



CONNECTICUT HIV
PLANNING CONSORTIUM

SEPTEMBER 2020

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



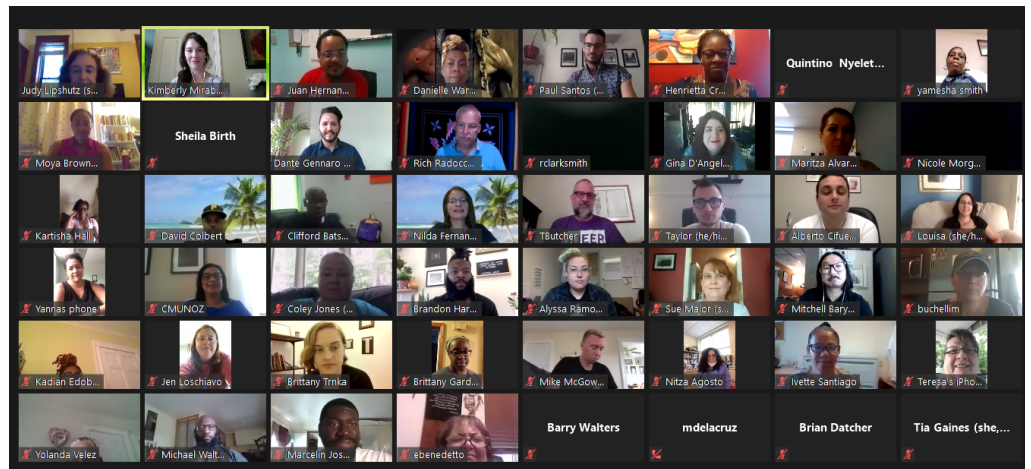
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MISSION STATEMENT:

To create a coordinated statewide 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.

HIV/AIDS Planning News & Notes



A Smashing Success: CONNECTICUT'S FIRST VIRTUAL LGBTQ + HEALTH EQUITY SUMMIT

The Connecticut Department of Public Health (CT DPH) held a multi-state LGBTQ+ HIV Health Equity Summit on June 29 and 30, 2020. Over 150 attendees registered for the two-day summit, which featured six different sessions: *"Let's Talk About Sex"* with Brandon Harrison, PCDC; *"Cultural Humility & Trans Health"* with Marissa Miller, TransSolutions; *"Effective Outreach Strategies through Social Media"* with Paul Santos, NYC DOH; *"Diversity & Inclusion in LGBTQ+ Healthcare"* with Dante Gennaro, CT DPH; *"Sex Positive Decision-Making Counseling for PrEP"* with Moya Brown-Lopez, NYC DOH; and *"Status-Neutral HIV Testing & Early Initiation Strategies"* with Judy Lipshutz, PCDC. To request copies of the presentations, email Dante Gennaro at dante.gennaro@ct.gov.

Overall, 97% of attendees rated the summit "Very Good or Excellent" on online surveys. "I was so happy to learn so many people loved the event," said Dante Gennaro, the lead-organizer of the summit. "I worked hard with the teams from New York on organizing the summit since last October and transitioning to a virtual platform due to COVID-19 was a new experience for all of us. Providing education through positive, engaging experiences around LGBTQ+ healthcare will make a constructive and beneficial impact on the services we provide for our LGBTQ+ clients and patients."

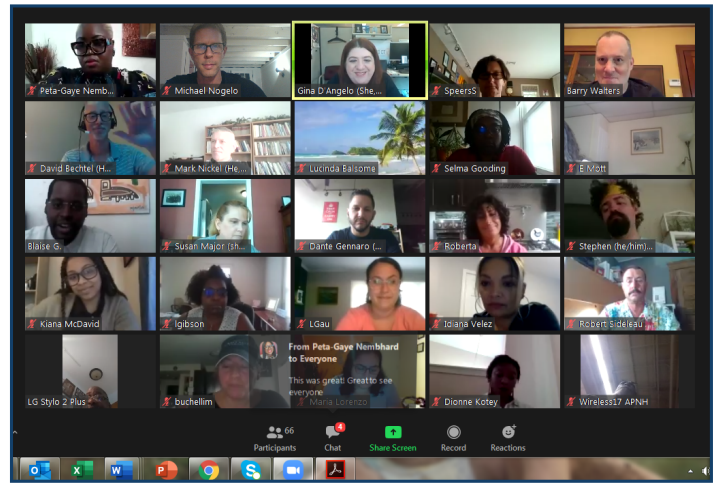
Dante said he is looking forward to next year's LGBTQ+ HIV Health Equity Summit and hopes it becomes a staple for the HIV Care and Prevention fields.

