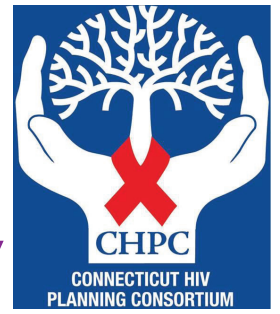


# CONNECTICUT HIV PLANNING CONSORTIUM



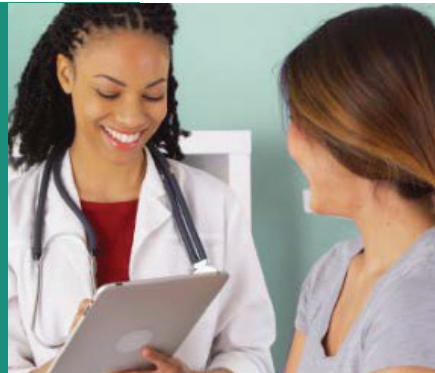
Newsletter Summer/Fall 2023

The CHPC is an integrated, statewide prevention and care planning group comprised of diverse partners—including persons living with HIV.

## ROUTINE HIV TESTING IS HERE, CT!

Together we can end the HIV epidemic. For more information, visit [test-ct.org](http://test-ct.org)

Tell Everyone to Screen and Test



## NEWSLETTER HIGHLIGHTS

Connecticut Sexual Health Coalition

CHPC Member Spotlight: Angel Ruiz

In Case You Missed It: Features selected trainings and resources recently offered to the CHPC

Trending Topics: Cabenuva – Long acting injectable HIV medication

Upcoming Events and Awareness Days

Department of Public Health HIV Prevention Needs Assessment Survey Results

The Role of a Disease Intervention Specialist

## ROUTINE HIV TESTING IN CT

As of 2019, an estimated 1.2 million people in the United States have HIV, and it is estimated that 13% are unaware of their status.

**“Living long and well with HIV is possible with early test, expert care and healthy choices.”**

–Alex Garbera

Nearly 40% of new HIV infections are transmitted by people who don't know they have the virus. For people with undiagnosed HIV, testing is the first step in maintaining a healthy life and preventing HIV transmission. Routine HIV screening is one of six recommended strategies for ending the HIV epidemic in Connecticut set by the Getting to

Zero Commission in 2018. Effective January 1, 2023, all persons over the age of 13 shall be offered an HIV test in primary care settings, however, the patient can opt out of being tested. Also effective, all persons over the age of 13 shall be offered an HIV test in emergency departments unless they are being treated for a life-threatening emergency, opt out of testing, or are unable to opt out of testing.

Studies show that the sooner people know their HIV status

**“The goal is to provide access to testing in many different venues and not just within traditional primary care settings.”**

–Dr. Michael Virata, Yale

and start HIV treatment after diagnosis, the more they benefit. HIV treatment reduces the amount of HIV in the blood, reduces HIV-related illness, and prevents transmission to others. People who get tested and learn they don't have HIV can make decisions about sex, drug use, and health care that can help prevent HIV.



**Tell Everyone  
to Screen & Test**

<https://endthesyndemicct.org/>

## WHY HIV TESTING IS IMPORTANT

- HIV is preventable and treatable, so early testing and treatment are important.
- HIV is most often transmitted by people who are unaware they have it.
- People who know they have HIV can protect themselves and others.
- People who start treatment early have better health outcomes and can live long, healthy lives.

## THE ONLY WAY TO KNOW IF YOU HAVE HIV IS TO TAKE A TEST

- People who start treatment and maintain undetectable amounts of virus cannot transmit to others sexually.

Scan the QR code to access the HIV testing toolkit



# HIV TREATMENT AS PREVENTION: LONG-ACTING INJECTABLE HIV MEDICATIONS

People with HIV (PWH) who take HIV medicine as prescribed can reduce the amount of HIV in the body to a low level. Most PWH can get the virus under control within 6 months of starting treatment. The benefits of viral suppression include a stronger immune system, a reduced risk of HIV transmission to any sexual partners, and reduced risk of HIV transmission to the baby during pregnancy or breastfeeding.

