



Connecticut HIV Planning Consortium

17 March 2021 Meeting Summary



Location:	Zoom virtual meeting	
Date:	17 March 2021	Recorders: Michael Nogelo/Dave Bechtel
Start Time:	9:37 a.m.	End Time: 10:56 a.m.
Presiding Chairs:	Nilda Fernandez, Dante Gennaro, Barry Walters	
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 February 2021 meeting summary; b) The planning guidance for the next five-year plan will not be released until summer 2021, and the new plan will be due in December 2022; c) CHPC co-chair Dante Gennaro has begun to attend Ryan White Part A Planning Council meetings to strengthen information sharing; and d) Everyone identifying as LGBTQ+ is encouraged to participate in a statewide LGBTQ+ Needs Assessment Survey being administered by an LGBTQ+ service providers network.
- Ramón Rodríguez-Santana delivered a brief “knowledge build” presentation on the impact of COVID-19 on HIV testing in Connecticut.
- Nilda Fernandez, Alberto Cifuentes, and John Bonelli delivered the featured presentation on using a sex-positive lens in HIV and Sexually Transmitted Infection (STI) prevention and care.
- CHPC committees conducted virtual meetings from 11:00 a.m. to as late as 12:30 p.m.

CALL TO ORDER and MOMENT OF SILENCE

CHPC Co-Chair Barry Walters called to order the Connecticut HIV Planning Consortium (CHPC) at 9:37 a.m., offered tips to help create a productive virtual meeting environment, and introduced his fellow CHPC Co-Chairs Nilda Fernandez and Dante Gennaro.

Ms. Gennaro explained that the CHPC is a statewide HIV prevention and care planning body that exists to reduce the rate of new infections and to help those living with and affected by HIV/AIDS connect to services. The CHPC’s vision is to help end the HIV epidemic and connect individuals living with or affected by HIV/AIDS or other diseases such as Hepatitis or Sexually Transmitted Infections (STI).

Mr. Walters 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.

CHPC LEADERSHIP ANNOUNCEMENTS

Mr. Walters reviewed the agenda for the day’s meeting.

Mr. Gennaro announced that:

- CHPC members had voted remotely to approve the February 2021 meeting summary.
- The planning guidance for the next five-year plan will not be released until summer 2021, and the new plan will be due in December 2022.
- He had recently begun to attend Ryan White Part A Planning Council meetings to strengthen information sharing.



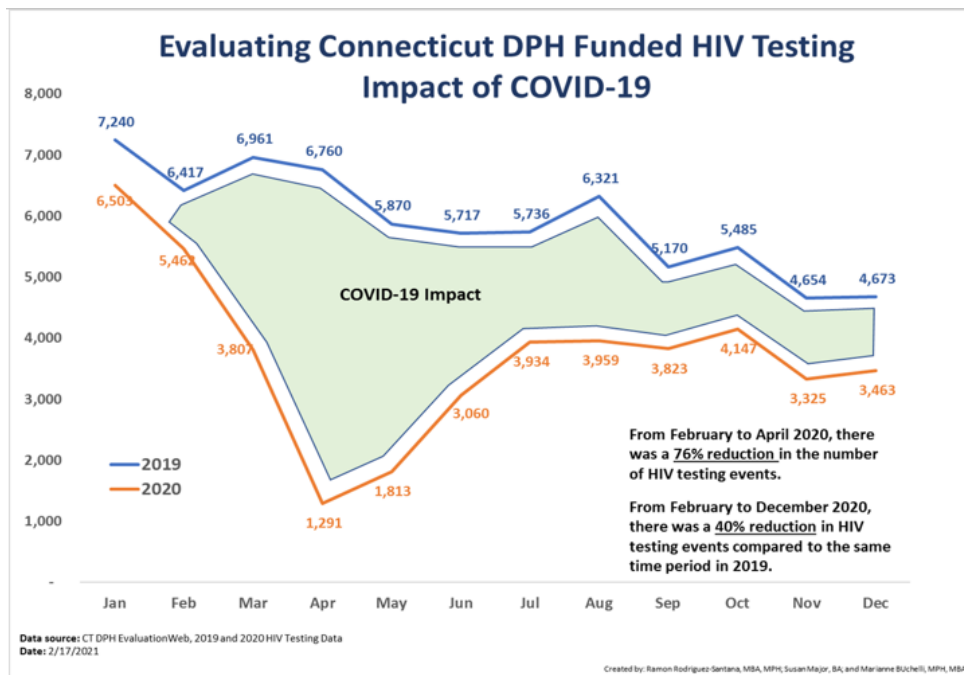
- A network of LGBTQ+ health and human service providers have united to form a group known as "The Network." In collaboration and support of the group, the Connecticut Department of Public Health (CT DPH) is endorsing and promoting their statewide LGBTQ+ Needs Assessment Survey. Everyone who identifies as LGBTQ+ is encouraged to click on the following link to participate. https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_3sCRlqANsi5QXFY
- The CHPC Membership and Awareness Committee (MAC) is looking at ways to engage support groups, as well as other strategies to get more input from people living with HIV (PLWH) to ensure their voices are represented in the CHPC’s work.

