONS

Committee chair Roberta Stewart called to order the meeting at 11:05 a.m. Ms. Stewart used a roll call process to allow participants to make brief self-introductions. Ms. Stewart briefly described the charge of the committee and explained how the ETS work connects to the development of the statewide Integrated HIV Plan.

- Ms. Danielle Warren-Dias stated that she would be shifting her attendance to the Membership and Awareness Committee for a brief time to help connect and coordinate the work of the Ryan White Part A Planning Council (Hartford Transitional Grant Area or TGA) to the CHPC.

CONSENSUS APPROVAL OF PRIOR MEETING SUMMARY

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



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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 CT (PPCT) Ad Hoc Group on Routine HIV Testing Campaign. Mr. Marcelin Joseph (MJ) stated that the group continued to develop the campaign materials. The group assembled recently to do some filming (“b-roll” footage) to build a library of content that can be incorporated into the campaign. The group will meet on Wednesday 24 August 2022 at 6:00 p.m. in Elizabeth Park (Hartford) to continue its filming.

- Mr. Dante Gennaro, Jr. asked people to invite any interested parties (“talent”). The process uses a storytelling approach and diverse voices add dimension to the story. The actors will include two men who have sex with men, four cisgender heterosexuals, people of color (male and female), two people who identify as transgender, and one person who has lived experience with injection drug use.

ETS Committee Ad Hoc Group on Routine HIV Testing Resources. Ms. Stewart stated that the ad hoc group did not meet in early August due to conflicts with other Ryan White Planning Council meetings that required participants to attend. The group will meet next on 23 August 2022 at 1:30 p.m. Committee support staff will send out a meeting appointment to the entire ETS Committee list.

COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES

CT DPH Update – Syndemic Coordination & Statewide STD Consortium

Ms. Gina D’Angelo stated that the Syndemic Partners Group meets monthly to explore how to better integrate services.

- Ms. D’Angelo continues to touch base individually with partners to better understand the current circumstances and opportunities. This level of communication and connection has been diminished with retirements and loss of institutional and community knowledge.
- Ms. D’Angelo has developed a draft template that will allow syndemic partners to summarize data, programs, resources, and priorities relevant to HIV. This information will be included in the Plan.

Ms. Camron Berrian from DPH Sexually Transmitted Disease (STD) Prevention and Control explained that she was recently hired by DPH. She did not have any specific updates at this time and looked forward to sharing information at future meetings.

Ms. Venesha Heron stated that the Viral Hepatitis Elimination Technical Advisory Consortium (VHETAC) Clinical Committee will assemble on Thursday 25 August 2022 at 12 noon. She shared a flyer in the chat box. Additional information will be shared via e-mail.

- Ms. Maritza Bond asked for an update on the response to monkeypox and whether it would be included in the Integrated Plan activities.
 - Ms. D’Angelo stated that DPH had been hosting webinars to share information on monkeypox, maintains a website with resources, and has been sharing information via social media. Ms. D’Angelo explained that monkeypox was not an area of syndemic focus. However, that does not exclude it from being mentioned in the Plan as it affects priority populations relevant to HIV.
 - Ms. Bond stated that equity issues exist in vaccine dissemination and access.



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- Ms. Stewart stated that a name change would also help reduce stigma in the community.

Other Partners

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

2022 – 2026 PLAN DEVELOPMENT

Ms. Stewart reminded the group that the committee had begun developing activities and milestones (by year) for the work it felt was most relevant to the Integrated Plan. The group reviewed a handout (page 4) and applied any lessons learned from the small-group discussions that occurred at the CHPC meeting and that were focused on the Plan activities.

- Ms. Stewart and Ms. D’Angelo led a small-group discussion group at the CHPC meeting and summarized these themes:
 - The next iteration of language for Plan activities should be more client- or person-centered.
 - Many of the Plan activities are “owned” or “led” by partners other than the CHPC. These are not necessarily CHPC activities. The Plan reflects Connecticut’s priority activities to end the HIV epidemic.
 - The final Plan will identify partners most relevant to each activity. That information was not included in the small-group discussion slides because it added another layer of complexity. The first step was to focus on the activities and generate input and discussion.
- Ms. Heron stated that references to Hepatitis C should be changed to the Viral Hepatitis Elimination Plan or eliminating hepatitis.
 - A suggestion was made to reference “reducing sexually transmitted infections or STIs”
- A suggestion was made to remove the specific reference to the Department of Mental Health and Addiction Services (DMHAS) and refer to substance use disorders (SUDs), which involves many more partners.
- Mr. Barry Walters asked to discuss the hub model. He had heard that some partners may feel like too many barriers exist to stand up this approach.
 - Ms. D’Angelo explained that the Syndemic Partners Group discussed this model. All partners agreed that, at the conceptual level, the model makes sense. At the operational level, many questions exist about funding, coordination, and technology as well as how it connects to other potential solutions such as United Way 211. Also, some of the ideas connected to the concept (e.g., Unite Us referral process) would require additional due diligence.
 - Ms. Stewart stated that the hub model represents a high-functioning referral process – moving the informal approach to a formal approach that could support scaling and connect providers and patients to resources as the state moves into routine HIV testing.
 - The group felt that a minimal viable response needs to include an inventory of providers who will accept patients (referrals) from providers who may not have resources for individuals who test positive or who want more information or access to PrEP. Ideally, this would involve a person-centered approach v. a patient receiving access to a web page or a brochure of providers.