Most HIV treatments require daily pills. This means PWH must make certain they have access to pharmacies, store their medications properly, and remember to take them each day at the right time and as directed. The U.S. Food and Drug Administration (FDA) has approved long-acting injectable HIV medications. For example, Cabenuva is given by injection (intramuscularly) monthly or every other month to PWH who are virally suppressed and on a stable HIV treatment regimen with no history of treatment failures and with no known or suspected resistance to cabotegravir or rilpivirine. For more information on Cabenuva, please visit <https://www.cabenuva.com>.

The Connecticut Department of Public Health (CT DPH) administers the Connecticut AIDS Drug Assistance Program (CADAP) that helps low-income individuals access essential medications to manage HIV and related conditions. PWH can get help with the cost of their health insurance premiums on approved health insurance plans through the Connecticut Insurance Premium Assistance (CIPA) Program. For more information about CADAP or CIPA, please visit <https://ctdph.magellanrx.com>. The only way to know if you have an undetectable viral load is to get tested regularly. Get tested for other Sexually Transmitted Diseases too! HIV treatment does not protect against STDs.

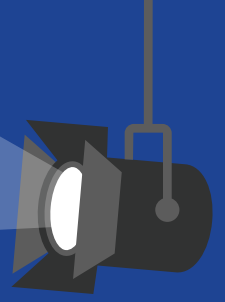
#StopHIVStigma

**BEING  
UNDETECTABLE**

*means people with HIV can lead long, healthy lives.*



# CHPC MEMBER SPOTLIGHT: ANGEL RUIZ



Allow us to introduce one of our newest CHPC members: Angel Ruiz. Angel (he/him) is originally from Rincon, Puerto Rico. He has been living in the United States for most of his life and currently resides in Manchester, CT.

Angel has played a role with CHPC as a community member for several years and decided that he wanted to become a full member because he saw how CHPC worked collaboratively with stakeholders to benefit those a part of the HIV community. He not only brings a wealth of personal experience in long-term recovery to the table, but also works professionally to advocate for individuals and families living with HIV/AIDS. Angel currently works with the Connecticut Children's Pediatric Youth and Family HIV program as a Community Health Worker providing case management, HIV counseling and testing, and sexual health education to families and youth throughout the state. He hopes that one day HIV/AIDS will be a thing of the past and can foresee that with all of our continued efforts, that dream may not be far off!

## ***What made you want to become a member of the CHPC?***

For a number of years, I have participated as a community member. The CHPC does an amazing job at convening stakeholders to work together for the benefit of the people we serve. Most notably, those same people being served are also part of the decision making at CHPC. As a member of the CHPC, I bring not only my knowledge from working in the field, but also my own lived experience as a person in long-term recovery.

## ***Relevant health professional background***

I began working in the field of public health in the late 1990's serving individuals and families living with HIV/AIDS. These early experiences cemented my commitment to serving the most at risk populations through prevention and advocacy. The impact of HIV on communities of color highlighted the health disparities which I saw first-hand every day. I understood the importance of becoming involved in coalitions and networks to advocate for changes. For Latino communities many other barriers have added to the risk factors which I could relate with on a personal level. Following my work in New York, I was fortunate to join

Latino Community Services, Inc. In various roles throughout the years.