KNOWLEDGE BUILD: IMPACT OF COVID-19 ON HIV TESTING IN CONNECTICUT IN 2020

Mr. Gennaro introduced Ramón Rodriguez-Santana from CT DPH for a brief presentation on the impact of COVID-19 on HIV testing in Connecticut.

Mr. Rodriguez-Santana showed a slide summarizing HIV testing data pre-COVID and during COVID. HIV test events went down by 26,000, but the goal of conducting 30,000 HIV tests was still achieved. There was a higher seropositivity rate in 2020 compared to 2019.

Mr. Rodriguez-Santana then presented a visual showing the differences in testing patterns between 2019 and 2020. The visual shows a big increase in HIV tests from April 2020 to July 2020, then a steady rate of testing from July to September, then an increase from September to October. The 2019 and 2020 trends look similar from September to December, which indicates that the gap is being closed with pre-COVID testing after a 40 percent reduction in HIV testing events. Mr. Rodriguez-Santana said the big takeaway message is that agencies developed and implemented new, innovative ways to deliver HIV testing services.



Mr. Rodriguez-Santana said that, in 2021, CT DPH will summarize data on the impact of COVID-19 on syringe services programs (SSP). The preliminary results show an increase in SSP delivery.



CHPC PRESENTATION: USING A SEX-POSITIVE LENS IN HIV/STI PREVENTION AND CARE

Mr. Gennaro welcomed Ms. Fernandez, Alberto Cifuentes, and John Bonelli to deliver the featured presentation titled, “Using a Sex-Positive Lens in HIV/STI Prevention and Care.”

Table 1 shows the results of an interactive poll on participants’ previous access to training on sex-positivity:

Table 1.

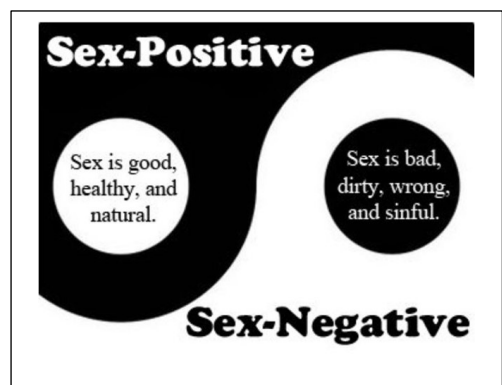
Question: Check the statement that best describes your access to training on sex positivity		
Response	Number	Percent
I have never attended a sex positive workshop or training	26	48%
I have attended a sex positive workshop or training in the past 12 months	5	9%
I have attended a sex positive workshop or training more than 12 months ago	23	43%

Ms. Fernandez introduced Mr. Cifuentes and Mr. Bonelli, and said that the presentation would introduce another tool to help Connecticut’s HIV community to end the HIV epidemic. Collaboration has been a key in working to end the epidemic. The presentation represents an opportunity for providers to dialogue and improve their practice. Ms. Fernandez asked participants to write in the chat box what sex-positivity means to them, and then shared several participants’ responses.

