



# Ending the Syndemic (ETS) Committee

## Meeting Summary 16 March 2022



<b>Date:</b>	16 March 2022	<b>Start Time:</b>	11:15 a.m.	<b>End Time:</b>	12:29 p.m.
<b>Chair:</b>	Roberta Stewart	<b>DPH Liaison:</b>	Gina D'Angelo	<b>Location:</b>	Zoom
<b>Attendees:</b>	Refer to page 6	<b>Recorder:</b>	Mark Nickel		

### RESULTS

1. The committee approved by consensus with no changes the February 2022 meeting summary.
2. The committee received an update on a new ETS partner group that will assemble regularly to address system-level issues and barriers relevant to implementing ETS strategies and priority activities.
3. The committee identified four top priority strategies and a potential configuration of these strategies to support regional pilot projects.
4. The committee received an update on House Bill 5190 and its chances of moving out of committee to a vote.

### ACTION ITEMS

1. Mark Nickel will draft a meeting summary. Participants will review the draft meeting summary and will provide any additions or corrections.
2. Barry Walters will reach out as necessary to engage stakeholders in the House Bill 5190 process.
3. Roberta Stewart, Gina D'Angelo and Mark Nickel will meet next week to develop materials / handouts for the April discussion on integrated screening.

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### CALL TO ORDER, WELCOME & INTRODUCTIONS

Chair Roberta Stewart called to order the meeting at 11:15 a.m. She expressed gratitude and appreciation for the opportunity to lead this group at a very critical time. Roberta used a roll call process to allow participants to make brief self-introductions. Roberta described briefly the charge of the committee.

### UPDATES FROM THE COMMITTEE CHAIR

Roberta asked Barry Walters to share an update on House Bill 5190 ("An Act Concerning Testing for HIV").

- Barry explained that the bill for "mandatory offering of routine HIV testing" had moved through public testimony and appeared to be getting positive reviews and support.
- Some suggestions were made to adjust language, such as including language about the role of physician assistants or about other Sexually Transmitted Infection (STI) tests or sexual health screenings.
- One of the legislators asked, "What do we need to do to make this work in an imperfect system?" According to Barry, this type of questioning creates a very different discussion space even when opposition voices emerge.
- Barry stated that he has established a [Facebook page](#) that allows interested parties to stay current on the issue.



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### CONSENSUS APPROVAL OF PRIOR MEETING SUMMARY

The committee approved by consensus the February 2022 meeting summary with no additional changes or corrections.

### COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES

#### CTDPH update – Syndemic Coordination & Statewide STD Consortium

Gina D'Angelo stated that the ETS partners held a very productive first meeting.

- The partners focused on sharing information about what they were doing now and where they were going. These discussions are timely as many of the different programs have or will soon be starting new funding cycles which means work plans can be more closely aligned.
- The group discussed how the ETS partners group was or should be different from the ETS Committee. The ETS partners believed that that they should focus on systemic and structural barriers that limit providers' / partners' ability to implement priority strategies and activities. The ETS Committee can then keep its focus on strategies and activities and coordinating these statewide.
- The next meeting will include identifying common goals and a mini-SWOT analysis to assess better the feasibility of making systemic/structural changes.

Linda Ferraro provided an update on the emerging statewide STI Coalition:

- A draft work plan is underway for the STI Coalition. This work includes planning and preparations necessary to assemble two groups (clinical, general stakeholders) and collecting information. These groups will move forward in providing input into a mission, vision and general approach to the work. It will then become clear how the STI Coalition interfaces with the ETS Committee and/or CHPC in general.
- Linda has not yet identified another state that has a statewide STI coalition.

Venesha Heron provided an update on the Viral Hepatitis Elimination Technical Advisory Committee (VTAC):

- The approach involves establishment of a clinical committee that will assemble on 31 March 2022. The state received technical assistance to develop a work plan, charter and launch its VTAC. This group will meet quarterly and may establish committees or work groups that will take responsibility for specific strategies or topics (to be determined).
- Deborah Gosselin stated that a parallel process is underway to establish a community-level committee.