CONNECTICUT HIV PLANNING CONSORTIUM UPDATE

The Connecticut HIV Planning Consortium (CHPC) continues to accomplish its work virtually during the COVID-19 crisis. The July CHPC meeting featured mini-presentations from three community organizations using technology enhancements to engage patients and priority populations. Jean Brown and Sheila Birth from GBAPP, co-facilitators of the GBAPP Healthy Love program in Bridgeport, shared lessons learned from using a virtual format to deliver this interactive, group-level HIV prevention intervention for Black women. Coley Jones from Generations Health Center in Willimantic talked about the challenges and benefits of providing telehealth. Mike McGowan from A Place to Nourish Your Health (APNH) in New Haven shared his experience launching a podcast called "Unsure? Get Sure."

In August, the CHPC prepared for a leadership transition when CHPC members voted Nilda Fernandez as a new CHPC Community Co-Chair.

Nilda will start her leadership term in January 2021. The CHPC salutes outgoing Community Co-Chair Blaise Gilchrist, who started his CHPC journey in 2006 as a member of the CHPC Youth Advisory Group, became a CHPC member in 2011, co-chair of the CHPC Membership and Awareness Committee in 2013, and Community Co-Chair in 2018.



CHPC Members Needed

The CHPC needs New Members to begin in 2021!

If you are committed to the CHPC's HIV care and prevention mission and can participate in monthly meetings, please apply by October 15, 2020.

FOR AN APPLICATION [CLICK HERE](#)

visit cthivplanning.org, or call 203-772-2050 extension 30.

ALL ARE ENCOURAGED TO APPLY.

The CHPC particularly needs applicants from the following populations:

- **Hispanic/Latino**
- **Age 29 or younger**
- **Representing Fairfield, Middlesex or Tolland Counties**



“DO WHAT YOU LOVE. LOVE WHAT YOU DO.”

By Karina Danvers



I was given 300 words to share 31 years of work in the HIV/AIDS field - impossible task, I thought! However, I realized that I could summarize my 31 years with this one tagline from my favorite apparel company (Life is Good): *“Do What You Love. Love What You Do.”*™

On October 10, 1989 at 9 AM, I was diagnosed with HIV. My very first thought was to commit suicide, my second thought was to finish my homework for that night’s class at South Central (now Gateway) Community College, and my third thought was, “Well, now that I am one of *them*. I might as well do something to help.”

God gave me a huge personality, a big mouth, and brains - the perfect combination to become an activist, advocate, educator and peer educator, counselor, research assistant, speaker, coordinator, and, eventually, the Director of the New England AIDS Education and Training Center at Yale University. A career like mine, however, doesn’t occur in a vacuum, or without the support and encouragement of

mentors, colleagues, friends, partners, pets, and clients/consumers/research participants.

In 1995, as a *green* research assistant providing HIV counseling and testing to inmates in Niantic Prison, one inmate took me under her wing and I became her student of life. Her lessons were about a life I had never experienced or understood. In one of our last conversations, she told me: “Karina, if you ever see me out on the streets, and I am on drugs, and I know you have money - I will f@#\$ you up to get it!” Yikes! That hurt! But that was the best education I ever got regarding drug use and its grip on people.

As the years progressed, more lessons were learned, and, with endless support from Yale faculty and my colleagues throughout Connecticut, I was able to succeed to a place I only dreamed of. Thank you all!

I write this in memory of Arthur Abraham Downes - may you rest in peace, my sweet husband. *Arthur was an African-American man (his great-grandmother was born a slave) who couldn’t be himself ... who didn’t have the choice of PrEP or current antiretroviral treatments or any of the services and knowledge we have today. He died at the young age of 27.

Visit the CHPC website at www.cthivplanning.org!

The website has information about upcoming CHPC meetings; shares links to relevant news and events; stores archived meeting documents; features information about resources and partners; and provides access to the Integrated Plan, CHPC Charter, and the CHPC membership application.