Mr. Cifuentes covered a community agreement for the presentation (maintain a brave space, open dialogue, respect differences, honor diversity, agree to disagree, no assumptions – other than good intentions, use “I” statements, and ensure confidentiality). The goals of the workshop (which has only previously been done with social workers) included: a) encouraging a safe, non-judgmental dialogue about sex, sexuality, and sexual behavior in HIV/STI prevention and care; b) discussing the language and skills needed to be frank and open about sex, sexuality, and sexual behavior with clients/patients/consumers, especially regarding HIV and other STIs; and c) introducing effective practices and models of sex-positive HIV/STI prevention and care that will contribute to ending the HIV epidemic.

Mr. Cifuentes explained that being “sex-positive” means being open, communicative, and accepting of individuals’ differences. It does not mean having frequent sex or condoning all sexual activity. It is built on the concepts of safety and consent. Sexuality is shaped by interactions of many factors, including biological, psychological, cultural, legal, and spiritual. It recognizes intersectionality – the confluence of many identities that interact to present barriers. Each person is unique when considering the complex intersectionality among the dimensions of human diversity. When sex is a taboo topic or is talked about in hushed tones, it severely restricts the range of human diversity and contributes to marginalization and othering.

Mr. Cifuentes shared a visual from Dr. Michael Aaron illustrating the difference between sex-positive and sex-negative.



Mr. Bonelli provided context on why the effort to gain acceptance for sex-positivity has been an uphill battle due to societal, governmental, and corporate factors, among others. He acknowledged his own personal, lifelong journey to unpack his sex-negativity and phobias. He shared a sex-positive bill of rights and action plan with rights for:



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- Clients/consumers: Non-judgmental, open, affirming staff; staff trained in sex and sexuality for people of varying sexual orientations, gender identities, and “kinks”; resources in languages other than English; respect confidentiality, anonymity, boundaries, and consent; and self-determination and self-identification.
- Providers/practitioners and staff: Clarify agency values; distinguish personal bias/prejudices from professional values; safe space to address personal challenges and professionalism; supervision to address any discomfort or trauma that talk about sex and sexuality evokes; training and supervision to enhance capacity and skills; and removal of agency barriers to fit a sex-positive model of service and education.

Mr. Bonelli shared recommendations for agencies to: a) assess the service environment to promote sex-positivity; b) develop sex-positive resource referrals; c) support the adoption of public policy that supports the sex-positive movement; and d) develop organizational policies that support sex-positivity.

Mr. Cifuentes shared a link to a Google Doc with the full sex-positive bill of rights and action plan: https://docs.google.com/document/d/1oOOMrTr1OAn_qkbfXFT3Ue9H3WfAn4Dgva5ds4g1b5k/edit?usp=sharing.

Mr. Cifuentes shared ways sex-positivity benefits prevention and care (strengths vs. deficits perspective, harm reduction (incorporates pleasure), empowers gender and sexual minorities, language matters, promotes open and honest communication, builds client-provider trust, resists othering and marginalization, encourages peace-making and negotiation, promotes active listening, self-control and healing).

Mr. Cifuentes shared several barriers and challenges to adopting a sex-positive approach (shame and stigma, discomfort and anxiety, institutional pushback, lack of education and competency, fear of crossing professional and ethical boundaries, personal and institutional biases and prejudices, sex used as a tool for social control, restrictions on federally-funded agencies showing graphic images), and acknowledged that service providers must walk a fine line when working with clients who have experienced sexual trauma.