The following discussion themes occurred as a result of these updates:

- These various initiatives have their own funding and staffing support. These will not “take away” from HIV planning. The idea is to find the common ground (i.e., syndemic approach).
- Venesha stated that she was exploring how Federally Qualified Health Centers (FQHCs) conducted integrated point of care screenings (HIV, STI, Hep), the type of messaging and even the type of training for staff members.
- Danielle Warren-Dias stated that Connecticut Children's engaged Medical Technicians and Physician Assistants in the process, which proved helpful.
- Gina stated that the ETS partners group would want to take on these system change issues to support these types of changes. Maybe that is at a policy level or maybe that is at a contract language level.

### Update on City of New Haven G2Z Capacity Building Grant

- John Sapero stated the grant project was closed out on 28 February 2022. The final presentation of People, Purpose and Power took place on 17 February and represented the accomplishment of one of the goals of the plan. Work will continue on the second goal to promote HIV prevention, care and stigma reduction from the pulpit. Rev. Nancy Kingwood will host a peer-to-peer meeting (Hope for Healing, April 24).

### **2022 – 2026 PLAN DEVELOPMENT**

Roberta stated that the committee had been asked to review the committee sort / areas of focus and share any final input. The committee used screen share to review the table (shown below).

Goal	Objective	Strategy Bundle	Area of Focus for Activities	Group	Group
1. Prevent new HIV infections	1.1. Decrease # new HIV infections	Increase awareness of HIV	Comprehensive sexual health education	ETS	STD Coalition
	1.1. Decrease # new HIV infections	Increase knowledge of HIV status	Routine HIV testing	ETS	
	1.1. Decrease # new HIV infections	Increase knowledge of HIV status	Status neutral approach	ETS	
	1.2 Increase # people tested	Expand prevention interventions	PrEP, PEP, SSP	ETS	DPH Prevention
2. Improve HIV health Outcomes	2.1 Increase linkage to care newly diagnosed	Expedite linkage to care	Same day or rapid start ART	ETS	
	2.1 Increase linkage to care newly diagnosed	Expedite linkage to care	ON IT team model to engage newly diagnosed	ETS	
	2.2 Increase viral load suppression	Access to and engagement in care	ON IT team model for non-virally suppressed or out of care	ETS	
	2.2 Increase viral load suppression	Access to and engagement in care	e-Health models	ETS	CIRA
	2.3 Delivery of holistic care and treatment	Integrated / coordinated service models	Referral mechanisms	ETS	
3. Reduce HIV-related disparities	3.2 Identify subpopulations benchmarks	Subpopulation strategies	Promote evidence-based interventions	ETS	

These themes emerged as participants discussed the various strategies.

- Rich Radicchio stated that the discussions about service integration or integrated screening extend beyond coordination of blood draws for lab tests. This requires engaging customers and establishing an authentic



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relationship, especially if it may require connecting that individual with another community resource partner. This also involves behavioral health screening.

- Danielle stated that routine HIV testing needed to become the standard of practice to end the HIV epidemic and STI and Hepatitis testing should be integrated.
- Gina clarified that the routine HIV testing strategy was more about the bill and making providers / consumers aware of any changes or making routine testing the norm. Integrating STI and Hepatitis screening was more related to the strategy of “integrated / coordinated services.”
- Rich stated that patients wait about 20 minutes while their labs are being processed. This time could be used for conducting other screenings and assessments.
- Gina stated that the disease intervention specialists (DIS) use this approach already and agreed this was prime time to do syndemic-related work with patients.
- The group discussed the formation of “new teams” or “hubs” or a “clear and accountable process” within urban areas or regions that could effectively engage, support and connect clients to authentic, appropriate and trusted services in their communities. This is where the process breaks down – connecting the dots.
- Gigi Chaux described how Stamford / Norwalk was attempting to implement status-neutral care and rapid start. Their work was being informed by models from Texas with emphasis on factors such as patient-centered processes, connecting patients to insurance that allows them to access other services and medications and using other referral processes (e.g., Unite Us) to address any other needs.
- Roberta and Rich discussed how similar efforts were underway at Apex and APNH, respectively.
- Participants felt that integrated screening at syringe services program (SSP) sites would be helpful.
- Rich stated that professional development and training is an essential component of this solution to make certain everyone is on the same page with the client-centered process and pathway for clients to access services from trusted providers.
- Participants suggested emphasizing developing/improving a centralized referral process that may connect in some way to lab results / DIS workers.
- Kelly Moore shared that infectious disease (ID) clinics have one-stop shops geared toward HIV patients, yet the pre-exposure prophylaxis (PrEP) patients are not yet streaming into these clinics and often report STIs. Connecting these services and/or understanding better why these services are not connected is a priority.
- Several individuals felt strongly that behavioral health screening should occur with HIV, Hepatitis and STI screenings.
- Gina stated that more awareness campaigns must reach the Black community and be more generalized.
- Danielle agreed that the focused interventions are not producing the intended results.
- Venesha added: “free test, all test – for all!”