COPING WITH COVID

By Rev. Alexander R. Garbera, MA, MSC, DD



There is no way to adequately address the fear, anxiety, worry and depression associated with COVID-19 in this article. As if HIV wasn't enough, these feelings are now amplified exponentially. Add isolation, and they become bullets bouncing around in a steel drum. Long-term survivors may even experience PTSD - flashbacks and anxiety from the early days of HIV, when fear and ignorance reigned.

Negative stress is bad for the immune system. As people living with HIV, we know the importance of being empowered and taking care of ourselves and each other. COVID-19 is preventable. Rather than feeling stressed, we can choose to feel smart and set an example for those we love.

Knowledge is power. Know your status, get tested, and encourage those you are in contact with to do the same. Keep vigilant by washing your hands regularly, wearing masks, using sanitizer, keeping your hands away from your face, and practicing social distancing. We have control, yet it can be nerve-wracking just to go grocery shopping.

Additional safety measures include taking your temperature every day and measuring your oxygen with a low-cost pulse-ox monitor. Getting exercise and plenty of sunshine help. Meditation, prayer, reading, new hobbies, and connecting with others by phone or Zoom can also be beneficial.

Our perspective and perceptions determine the reality we experience. We can choose to see things differently. Instead of focusing on doom and gloom, we can choose to look at the compassion and courage that is all around us - and within us.

COVID-19 is also revealing tragic disparities in health care. Add to this the heinous injustices so often seen on the news or in our own communities - it almost seems like too much to bear. Reach out for help. Asking for help is not a weakness, but a mark of courage. Having a good mental health support system is essential, as mental health is a primary determinant for good health outcomes for people with HIV.

Providers - reach out to your clients to ask them how they are doing and what, if anything, they need. The phone call alone could make a world of difference.

As I have been saying for ten years, we must expand access and eligibility for core medical and supportive services like mental health, food, and stable housing, all of which are necessary to suppress HIV and deal with COVID-19. We can get through this together!