Ms. Fernandez discussed efforts to promote sex-positive messaging across all populations (e.g., genders, races, ethnicities, and ages) while being mindful of clients’ sexual traumas. Mr. Cifuentes and Ms. Fernandez showed several messaging campaign videos and images with sex-positive messages. Sex-positive characteristics of these videos and images included: a) sexual innuendo; b) connecting pleasure with messages about safety and personal responsibility (e.g., connecting hook-up culture with HIV testing); and c) risqué images and messages that get people’s attention.

Ms. Fernandez recommended employing a harm reduction lens in sex-positive STI/HIV prevention by infusing prevention messaging with the pleasure principle; including pleasure as part of the harm reduction conversation; and using sex-positive graphics and visuals. These concepts can be applied in groups, individual work, and marketing campaigns. Ms. Fernandez shared best practices for delivering status-neutral treatment using a sex-positive approach, including HIV/STI screenings; linkage to HIV care services and PrEP (pre-exposure prophylaxis) resources; engaging with clients rather than with their behaviors; exploring attitudes, values, and feelings; building trust; and asking questions. Ms. Fernandez shared information on sex-positive approaches to working with women and youth, including intervention models and evidence-informed interventions. It is particularly important to talk with youth about balancing sexual pleasure with safety.

Mr. Bonelli shared information about navigating dating and sexual hook-up sites (e.g., Tinder, Grindr, Scruff, Adam4Adam, Plenty of Fish), as well as bars, clubs, and sex work.



Ms. Fernandez said sex-positivity in prevention and care during the COVID era emphasizes status-neutral treatment, a focus on harm reduction/pleasure, PrEP, in-home HIV testing, telehealth, and digital and print materials, and must now address COVID vaccine trust vs. distrust.

Mr. Cifuentes shared links to resources and websites, and said the slides would be shared with the group.

Table 2 shows the results of a post-presentation poll to gauge participants' comfort applying sex-positivity to their practices and personal lives.

Table 2.

Question: Check the statements that you believe are true or mostly true for you.		
Response	Number	Percent
I feel confident that I understand the meaning of sex positive	40	85
I am confident that I can make a change in my own actions or language to support a sex positive approach in my personal life	37	79
I am confident that I can help create change at my organization or in my community to support a sex positive approach	32	68

Mr. Bonelli shared chat box insights from participant Luis Irizarry insights about sex negativity in the LGBTQ community amongst anything considered feminine, or "Bottoms" being ridiculed as a target of jokes, and resistance towards drag and trans communities.

Mr. Bonelli brought up the challenge of pushing prevention messages on social media hook-up sites. Mr. Walters said some hook-up sites will still kick people off who push prevention messages, or the bots will catch certain images before they are even published. Bob Sideleau said the New England AIDS Education and Training Center (NEAETC) would be happy to support trainings on the use of social media for prevention.

- Mr. Walters asked the presenters to respond to a question from a participant about the difference between sexual health and sex-positivity.
- Mr. Bonelli shared a definition of sexual health, and said sex-positivity takes it a step further to fight for sexual liberation. Mr. Cifuentes said sex-positivity is a way of framing sexual health – it is a lens to look at sexual health.

Mr. Gennaro thanked the presenters, and said the CT DPH prevention team encourages sex-positive messaging. People are more receptive to information presented with a sex-positive message.

Ms. Fernandez encouraged participants to bring this information into HIV planning conversations, but also into conversations in other walks of life.

OTHER BUSINESS

Mr. Walters invited CHPC members and public participants to introduce any other business in the chat box.