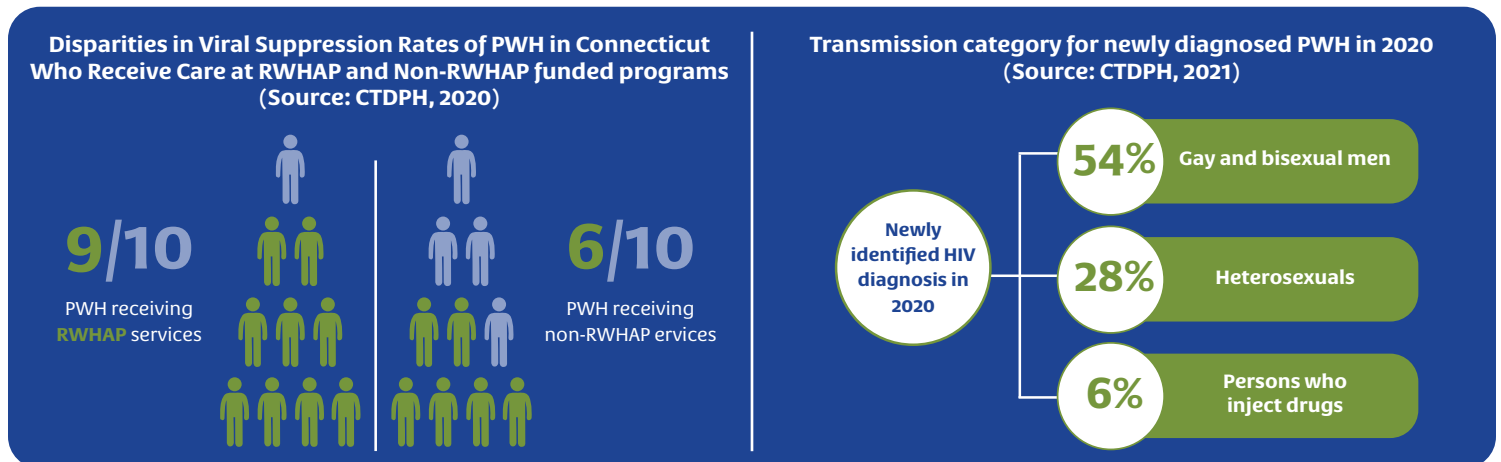
For the past ten years, I have worked as a Community Health Worker doing case management, HIV Counseling and Testing, Outreach, Sexual Health Education for Youth, and various other roles with the CT Children's Pediatric Youth and Family HIV Program (which has been serving youth and families for decades). The team I work for is comprised of dynamic individuals who share my own passion of helping others. I dream of the day when HIV/AIDS is a thing of the past. Thanks to the efforts of my colleagues and many others, that dream seems not so distant. In the meantime, we continue to work every day to maintain the health and wellness of people.

## ***Share one fun fact if you are comfortable.***





I am left-handed so I do most things like throwing a baseball with my left-hand. However, write with my right hand.

# CONNECTICUT INTEGRATED HIV PREVENTION & CARE PLAN 2022-2026

The Statewide HIV Plan provides a roadmap for how Connecticut intends to end the HIV epidemic. The main responsibility of the CHPC is the development and updating of this Plan. The CHPC submitted its most recent plan to the federal government in December 2022. The CHPC assembles partners and uses data to make the Plan a “living” document. For example, the figure below shows how gay and bisexual men account for most newly diagnosed persons with HIV (2020). Informed by the data, CT recognizes the importance of engaging Non-Ryan White providers to improve the health outcomes of all people living with HIV and not just those receiving Ryan White services.



The Plan represents a call to action for our communities and partners to address issues and to help reduce disparities among priority populations. It includes prevention & care strategies and reviews changes in the data to adjust prevention & care strategies in response to changes in the epidemic and other factors such as new prevention and treatment medications, changes in laws, and changes in provider service capacity. The Plan connects HIV prevention & care strategies to similar efforts designed to reduce hepatitis, sexually transmitted diseases, and substance use disorders. A summary of the plan is shown below. Visit the CHPC website to read the full Plan. <https://cthivplanning.org/>

 <b>PREVENT</b>	<b>Goal 1: Reduce new HIV infections to 176 by 2026 (2019 Baseline of 220).</b>
 <b>IMPROVE HIV-RELATED HEALTH OUTCOMES</b>	<b>Goal 2: Achieve a 95% viral load suppression rate among PLWH in care by 2026 (vs. 90% in 2019) and an 87% viral load suppression rate among people with diagnosed HIV (vs. 74% in 2019).</b>
 <b>ADDRESS DISPARITIES</b>	<b>Goal 3: Reduce HIV-related disparities and health inequities.</b>
 <b>IMPROVE COORDINATION</b>	<b>Goal 4: Achieve integrated, coordinated efforts that address the HIV epidemic across all partners and interested parties.</b>



