



CONNECTICUT HIV
PLANNING CONSORTIUM

SEPTEMBER 2022

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



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MISSION STATEMENT:

To create a coordinated state-wide prevention and care system in which the rate of new HIV infections is reduced, and those who are living with and affected by HIV/AIDS are connected to appropriate care and support services.

RECOVERY & HARM REDUCTION:

What Communities Do We Really Serve?

By Alixe Dittmore, Training and Content Development Coordinator,
National Harm Reduction Coalition

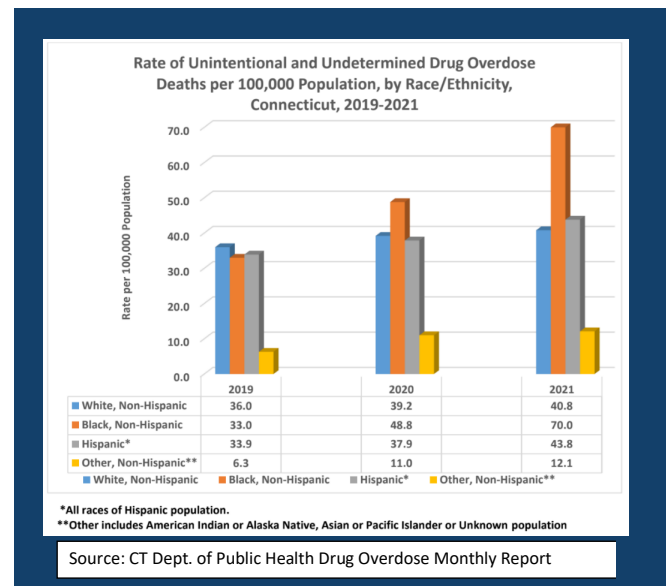


As we close out August with International Overdose Awareness Day and enter September's National Recovery Month, I ask providers this question: "What communities do we really serve?"

During the June CHPC meeting, I spoke with two other panelists about substance use, recovery, harm reduction, and overdose prevention. Since fentanyl entered the drug supply, we have seen drastic upticks in non-fatal and fatal overdoses nationwide, with corresponding increases in federal funding. What we do with that money is critical. Safe consumption spaces are slowly becoming a reality in some parts of our nation. The continued expansion of harm reduction in public health is life-saving - but for who?

In Connecticut, we cannot talk about these subjects without addressing the stark racial disparities in who we are losing to fatal overdoses. From 2019 to 2021, the rate of drug overdose fatalities among non-Hispanic Black residents more than doubled (see chart). As more providers, agencies, and people begin to integrate harm reduction into their practices and services, I ask again: "What communities do we really serve?" If we integrate harm reduction but fail to address our own implicit biases and inequities within our own programs, we will perpetuate the harms that cause this grave disparity. Visit the CT Harm Reduction Alliance (ghrc.org) and National Harm Reduction Coalition (harmreduction.org) websites for information and resources.

We all need funds for more than just safer drug use supplies and Naloxone. We also need more safe consumption spaces in communities that need them most. We need to bring our services directly into underserved communities, because only then will we truly begin to bridge gaps and help set pathways to recovery for all people.



The time is now.



UPCOMING VIRTUAL CHPC Meetings

September 21st | October 19th | 9:15 am

[Click here for the Meeting Link](#)

NEW CHPC MEMBERS NEEDED!

The CHPC needs new members - particularly people with HIV - who are committed to the CHPC's HIV care and prevention mission and can attend meetings from 9:00 am to 12:30 pm on the third Wednesday of each month.

Applicants are encouraged to **ATTEND** a CHPC meeting before joining. CHPC members who are not employed are paid for their time.

[CLICK HERE TO APPLY!](#)

visit ctshivplanning.org or call 866-972-2050 ext. 30 for more information or to apply!

2022-2026 INTEGRATED HIV PLAN DEVELOPMENT

At its September 21 meeting, **the CHPC will vote on the goals and objectives for Connecticut's 2022-2026 Integrated HIV Prevention and Care Plan**, our statewide plan to: 1) Prevent new HIV infections; 2) Improve HIV-related health outcomes for people with HIV (PWH); 3) Reduce HIV-related disparities and health inequities; and 4) Achieve integrated, coordinated efforts that address the HIV epidemic. This will solidify the framework to complete the Plan, which the CHPC will vote on in the fall.