ADJOURNMENT

Mr. Walters 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. Mr. Walters thanked everyone for a productive meeting, and adjourned the meeting at 10:56 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	Oct
Victor	Acevedo	1	1	1							
Melanie	Alvarez	1	1	1							
Laura	Aponte	1	0	1							
Erma	Benedetto	1	1	1							
Thomas	Butcher	1	1	0							
Gigi	Chaux	1	1	1							
Brian	Datcher	1	1	1							
Xavier	Day	1	1	1							
Martina	De La Cruz	1	1	1							
Natalie	DuMont	1	1	1							
Taylor	Edelmann	0	1	1							
Stephen	Feathers	1	1	1							
Nilda	Fernandez	1	1	1							
Carl	Ferris	1	1	1							
Jose	Figueroa	0	0	0							
Dante	Gennaro	1	1	1							
Tawana	Guadarrama	1	1	1							
Cynthia	Hall	0	1	1							
Marcelin	Joseph	1	1	1							
Reggie	Knox	1	1	1							
Ronald	Lee	1	1	1							
Debra	Lombardo	1	1	1							
Luis	Martinez	0	0	0							
Waleska	Mercado*	-	-	-							
Mitchell	Namias	1	1	1							
Peta-Gaye	Nembhard	1	1	1							
Clara	O'Quinn	0	1	0							
Bob	Sideleau	1	1	1							
Jeffrey	Snell	0	1	0							
Roberta	Stewart	1	1	1							
Barry	Walters	1	1	1							
TOTAL		24	27	25							
PERCENTAGE		80%	90%	83%							

*On leave while CHPC meetings are virtual



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PUBLIC PARTICIPANTS (1 = present)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Alford, Claudia	1									
Allen, Whitney			1							
Amadour Bueno, Fabio			1							
Birth, Sheila			1							
Bonelli, John			1							
Boone, Joyce			1							
Brown, Jean		1	1							
Buchelli, Marianne	1	1	1							
Cifuentes, Alberto			1							
Cisneros, Max			1							
Cole, Christopher	1									
Croasdale-Mills, Angelique	1	1	1							
Cruz, Ginger	1									
D'Angelo, Gina	1	1	1							
Danvers, Karina		1								
Davidson, Daniel	1		1							
Del Vecchio, Christina	1	1	1							
Demidont, A.C.	1	1								
Díaz, Luis	1	1	1							
Díaz-Olivares, Yanira			1							
Dones-Mendez, Dulce	1	1	1							
Figueroa, Jessica			1							
Floyd, Letrell	1									
Francis, Shannon			1							
Gowell, James	1									
Henriquez, Wanda	1									
Heron, Venesha	1	1	1							
Hong, Grace	1	1								
Hulton, Daniel	1	1	1							
Irizarry, Luis			1							
Janssen, Doug		1								
Jean-Baptiste, Clunie	1	1	1							
Jones, Coley	1	1	1							
Kelly, Pat		1								
Kenny, Will	1									
Kominske, Angela	1									
Kotey, Dionne	1	1	1							
Lane, Stuart			1							
Linardos, Heather	1		1							
Magaña, Luis	1	1	1							
Mairena, Oscar		1	1							
Maria Lorenzo		1								
Major, Susan	1	1	1							
McDavid, Kiana	1	1								
McMullen, Fran	1									
McNair, LaTonya			1							
McPherson, Loretta			1							
Mierzwa, Sharon			1							
Mitchell, Gabrielle	1									
Moore, Kelly		1	1							
Moranino, Marlene	1	1								
Mott, Erika		1	1							
Muñoz, Consuelo	1	1	1							



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Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
N, Joe	1									
Novis, Steve	1		1							
Ostapoff, Michael	1	1								
Pawlow, Dustin	1	1								
Pierre-Louis, Luje	1	1	1							
Pollard, LaJeune			1							
Quettant, Francesca	1									
R, Rich	1									
Ramos, Alyssa	1									
Rodriguez-Santana, Ramón	1	1	1							
Romanik, Christine	1	1	1							
Ruiz, Angel	1	1	1							
Salazar, Juan	1									
Sergeon, Tajae			1							
Smith, Khelsey	1	1	1							
Speers, Sue	1	1	1							
Tengatenga, Cecil		1								
Thuillier, Antoinette	1									
Vargas, Jennifer	1	1	1							
Vazquez-Yopp, Melinda	1	1	1							
Velez, Idiana	1	1								
Warren-Dias, Danielle	1	1								
Wimbish, Roselyn	1	1								
Unidentified participants	8	4	2							
TOTAL COUNT	58	44	48							