# CALL TO ACTION: CONNECTICUT FORMS SEXUAL HEALTH COALITION



## WHAT CAN I DO TO PREVENT GETTING STIs/STDs AND HIV?

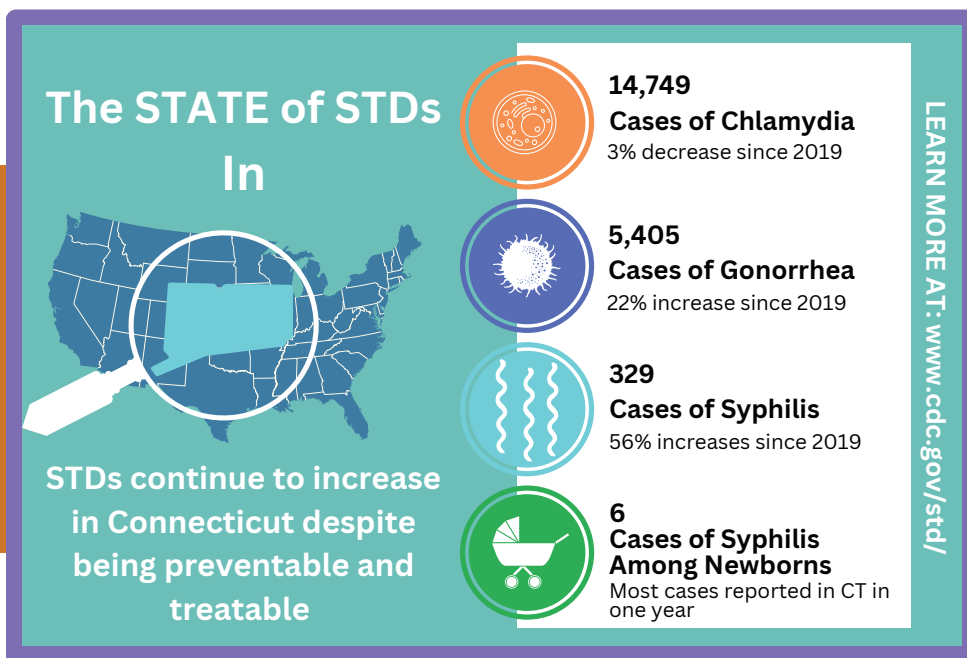
If you are sexually active, you can do the following things to lower your chances of getting STDs and HIV:

- Choose less risky sex activities
- Use a new condom, consistently and correctly, for every act of vaginal, anal, and oral sex throughout the entire sex act
- Reduce the number of people with whom you have sex
- Limit or eliminate drug and alcohol use before and during sex
- Have an honest and open talk with your healthcare provider and ask whether you should be tested for STDs and HIV
- Talk to your healthcare provider and find out if either pre-exposure prophylaxis, or PrEP, or post-exposure prophylaxis, or PEP, is a good option for you to prevent HIV infection

Source: Centers for Disease Control and Prevention HIV/AIDS & STDs

Connecticut's Statewide HIV Plan includes partnering to address other health issues most closely related to HIV such as hepatitis, substance use disorders (SUDs), and sexually transmitted diseases (STDs). Having an STD can increase the chances of getting HIV. Why? The behaviors and circumstances that increase the risk of getting an STD are the same for HIV. One example is having unprotected sex. STDs are preventable and treatable. The number of reported cases of STDs in Connecticut remains too high (see infographic).

The Connecticut Department of Public Health (CT DPH) has established a statewide Sexual Health Coalition that assembles diverse partners – individuals and providers, to develop a strategic plan in which Connecticut residents can achieve optimal sexual health. The Coalition will be identifying strategies in areas such as awareness and education, prevention, testing, linkage to care, treatment, data and accountability systems, and professional development. Contact Arleen Lewis (Arleen.Lewis@ct.gov) for more information or to get involved.





Learn more about the DPH HIV Prevention Needs Assessment results by scanning the code below:



# DPH HIV PREVENTION NEEDS ASSESSMENT SURVEY

The Connecticut Department of Public Health (CT DPH) led data collection for the first ever Statewide HIV Prevention Needs Assessment (PNA) survey. 2,038 individuals who may have received HIV prevention services completed the survey during October 2022 to December 2022. Of the respondents, 43% were White, 24% were Black or African American, and 19% were Hispanic/Latino. The PNA survey collected information across 10 areas. The PNA survey results will be used to identify gaps in HIV testing, to improve HIV prevention services, and to identify any other barriers to HIV prevention services. The CHPC is working closely with the CT DPH to understand how this information affects strategies in the Statewide HIV Plan as well as the workplans of the CHPC Committees. Click here to see a summary presentation of the Statewide HIV PNA survey.