The CHPC has created a variety of opportunities for dialogue to ensure that the Plan captures the voices of all stakeholders, and to prepare CHPC members for the upcoming votes.

- The CHPC Quality and Performance Measures (QPM) Team worked for several months to set goals for the Plan's HIV-related indicators such as new diagnoses, knowledge of HIV status, linkage to care, viral load suppression, and disparities, as well as indicators related to sexually transmitted infections, hepatitis C, and substance use.
- During the July CHPC meeting, the CHPC Needs Assessment Projects (NAP) Team shared themes from its review of three Ryan White needs assessments of PWH in Connecticut, and participants broke into small groups to discuss the most surprising information from the needs assessments, the top needs for PWH, and other needs assessments that would be useful.
- During the August CHPC meeting, participants in breakout rooms identified priority activities that must occur to achieve the Plan's goals and objectives, as well as actions the CHPC can take to support a statewide, integrated prevention and care approach to these activities.
- The CHPC Membership and Awareness Committee (MAC) has visited support groups statewide to expand community input on the important issues addressed in the Plan.



PPCT CHAIR

Marcelin Joseph

Born and raised in Bridgeport, **Marcelin Joseph** works as the Greater Bridgeport Area Prevention Program (GBAPP) HIV Program Coordinator while pursuing a Masters in Public Health with a concentration in Health Promotion. Marcelin is excited to bring his passion for promoting health using a health equity lens and developing inclusive health communication messaging to PPCT as its new Chair.

Positive Prevention CT (PPCT) is an HIV prevention workgroup funded by the U.S. Centers for Disease Control and Prevention. PPCT creates innovative, thought-provoking, and informative health communication campaigns and strategies for the populations most at risk for contracting HIV in Connecticut. PPCT seeks new members to help create new HIV prevention campaigns and attend virtual PPCT meetings on the second Monday of each month from 10:00-11:30 am.

Over the past few months, PPCT has been developing a statewide Routine HIV Testing Awareness social marketing campaign to increase public awareness of Connecticut's new routine HIV testing legislation. This legislation will require Connecticut primary care providers to - starting January 1, 2023 - offer HIV tests to all patients 13 or older, with certain exceptions. HIV testing will become part of annual routine testing alongside testing for diabetes, cholesterol, and more! An article on page 5 of the June CHPC newsletter summarized the new legislation.

PPCT created several draft campaign materials incorporating feedback from partners across the state. After brainstorming many ideas, PPCT came to consensus on the campaign tagline **TEST CT (Tell Everyone to Screen and Test Connecticut)**.



UPCOMING MEETINGS

PPCT now meets at **10:00am** on the **2nd Monday** of every month

PLEASE NOTE:

Meetings are virtual until further notice.

Contact David Reyes at reyes@xsector.com for a meeting invite!

ANYONE INTERESTED IN JOINING POSITIVE PREVENTION CT SHOULD VISIT positivepreventionct.org and contact Marcelin Joseph (Mjoseph@Gbapp.org).

T.E.S.T. CONNECTICUT!

Tell Everyone to Screen and Test!

- DIABETES/A1C LEVELS
- HEPATITIS
- SEXUALLY TRANSMITTED INFECTIONS
- HIV
- CHOLESTEROL
- BLOOD PRESSURE

TEST TODAY!

GETTESTEDCT.COM



After rallying around the TEST CT tagline, PPCT outlined a plan to disseminate the campaign through social media channels (e.g., Facebook, Instagram, Twitter, and TikTok) and through static materials such as digital/traditional billboards, interior/exterior bus ads, and interior train ads. PPCT conducted several photo and video shoots in the community to collect content for audio/video ads to be disseminated through gas stations, grocery stores, in-mall store directories, waiting room televisions, and local news networks. We can't wait for everyone to see the results of all this hard work when the campaign launches in October!