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



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- Ms. Stewart explained that this could be organized at a local, regional, or statewide level depending on how partners choose to support and build the process. It is a process or system to exchange information and connect people to prevention and care services. Initially, the focus of this work would be on HIV. The idea would be to replicate the approach for other syndemic areas of focus.
- Ms. D'Angelo shared that the Syndemic Partners acknowledge the focus of the solution must be on linking people to resources and collecting data on those referrals.
- Ms. D'Angelo added that the activity table reflected a process that put in place the minimal viable approach and resources in the first year and allowed partners to explore and answer questions about how to build a sustainable model. It may be the case that the sustainable model is the minimal viable approach with updates to the provider list. It could be the case that the partners agree to adjust funding and use a common approach. The partners need time to decide. This is a plan. The activity table recognizes that a solution will be put in place and partners will work to sustain and improve upon that solution.
- Mr. Walters stated that the inventory of providers who would represent the referral network is a critical part of the short-term solution. He did not want a lengthy process to prevent access to services or resources when the routine HIV testing begins in 2023 or when information about community resources needs to be shared with providers in the fall of 2022.
- Ms. Stewart explained that the ad hoc group is developing the referral list as part of the toolkit and the process would include at least annual updates to the resources – including helping providers make better use of information posted on the ETS or PPCT websites.

Ms. Stewart observed that many of the activities involve or relate to workforce development or professional development training. The group discussed the importance of an employee onboarding package with a set of core competencies and fundamentals such as a status-neutral approach to care and resources available in the community.

- Ms. Gigi Chaux agreed and stated that, across the state and within regions, the workforce has vastly different knowledge levels and employers have different approaches to supporting employees. Perhaps funders could address uniform standards for workforce development in contracts and collaborate on a mechanism to support workforce development.
- Mr. Walters stated that, in the past, DPH had conducted more professional development trainings and invested more resources in this area including fundamentals (e.g., HIV 101, HIV testing). More recently, DPH has assembled its contractors group less often (roughly once per year) for training and development.
 - Ms. D'Angelo explained that DPH used to have a person who led professional development training when the HIV unit had 12.0 full-time equivalent (FTE) staff members. At present, the unit has 5.0 FTEs. Much of the DPH capacity focuses on contract management and compliance.
- Several participants agreed that a standard must exist for workers in the field and resources must be available to support these standards.
 - Ms. D'Angelo stated that DPH and the CDC offers numerous trainings online and access to technical assistance. Also, the AIDS Education and Training Center (AETC) and other partners in the state conduct trainings. The CHPC Needs Assessment Projects (NAP) Team even stepped in during the past year to help coordinate trainings that addressed specific gaps. DPH representatives who serve on NAP and had been involved in past DPH training activities



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supported this work. Now, resources are limited in terms of DPH personnel and training dollars. She agreed that adjusting contracts to include training standards was an option if training resources (e.g., CT Train) were available to fulfill these requirements or standards.

- Ms. Heron stated that circumstances shifted because of the COVID-19 pandemic. Professional development and training approaches diminished as providers focused on rethinking service strategies and staying in business. Onboarding and training in fundamentals became less of a priority and employees had less opportunity for coaching and mentoring.
- Ms. Stewart stated that the providers and funding partners may have become too dependent or reliant on DPH training. When this training resource diminished, providers and partners did not change their training practices. With so many training options and resources available, a viable solution could be setting (and requiring) training standards and offering in-person and/or online options to address some of the knowledge inequities among workers. This will be important with routine HIV testing and the ongoing emphasis for providers to implement status-neutral approaches to care.
- Ms. D'Angelo noted that this conversation illustrates an ongoing theme: workforce standards for front-line and supervisory positions and access to training.

Ms. Stewart asked the group for one final consensus about the priority activities that the ETS would recommend for inclusion in the Plan:

- Access to prevention and care services and rapid start medications through improved referral mechanisms
- Integration of services by syndemic partners (e.g., brief screens)
- Routine HIV testing supports (e.g., provider outreach, toolkits/resources)
- Workforce development and training
- HIV education and awareness campaigns with alignment to syndemic areas of focus

Participants agreed that the CHPC should identify a smaller set of priority activities and do them well to create impact.

- Mr. Reggie Knox stated that this approach made sense and should also include opportunities for peers and individuals who are not professionals in this area to participate in training or knowledge building that would help them better support their communities. This includes increasing knowledge equity for community leaders including members of the faith community.

Ms. Stewart thanked everyone for a thoughtful and lively discussion.

OTHER BUSINESS

No participants introduced 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

Ms. Stewart adjourned the meeting at 12:15 p.m.



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ATTENDANCE

Name	CHPC Member	1/19	2/16	3/16	4/20	5/18	6/15	7/20	8/17
C. Barrian							x		x
E. Benedetto	Yes	x	x		x	x	x	x	x
M. Bond		x							x
J. Brown								x	
T. Butcher	Yes	x	x						
G. Chaux	Yes			X			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	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	x
D. Gosselin				x	x				
L. Hunt				x	x	x	x	x	x
V. Heron			x	x		x	x	x	x
L. Irizarry	Yes	x							
M. Joseph	Yes	x	x	x			x	x	x
R. Knox	Yes		x		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		x
R. Radicchio		x		x					
B. Reyes				x	x				
M. Raynor						x		x	
C. Rodriguez			x		x		x		
J. Sapero		x	x	x	x		x		
R. Stewart	Yes	x	x	x	x	x	x	x	x
C. Vandin							x		
J. Vargas		x	x	x	x	x	x	x	x
Y. Velez		x							
B. Walters	Yes	x	x	x		x	x	x	x
D. Warren-Dias		x	x	x	x			x	
TOTAL		20	19	18	17	17	23	18	14