## HIV Testing:

- 81% reported having received an HIV test in their lifetime, with 73% testing HIV-negative.
- Clinic/health centers 28% and HIV testing sites 23% were the most common locations for HIV testing.
- 33% reported being denied an HIV test at some point.

## Pre-Exposure Prophylaxis (PrEP):

- 80% had heard of PrEP, only 23% were currently taking it.
- The main reasons for not taking PrEP were not perceiving the need for it 57% and concerns about privacy and insurance 35%.

## Post-Exposure Prophylaxis (PEP):

- 76% had heard of PEP, with 27% reporting previous use.
- Difficulties in accessing PEP were reported by 11% of participants, including being outside the 72-hour window period 38% and discomfort discussing it with healthcare providers (27%).

## STI Testing:

- 60% of participants reported being tested for any STI within the last 12 months.
- 20% of participants tested positive for gonorrhea or syphilis in the last year.

## Mental Health:

- 31% reported feeling stressed, depressed, hopeless, isolated, or anxious for 3 to 6 days out of 30.
- 35% reported having suicidal thoughts in the last 12 months.

## Substance Use Disorder:

- 49% reported never injecting drugs, while 34% reported injecting drugs in the past 12 months, and 16% reported injecting drugs more than 12 months ago.

## Drug Use:

- 40% reported never using drugs, 33% reported using cannabis or K2, and 29% reported using stimulants.
- When asked if they wanted to stop using drugs, 52% said No.

# IN CASE YOU MISSED IT

## **LIVING IN COLOR, NOT ONLY IN THOUGHT. CONNECTING ONE'S INTERSECTIONS THOROUGH MENTAL HEALTH**

The Statewide HIV Plan places an emphasis on stigma reduction and addressing disparities and inequities. A high level of mistrust and feelings of stigmatization exist within communities of color and affect access to health and mental health services. The CHPC has committed to addressing issues like stigma, social injustices, and racism through ongoing discussions. This panel discussion aimed to accomplish three things:

- 1.) expand awareness about stigma as it relates to mental health services;
- 2.) increase knowledge and comfort levels to address stigma; and
- 3.) showcase some of the incredible work being done in CT. The three panelists included: Chevelle Moss-Savage, HEAL Consulting; Nichole Mayweather-Banks, Changing FACES, LLC; Bianca Alexis-Sylvain, Mind Body Rise, LLC.



*Scan the QR code for more information*

## **HIV AND HOUSING: WHAT YOU NEED TO KNOW**

The 2022 annual count of Connecticut's homeless population shows that the number of people experiencing homelessness increased for the first time in nearly a decade. Housing is one of the most important social determinants of health and is critical to ending the HIV epidemic. This panel had been assembled to discuss what every HIV social services/human services provider needs to know about housing resources and processes in Connecticut. Panelists for this event included: Steve DiLella, MA: Director, Individual and Family Support Program, CT Department of Housing. Amber Freeman, MA: Director of Training, Technical Assistance and Community Impact, Connecticut Coalition to End Homelessness. Erika Mott, LMSW, CHW: Senior Program Director, Advancing CT Together. The panel discussion was facilitated by Dr. Anthony Santella, co-chair of the CHPC Needs Assessment Projects (NAP) committee.



*Scan the QR code for more information*

## **NATIONAL BLACK AIDS AWARENESS MONTH & NATIONAL WOMEN AND GIRLS HIV/AIDS AWARENESS DAY**

In recognition of National Black AIDS Awareness Month and National Women and Girls HIV/AIDS Awareness Day and this year's theme, "Prevention and Testing at Every Age; Care and Treatment at Every Stage", CT Children's/ UConn Health Youth and Family Community Health Program brought together a dynamic group of phenomenal women and girls who are descendants of the African Diaspora, with the intent of creating a space where relationships, sisterhood and self-care can all be developed. Using sound, meditation and food as healing tools, Calvin provided a guided meditation using Tibetan bowls, breathing and other techniques. The women shared the positive impact it had for them by allowing a space for healing and getting in touch with mind, body, and soul. For interventions to be effective, the voices of women and girl's unique experiences and holistic viewpoints must be at the core of any research and intervention design to be successful in eliminating HIV.