HOUSING = HEALTHCARE

By Melanie Alvarez



Activists have been screaming “Housing is Healthcare” for years. Research by the National AIDS Housing Coalition shows that, for people with HIV (PWH), being stably housed is positively associated with:

- **Effective antiretroviral therapy**
- **Viral suppression**
- **Lack of co-infection with hepatitis C or tuberculosis**
- **Reduced mortality**

Consumer assessments consistently identify housing as a top priority, but housing is under-resourced due to shrinking Ryan White dollars and its classification by the Health Resources and Services Administration (HRSA) as a support service: Ryan White grantees must spend 75% of their funding on medically-related services and 25% on support services, and the waiver process is cumbersome. The COVID-19 pandemic has further limited the resources available for housing for PWH.

Housing people with lower income and a history of housing issues is challenging, regardless of HIV status. While landlords have been known to remove PWH tenants after discovering their HIV status or discriminated against them in other ways, this type of discrimination is hard to prove and most landlords are savvy enough to evade

accountability. Thankfully, the CT Fair Housing Center (ctfairhousing.org) can help with complaints and legal advice, but many PWH who choose to keep their status private struggle to hold landlords accountable.

Connecticut has an interesting recent housing story. During the pandemic, the rent moratorium benefitted many people who could not pay rent due to lost income. But the housing inventory declined as many people moved from New York City for health and safety concerns, and pandemic-related losses caused landlords to select more lower-risk applicants with better credit histories and higher incomes and to raise rents. Given the financial constraints many PWH face, the need for eviction prevention efforts and supportive housing units has never been greater.

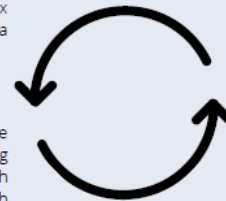
Homelessness and HIV: a cycle

Homelessness increases risk of HIV

People who are homeless or unstably housed have HIV infection rates as much as 16x higher than people who have a stable place to live

At least half of all people living with HIV/AIDS experience homelessness or housing instability

Daily survival needs, exposure to violence, coping mechanisms, mental health and risks associated with homelessness increase risk of HIV infection.



Stigma & discrimination against those living with HIV create barriers when trying to find and keep stable housing.