HOMELESSNESS IN CONNECTICUT DURING COVID-19

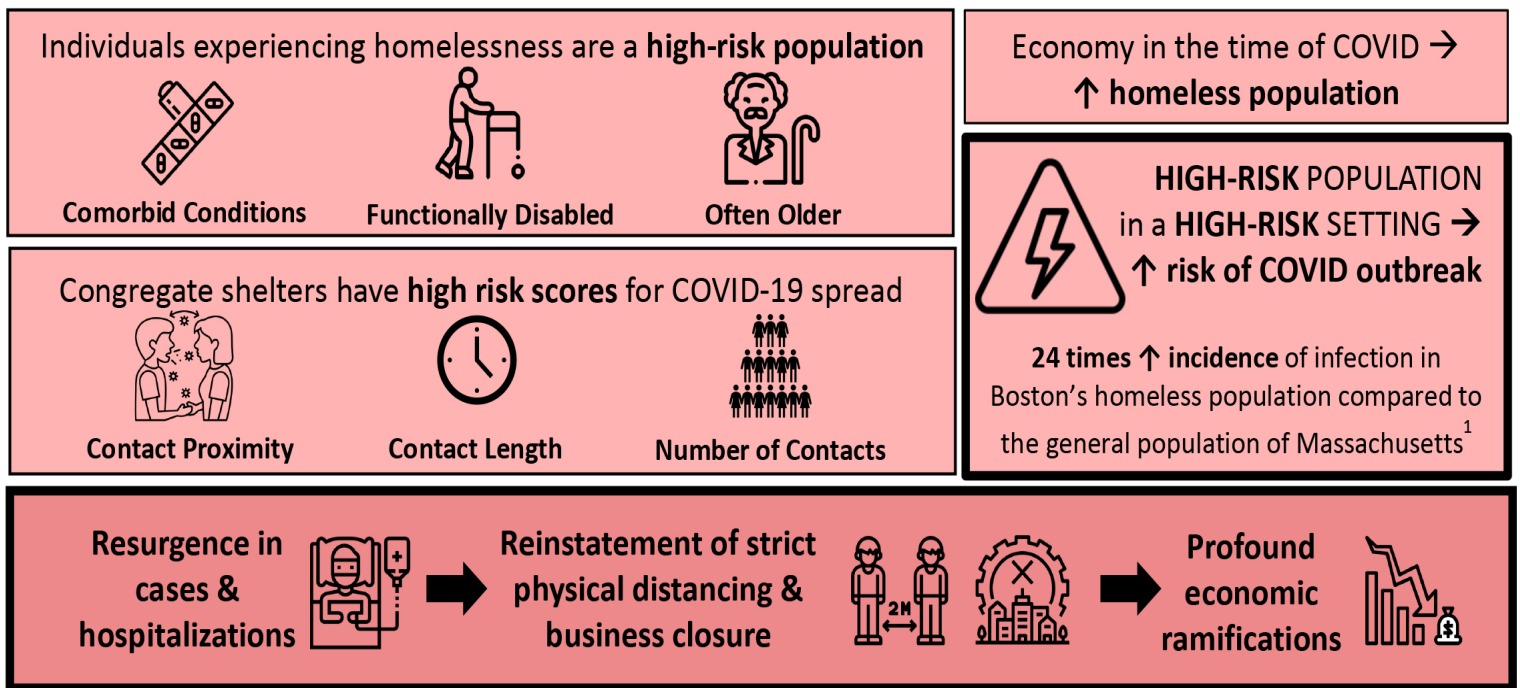
By Melanie Alvarez

Director of Community Resources, Advancing Connecticut Together (ACT)

The U.S. Centers for Disease Control and Prevention (CDC) has identified people experiencing unsheltered homelessness as a “vulnerable population” during COVID-19. Homeless individuals are more likely than the general population to have serious infection, hospitalization, and death if infected with COVID-19. Black individuals, for example, make up about 37% of the homeless population and are disproportionately affected by COVID-19, with an infection rate 2.5 times greater than the infection rate of whites.

Shelters are particularly challenged due to having to adhere to strict disinfection guidelines mandated by the CDC and ongoing testing of sheltered individuals. Census (the number of available beds at shelters) has significantly decreased to accommodate physical distancing requirements. Previously sheltered individuals who have been placed in hotels during COVID-19 are not able to return to shelters. The Connecticut Department of Housing (DOH) has, through the Coordinated Access Network (CAN), engaged in the 1,000 Homes CT initiative and chosen an aggressive rapid-rehousing strategy for homeless individuals at high risk (HIV included) by dedicating more than \$200,000 for this purpose. DOH is also ramping up services for housing location and inspections and waiving certain paperwork requirements to expedite applications for assistance.

Individuals experiencing homelessness should continue to access Infoline 211 to connect to the CAN. For more information on 1,000 Homes CT, please visit <https://ctcandata.org/1000-homes/>.



SYRINGE SERVICES DURING COVID-19

By Stephen Feathers, Perception Programs

During COVID-19, staying safe has meant changes in how we interact with each other. Each Syringe Services Program (SSP) in Connecticut has found different ways to engage with their consumers. During normal times, we are able to build up relationships with the consumers we work with and build a rapport that allows us to help them and make sure that they get all of the services and assistance that they need.

In Windham County, we had been used to taking our time and working with each individual to find out what they needed in person. Due to COVID, we have tried to limit in-person contact as much as possible both to protect SSP staff and consumers. Our solution was primarily to text and call consumers ahead of time so we could have everything put together and ready for them to take with a quick handoff - reducing contact both in our office and out in the field.

While this strategy keeps staff and clients safe, it relies on reliable communications, which can be a problem for many consumers with poor phone coverage or no minutes to spare. For these consumers, we have maintained in-office and site-specific times where we are at set locations for specific times during the week. While most consumers have switched to home delivery as that is the safest option for them. Pairing home delivery with our locations allows us to reach most of the people we have worked with and reduce the potential for COVID exposure for both our staff and our consumers.



IMMUNITY-BOOSTING Fall Smoothie

Eating immunity-boosting foods is never a bad idea, but it is particularly important during the COVID-19 era as we all try to strengthen our immune systems to make our defenses as strong as possible.

This simple cranberry apple smoothie:

- Is cheap and easy to make;
- Includes apples, which are in season all fall, as well as other fall foods like cranberries;
- Is rich in immune-boosting vitamin C (found in apples, cranberries) and antioxidants and anti-inflammatories (found in cranberries, cinnamon, and honey); and
- Is delicious!

For more COVID-friendly recipes, visit budgetbytes.com, recipeland.com, or simply Google "pantry recipes."