# STAY CONNECTED. IT'S GOOD FOR YOUR HEALTH!

Loneliness is the feeling of being alone, even with a high amount of social contact. Social isolation is a lack of social connections and can lead to loneliness.

A recent report from the National Academies of Sciences, Engineering, and Medicine suggests that 1 in 3 adults aged 45 and older feel lonely, and that nearly 1 in 4 adults aged 65 and older are socially isolated.

The report highlights loneliness among other groups such as immigrants; lesbian, gay, bisexual, and transgender (LGBT) populations; and minorities. LGBT populations tend to experience more loneliness than their heterosexual peers because of stigma, discrimination, and barriers to care. Eliminating stigma and discrimination is a priority in the Statewide HIV Integrated Plan!

Why does this matter? Strong evidence exists that social isolation and loneliness affects health outcomes. For example, social isolation was associated with a 50% increased risk of dementia. Other evidence associates loneliness with higher rates of depression, anxiety, and suicide.

Stay connected. Check in with your people. Your family members. Your friends. Leaders or members of your spiritual community or peer support groups. Reach out to your healthcare providers and let them know how you are feeling.

If you or someone you know is struggling, it's okay to share your feelings. If you have nowhere else to turn, dial 988 which will connect you to mental health and suicide prevention services.

## KNOW THE NUMBER

# 988

**Suicide Prevention &  
Mental Health Crisis  
Lifeline**

Free, confidential, and  
available 24/7/365

# 911

**Medical & Public Safety  
Emergencies**

Free and  
available 24/7/365

# 211

**Resource Support Line**

(Housing, mental  
health, substance use,  
transportation & more)

Free and  
available 24/7/365



# THE ROLE OF A DISEASE INTERVENTION SPECIALIST

Disease Intervention Specialists (DIS) play an important role in ending the HIV epidemic. DIS are responsible for contact tracing or identifying the source of the disease to help limit its spread. This includes finding and engaging individuals who have been diagnosed with a reportable condition such as a Sexually Transmitted Disease (STD) or HIV. DIS review lab reports and information required by healthcare providers who are required by law to share information to reduce individual and public health risks. DIS conduct risk assessments, perform counseling, connect individuals to PrEP services

and other treatment and care resources.

Telling partners about an STD or HIV is important. It may be difficult. DIS can help with this process. This DIS process is confidential and compassionate. The DIS worker will answer questions and encourage these individuals to be tested so they can take care of themselves and their loved ones. Watch this 2-minute video to learn more about the process. <https://www.youtube.com/watch?v=oRqTxROMGb4>

The Connecticut Department of Public Health (CT DPH) organizes its DIS into two regions with hubs in Hartford and New Haven. For more



information, contact the DIS hub leads. In Hartford contact Kimberly Williams (Kimberly.williams@ct.gov) and in New Haven contact Nathan Santana (Nathan.santana@ct.gov). Remember to celebrate National DIS recognition day on October 6, 2023!



## INTERESTED IN CONTRIBUTING TO THE NEXT CHPC NEWSLETTER?

Reach out to Dante Gennaro,  
Chair of the CHPC Membership and  
Awareness Committee (MAC)  
[dante.gennaro@yale.edu](mailto:dante.gennaro@yale.edu)  
or  
committee support staff Ken Plourd  
([plourd@xsector.com](mailto:plourd@xsector.com))

## NEW CHPC MEMBERS NEEDED

**Interested in joining the CHPC?** Are you a member of the HIV prevention and care provider community? Are you a person with HIV or who has lived experience with the justice system, substance use disorders, hepatitis, sexually transmitted diseases, or PrEP? Are you able to participate in CHPC meetings from **9:00 am to 12:30 pm on the third Wednesday of each month?** Eligible CHPC members get stipends and transportation support!



# BLOOD DONATION NOW MORE INCLUSIVE FOR THE LGBTQ+ COMMUNITY

On August 7, 2023, the American Red Cross began to use a new individual donor assessment for all blood donors regardless of gender or sexual orientation. Said another way, the questions will be the same for every donor. This change reflects the latest recommendations by the U.S. Food and Drug Administration (FDA) to reduce the risk of transfusion-transmitted HIV. The new approach eliminates the waiting period and screening questions specific to men who have sex with men (MSM) and women who have sex with MSM.