HIV infection increases the risk of homelessness

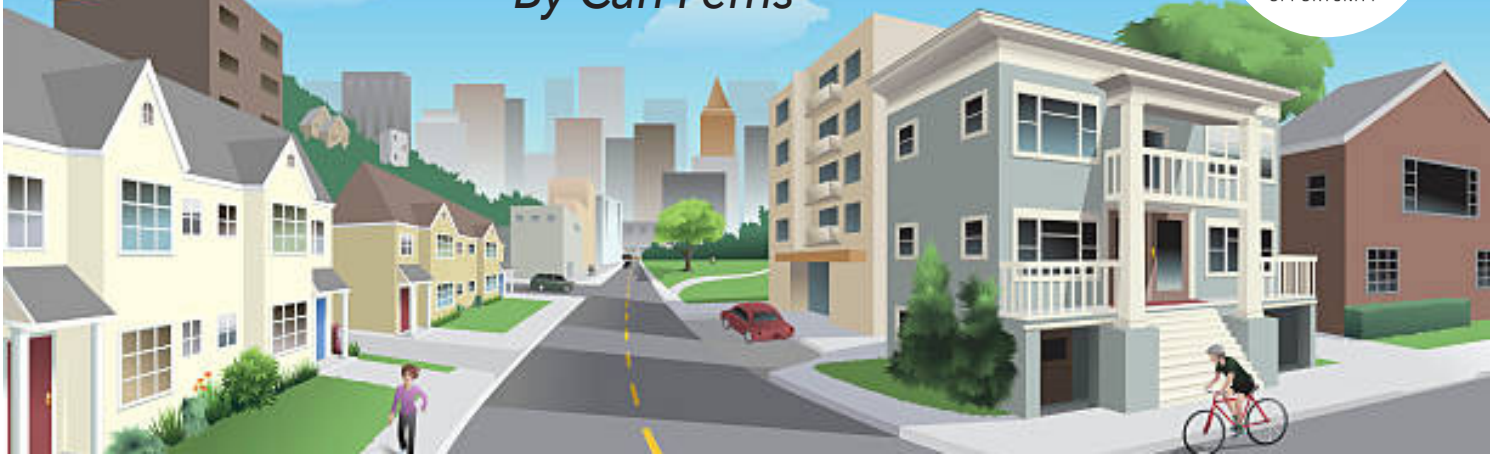
Source: National AIDS Housing Coalition

To end the HIV epidemic, we must prioritize housing PWH and providing the services and supports necessary for PWH to be successful and healthy. We must incorporate the voices of PWH in the design of service delivery systems that address the stigma and challenges PWH face when seeking homes and housing programs.



My Housing Journey

By Carl Ferris



When I was diagnosed with HIV and lost my job in 2001, I realized that I needed to do a lot on my own. I went to the Columbus House shelter in New Haven. I wasn't comfortable with my new diagnosis, but I immediately had to decide whether to share my status with the shelter case manager. Because I did, I got a secure bed with funding from the federal Housing Opportunities for Persons With AIDS (HOPWA) program, so I knew my shelter bed would be there every night.

I settled in at the shelter. I used my food service experience to volunteer, I got clean, and I mentored other residents. It was easy to get complacent because I was housed, but after seven years, I learned about the HOPWA transitional housing program for people with HIV (PWH), but I worried about being stigmatized if I went to HIV housing. No one knew my HIV status at the shelter, so I decided to stay.

Soon after, my case manager put me on the Section 8 list because it would be quicker than applying for permanent housing through HOPWA. By this time,

I was attending the Connecticut HIV Planning Consortium, the Ryan White Planning Council, and a support group, and I learned about resources and made connections to people like Tom Butcher and Shawn Lang.

After three years, I finally got my Section 8 voucher in 2015. I was more comfortable with my HIV status at that point, but I had heard stories about housing discrimination, so I chose not to disclose my status on applications. I got an apartment where I have been living without any issues for the past seven years.

I have some thoughts on the housing system for PWH. First, housing PWH must be prioritized - more funding for HOPWA would reduce the wait list, and many PWH (especially after homelessness) need support with things like caring for an apartment, budgeting, substance use and mental health, and managing HIV. I also think we have come too far to still put PWH in one place and others somewhere else - we are one society! I urge case managers to learn about HOPWA and tell their clients about it. Finally, I urge PWH to learn about HIV and housing programs, advocate for yourself, and never give up!





EVER BEEN DIAGNOSED WITH AN STI, HEPATITIS, OR HIV?

HAVE YOU EVER BEEN TREATED FOR SUBSTANCE USE DISORDER?

WANT TO EARN MONEY SHARING YOUR EXPERIENCES?

We are looking for panelists to discuss their experiences with HIV, Hepatitis, Sexually Transmitted Infections, and/or Substance Use Disorder!

THE CONNECTICUT HIV PLANNING CONSORTIUM PRESENTS:



**WEDNESDAY OCTOBER 19TH
9:10-10:45 AM
CHPC VIRTUAL MEETING**

Topic of Discussion



THE EPIDEMICS IN CT!

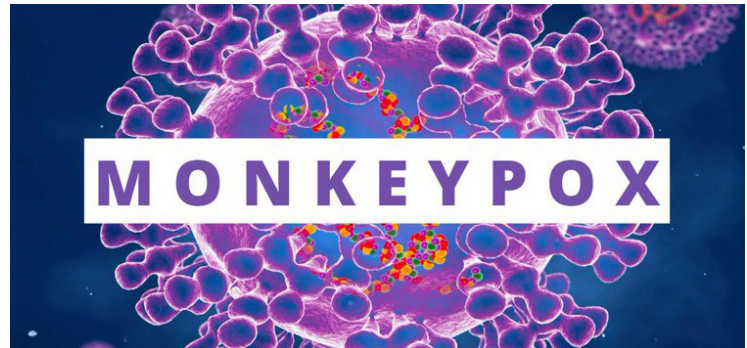


Interested? Click or Scan to tell us about yourself!