Cranberry-Apple Smoothie

From SmoothieFairytale.com

INGREDIENTS

- 1 cup low-fat plain yogurt (you can also use soygurt)
- 1 large apple
- 1/2 cup cranberries (fresh or frozen)
- 1 tsp ground cinnamon
- 2 tbsp raw honey (or other sweetener if you do not have honey)

INSTRUCTIONS

1. Peel the apples (or wash them thoroughly) and cut them into halves. Remove the core and cut the apple halves into large pieces.
2. Put all the ingredients into the blender jar.
3. Blend until smooth and pour into serving glasses.





Connecticut Department
of Public Health

WORLD HEPATITIS DAY HIGHLIGHTS

World Hepatitis Day (WHD) is observed every year on July 28th - the birthday of Dr. Baruch Blumberg, who discovered the hepatitis B virus and developed the first hepatitis B vaccine. This year's WHD campaign theme - Finding the Missing Millions - focused on finding the millions of people who are living with viral hepatitis but are unaware of their infection. The WHD campaign also let people know that hepatitis is preventable and treatable, and informed people worldwide about hepatitis prevention, vaccination for hepatitis A & B, testing, treatment, and eliminating stigma about viral hepatitis.

An estimated 862,000 people in the United States were living with hepatitis B and 2.4 million with hepatitis C during 2013-2016, with only a third to half aware of their infection. Ninety percent of people living with viral hepatitis worldwide are unaware of their infection. Hepatitis A, B, and C are the most common of the five different types of viruses that cause hepatitis. The infection can be mild, but more severe infections can lead to scarring of the liver and liver cancer.

Worldwide WHD activities included hepatitis B and C testing, hepatitis B vaccination, lectures, seminars, summits, media campaigns, and awareness-raising bike rides, concerts, and runs.



9 in 10 people living with
viral hepatitis don't know

Undiagnosed, it can be deadly
Get tested

World Hepatitis Day • 28 July
Find out more at www.worldhepatitisday.org

World Hepatitis Alliance NOhep ELIMINATE HEPATITIS Find The Missing Millions

At least 560,000 people attended events, of whom 105,000 were tested and 7,000 were vaccinated.

World Hepatitis Day gave everyone a chance to recognize the disease burden of viral hepatitis and to mark the successes of hepatitis vaccination and treatment, including a cure for Hepatitis C. Achieving the World Health Organization goal to eliminate hepatitis C by 2030 will require many interventions, including ending transmission, eliminating chronic infection, preventing/slowing progress to cirrhosis (scarring of the liver), and reducing stigma.

**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.**



Remembering a Champion

By Gina D'Angelo



A big, warm, beautiful smile was always on her face and she greeted everyone with kindness and compassionate care. Though I haven't seen her in years, I can still see her face and hear her call me sweetie. If you ever met her, you would never forget her. She was **Deborah Milano Becking**.

Debbie spent most of her life in Torrington, Connecticut. In 1977, she graduated from Oliver Wolcott Tech before attending Cosmetology School and later Naugatuck Valley Community College. Debbie was a Phlebotomist at Charlotte Hungerford Hospital's lab (she was so skilled, she could draw your blood without you even knowing it) and an HIV counselor and tester at the Northwestern Connecticut AIDS Project (NCAP), where I met her and where we worked together for close to ten years. She was a joy to be around and taught me how to meet people where they are.

During her time at NCAP, Debbie was an invaluable asset to the Department of Public Health (DPH) HIV Prevention Program as a training consultant. Her experience and expertise in the field elevated the HIV counselor training program. She was instrumental in crafting and implementing coaching sessions for DPH-funded HIV counselors conducting pre- and post-test HIV counseling - the standard at that time.

Debbie finally realized her dream of moving to Florida, and, in 2019, she became Lead Phlebotomist at AdventHealth Waterman, a Central Florida hospital. Sadly, Debbie contracted COVID-19 in April 2020, and she died after a hard and fast fight. She leaves behind her partner Glenn Lelkes and her beloved son Sean, who were the lights of her life, as well as many other family and friends. Because of COVID-19, many people have passed away without the recognition they deserve. I hope Debbie is remembered here for her commitment to helping people find out their HIV status and for her contributions to making HIV counseling and testing more client-centered.



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PLANNING CONSORTIUM

866.972.2050

NEWSLETTER COMMITTEE

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NOTHING IN LIFE IS TO BE FEARED,
IT IS ONLY TO BE UNDERSTOOD.
NOW IS THE TIME TO UNDERSTAND MORE,
SO THAT WE MAY FEAR LESS,

MARIE CURIE