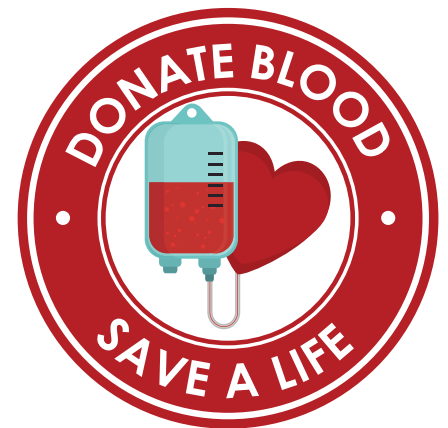
The guidelines still require a waiting period for some individuals. All potential donors who report having a new sexual partner, or more than one sexual partner in the past three months, and anal sex in the past three months, will still need to wait to reduce the likelihood of donations by individuals with new or recent HIV infection. Also, individuals who take medication to treat or prevent HIV infection such as antiretroviral therapy (ART), pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) will need to wait.

Individuals on these medications should not stop taking their prescribed medications to donate blood. The medications are safe and effective. The FDA is still in the process of evaluating additional options to expand

inclusivity and reduce stigma and discrimination. Some advocates have suggested that insurance companies pay for an HIV viral load test prior to the actual donation to confirm the potential donor is HIV negative.

Progress looks different every day and sometimes takes decades to occur. Champions have been challenging the FDA's initial "lifetime ban" on MSM donations since it was instituted in 1985 and adjusted in 2015. Much appreciation to all of Connecticut's champions who shared their voice on this issue over the years. Much work remains.

The statewide Integrated HIV Plan identifies eliminating disparities, discrimination, and stigma. The Plan includes strategies such as the TEST CT (Tell Everyone to Screen and Test) campaign, the new routine HIV testing legislation, the use of a status neutral approach to care – a whole person approach to HIV prevention and care, and increased access to PrEP/PEP. All of these will help end the HIV epidemic. All of these will help expand individuals who can save lives through blood donation!



# UPCOMING AWARENESS DAYS 2023

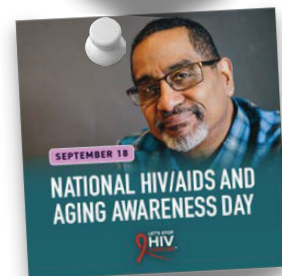
**August 30th -**

National Faith HIV/AIDS Awareness Day



**September 18th -**

National HIV/AIDS and Aging Awareness Day



**September 27th -**

National Gay Men's HIV/AIDS Awareness Day



**October 6th -**

National DIS Recognition Day



**October 15th -**

National Latinx AIDS Awareness Day



**December 1st -**

World AIDS Day



# COMING SOON

Getting2U is a podcast for healthcare professionals who work with people highest at risk for acquiring, or currently living with HIV. Through short, meaningful, and real conversations, Dante Gennaro, Peta-Gaye Nembhard, and Dr. Sharen McKay interview subject matter experts to discuss hot topics and spread meaningful information to improve the health outcomes of those affected and impacted by HIV.





# UPCOMING CHPC MEETINGS

September 20th	October 18th	November 15th
<p><b>9:00am in person meeting will be in-person at the Chrysalis Center in Hartford.</b></p> <p><b>*Committee Meetings Immediately Follow the Main Meeting</b></p>	<p><b>9:00am Virtual Meeting</b></p> <p><b>2023 Quality Summit</b></p> <p><b>Presented by the Quality and Performance Measures (QPM) Team.</b></p>	<p><b>9:00am Virtual Meeting</b></p> <p><b>Final CHPC Meeting for 2023</b></p> <p><b>*Committee Meetings Immediately Follow the Main Meeting</b></p>





# CHPC Word Scramble

**iernpnveto**

\_\_\_\_\_

**ameetrtn**

\_\_\_\_\_

**ngsetit**

\_\_\_\_\_

**iamsgt**

\_\_\_\_\_

**estpaiisdir**

\_\_\_\_\_

Answers: prevention, treatment, testing, stigma, disparities



[cthivplanning.org](http://cthivplanning.org)