FOR MORE INFORMATION, CONTACT:

MICHAEL NOGEOLO
nogelo@xsector.com
203.772.2050 ext. 28





Last spring, for the first time since March 2020, life seemed ready to return somewhat to the way it was before COVID. The weather was getting warmer, people were out and about, Pride month was around the corner, and summer vacations were coming...what could go wrong?

Then came May 2022. News spread quickly about an outbreak of a rare (and regrettably-named) disease called monkeypox that had begun sweeping through the gay community. Many health organizations, including the U.S. Centers for Disease Control and Prevention, compared the outbreak to the HIV epidemic and warned of the danger and stigma of labeling this virus a "gay disease." HIV and other infectious diseases have proven to be anything but picky: they literally want to spread to everyone they encounter!

As of this writing in August, there have been more than 10,000 monkeypox cases reported nationwide, including 57 in Connecticut. Vaccines have been distributed to 15+ clinics statewide, along with eligibility criteria due to the limited number of vaccines provided by the federal government.

Everyone should be on the lookout for monkeypox symptoms, which include fever, headaches, muscle aches, backache, swollen lymph nodes, chills, exhaustion, and a rash that can look like pimples or blisters and can appear anywhere on the body - including the mouth, genitals, and anus. The rash typically blisters, scabs, and falls off over a 2-4-week period. The person is contagious until the rash has fully healed and a fresh layer of skin has formed.

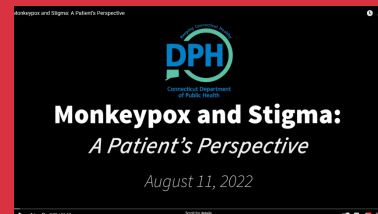
MONKEYPOX CAN SPREAD THROUGH:

- Respiratory secretions during prolonged, face-to-face contact or intimate physical contact, such as kissing, cuddling, or sex
- Physical contact with the infectious rash, scabs, or body fluids
- Personal belongings (like clothing and bedding) that have made contact with sores
- Pregnant women can spread the virus to their fetus through the placenta

If you think you may have symptoms, call a healthcare provider immediately about getting tested! You should isolate at home, avoid any close physical contact, and wear a mask around others.

For the latest information about monkeypox, visit [CT.GOV/DPH/MONKEYPOX](https://www.ct.gov/dph/monkeypox)

CLICK HERE for a recording of a webinar hosted by DPH titled: *"Monkeypox and Stigma: A Patient's Perspective."*



DPH is an equal opportunity provider. Call 860.509.7801 if you require aid/accommodation to participate fully and fairly.

Visit www.ct.gov/dph for requests for proposals and other DPH information.



WORLD AIDS DAY **December 1, 2022**



People around the globe will come together on **December 1st** to celebrate the **35TH ANNUAL WORLD AIDS DAY**. The day represents an opportunity to show solidarity in the fight against HIV and AIDS, to support the roughly 38 million people living with HIV worldwide, and to remember the approximately 40 million people who have died of AIDS since 1981.

Founded in 1988, World AIDS Day was the first-ever global health day, and serves as a reminder of the impact AIDS still makes across the globe. While AIDS-related deaths have declined by 68% since the peak in 2004, approximately 650,000 people worldwide - more than half of whom live in Sub-Saharan Africa alone - died of AIDS-related illnesses in 2021.

In Connecticut, you can observe World AIDS Day by wearing a red ribbon, donating to nonprofit organizations dedicated to HIV/AIDS care and prevention, or attending a candlelight vigil or other local event. Contact a local HIV/AIDS service provider in your area for information about World AIDS Day activities in your community. Service providers are encouraged to email the CHPC at **nogelo@xsector.com** so we can help publicize your events via our email list!



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866.972.2050

NEWSLETTER COMMITTEE

Victor Acevedo
Melanie Alvarez
Stephen Feathers
Carl Ferris
Dante Gennaro
Charles Hardy

Visit the CHPC website at
www.cthivplanning.org

The website has information about upcoming CHPC meetings, news and events, meeting documents, resources and partners, and membership applications.