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- Venesha shared that all adults get Hepatitis C tests which creates another opportunity to screen/test for STIs and HIV; these are often free screenings for individuals above the age of 13. A strong foundation for this work exists.
- Danielle shared that Hepatitis used to be seen more among older individuals but now occurs more in younger individuals. It is reasonable to request an annual, standard adult lab panel for individuals above the age of 13.
- Sam Cutaia, Market Development Manager for Janssen Pharmaceutical Companies, disclosed his attendance in the chat box and described his role to help with unbranded resources (e.g., educational) as part of the solution to end HIV. Sam can also help ETS connect with other EMAs/TGAs across the country (e-mail: [scutaiaj@its.jnj.com](mailto:scutaiaj@its.jnj.com)). Sam indicated that he was connected to Tom Butcher's faith-based initiative and with Pastor André McGuire. He also shared that his resources are focused on Rapid Start or test and treat anti-retroviral therapy (ART).
- Beverly Reyes (Liberation Programs) explained that she was new to the committee and its work, and was attending to understand how to connect their services to this work. Working with community partners tends to slow things down. Visuals and educational materials of how the process works will be helpful.
- Roberta shared that the ETS partners (e.g., DPH, DMHAS) must explore any "requirements or mandates" for contractors in how they do referrals or support a centralized process. This needs to connect at the state and community levels.

The committee felt the priority strategies/activities include:

- Routine HIV testing
- Status-neutral approach
- Same-day /rapid ART
- PrEP, post-exposure prophylaxis (PEP), SSP
- Integrated coordinated care (syndemic) / referral mechanisms

The group discussed the possibility of establishing regional pilot projects to knit these strategies / activities together into a clear "care journey" with accountability and connection to the right resources at the right time from the right providers – including access to insurance, navigation support, counseling, and treatment. This type of approach would require the ETS partners to address some of the structural/systemic barriers, require awareness campaigns and professional development / training of partners and staff.

APNH and Apex could bill for a variety of services including behavioral health. Engaging clients who need services supports a revenue generating model that is not dependent on Ryan White (RW) grant funding. These types of solutions offer relevance and sustainability.

### Universal Screening

Roberta asked the group about its energy level to start another discussion topic and extend the meeting another 30 minutes. Participants decided it would be better to table this discussion until April.



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### OTHER BUSINESS

Participants did not discuss any new or other business.

- Rich shared a resource for Connecticut Crystal Meth Anonymous meetings: [www.myctcma.org](http://www.myctcma.org).

### NEXT STEPS / MEETING FEEDBACK

- Participants felt stopping was a good decision.

The group will meet virtually in April.

### ADJOURN

Roberta adjourned the meeting at 12:29 p.m.

### ATTENDANCE

Name	CHPC Member	1/19	2/16	3/16					
E. Benedetto	Yes	x	x						
M. Bond		x							
T. Butcher	Yes	x	x						
G. Chau	Yes			X					
C. Cole		x							
A. Cumberbatch				X					
S. Cutaia				X					
G. D'Angelo		x	x	X					
A.C. Demidont		x							
N. DuMont	Yes	x	x	X					
L. Ferraro		x	x	X					
T. Gaines			x						
A. Garbera			x						
D. Gosselin				x					
L. Hunt				x					
V. Heron			x	x					
L. Irizarry	Yes	x							
M. Joseph	Yes	x	x	x					
W. Knox	Yes		x						
A. McGuire			x						
K. Moore		x		x					
J. Norton		x	x						
D. Pawlow		x	x						
R. Radicchio		x		x					
B. Reyes				x					
C. Rodriguez			x						
J. Sapero		x	x	x					
R. Stewart	Yes	x	x	x					
J. Vargas		x	x	x					
Y. Velez		x							
B. Walters	Yes	x	x	x					
D. Warren-Dias		x	x	x					
	TOTAL	20	19	18					