



CONNECTICUT HIV PLANNING CONSORTIUM

JUNE 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

COVID-19 EDITION



CT HIV PLANNING CONSORTIUM UPDATE

Seemingly overnight, COVID-19 has changed the way we all live, work, and provide or receive services. The Connecticut HIV Planning Consortium (CHPC) and the HIV community bring a tremendous wealth of relevant knowledge and experience to this challenging time. Through the Getting to Zero campaign and other HIV prevention and care efforts over the years, for example, we have long focused on fundamental COVID-19 response strategies like treatment and access to testing. CHPC leaders and members hope that you all are drawing on your knowledge and experience to find ways to take care of yourself physically and mentally and to share your strength to help others through this crisis.

Barry Walters, Blaise Gilchrist, Gina D'Angelo, Selma Gooding, Dr. Onyema Ogbuagu

CHPC Co-Chair (Blaise Gilchrist)

- Gratitude to CHPC members and partners who will help share the message that the HIV community has much to offer.
- Proven models to:
  - Engage communities
  - Reach priority populations

Lessons Learned

What did we do well?

What could we improve?

The CHPC has shifted its HIV prevention and care planning work to virtual platforms. The CHPC held its first-ever virtual meeting on May 20, 2020. Sixty-six people attended the virtual meeting, where they heard updates from the CHPC co-chairs, received an overview of health equity, participated in a presentation on COVID-19 and HIV with Dr. Onyema Ogbuagu, and re-connected with friends and colleagues. Nearly all participants also attended CHPC committee meetings virtually. Most participants gave positive feedback on the virtual meeting experience. The HIV Funders Group has been meeting virtually. The Membership and Awareness Committee met virtually to develop this special issue of the newsletter. CHPC co-chairs and mentors have kept in touch with CHPC members. The CHPC uses its communication networks to share information about changes in services and online resources (contact gooding@xsector.com to receive these emails).

To join in this work, please attend the next virtual CHPC meeting on June 17, 2020. Visit the CHPC website at <https://ct hiv planning.org/> for meeting information and updates and for other information on the CHPC and HIV care and prevention.

# IN THE TIME OF COVID: CONNECTING TO HIV CARE

*Krystn R. Wagner, MD PhD*

Chief Medical Officer, Anchor Health Initiative



Ending the HIV epidemic is predicated on individual engagement in prevention and care. The HIV Care Continuum begins with HIV testing and diagnosis, followed by linkage to and retention in HIV primary care.

Our health care delivery system expects people living with HIV (PLWH) to visit their provider at a health center or clinic every 3 to 6 months, but many diagnosed individuals neither see a provider nor receive antiretroviral therapy. In 2018, only 61 percent of PLWH in Connecticut were retained in care. Many factors have been associated with lower retention in care, including mental illness, substance use, geographic location, stigma, and fear.

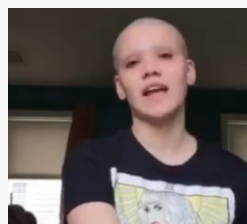
In my HIV practice in New Haven, I have a small list of individuals who I have seen previously but who have been out of care for over 12 months. With the arrival of COVID-19, our health center converted to telemedicine for most outpatient visits. With this new option for communication, we have tried to schedule all out-of-care HIV patients.

In this way, I recently connected by video visits with two out-of-care patients who, despite living in close proximity to our health center, had not walked through our doors for over a year. In the first case, a young man answered and went outside his apartment with a bright blue sky behind him. The other woman chose the floor of her neatly-organized closet to visit with me. Both talked without the reluctance that I anticipate from "No Show" patients. One expressed appreciation for the visit. The other asked for help.

Neither patient is taking their antiretroviral medications. Both have AIDS. What keeps them from taking their medications are probably the same things that keep them from entering our health center. But we overcame the barrier of distance or stigma or shame and connected with them in a backyard and in a closet.

At the end her visit, the woman asked if we could meet 'like this' again. She didn't mean during COVID-19. She meant the next time -- whenever that might be. Certainly, I thought. Telemedicine is demonstrating its value to connect with our most difficult-to-reach individuals -- even if they live just down the street.

During COVID-19, HIV clinicians in Connecticut can identify "out-of-care" patients and those who are not virally suppressed. We can determine if telehealth visits are preferred by individuals who don't access traditional clinic visits, and why. When the current crisis resolves, we have the opportunity to continue telehealth and redefine retention in care. Telemedicine has the potential to expand the way we connect and engage our HIV patients and support their health outcomes, including viral suppression.



## MPOWERMENT NEW HAVEN GOES VIRTUAL

By Michael McGowan

MPOWERment New Haven is a social, HIV prevention intervention group for gay, bi, queer, and trans identifying men between the ages of 18-29. MPOWERment is a vital resource for people who want to get more involved in efforts to break down stigma surrounding HIV and sexuality and contribute to planning events for the broader LGBTQ community. These events may include everything from movie nights to discussions surrounding sexual health and gender identity. Group members also get involved in providing outreach, resources and education for HIV prevention, testing, and pre-exposure prophylaxis (PrEP) referrals.

COVID-19 has allowed us to be creative in our approach of reaching our intended audience. We are more virtual than ever and hold more online events to help alleviate the feeling of loneliness and isolation during these unprecedented, weird, and trying times. We host special events throughout each week, such as resources and information surrounding the trans community, interactive online movie viewing parties, and unique videos from prominent Connecticut drag performers. Additionally, we continue to meet weekly as a group to catch up, check in with one another, and continue to plan events as we explore our online landscape.

We always welcome new members who are looking for ways to get involved and engaged in the community - especially now when people from anywhere can join and experience a sense of belonging and community. To learn more about MPOWERment and to get involved, visit [www.apnh.org](http://www.apnh.org) or reach out to Program Coordinators Tim ([tim.mack@apnh.org](mailto:tim.mack@apnh.org)) or Mike ([mike.mcgowan@apnh.org](mailto:mike.mcgowan@apnh.org)).

## Visit the CHPC website at [www.cthivplanning.org](http://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.



“And once the storm is over

you won't remember how you made it through,  
how you managed to survive. You won't even be sure,  
whether the storm is really over. But one thing is certain.

When you come out of the storm, you won't be the same person  
who walked in. That's what this storm's all about.”

- HARUKI MURAKAMI

## LIVING WITH HIV DURING COVID-19

By Brian Datcher

In March, when all the news started to come out about COVID-19, I did not know what to think or do. At an Aging Positively meeting, the AIDS Service Organization (ASO) gave out information about how they would not see people in person but would still provide HIV services. They said they would call us and gave us information on keeping ourselves safe during the COVID-19 pandemic.

As things started shutting down and changing daily, I was very careful about going outside and wore a mask whenever I did go out. I asked the ASO I receive services from to drop off some food, and I went shopping so I would not run out of food. I ordered my 90 days of medication that was recommended by the ASO staff, along with a mask, hand sanitizer, and gloves. I was very thankful to have the resources to stay safe and well.

I was able to connect to the Aging Positively group virtually through a Zoom meeting. An infectious disease doctor on the Zoom call gave us information about COVID-19 and tips for staying safe and well. The doctor answered our questions and gave us some hope that we could be ok during this scary time.

As gay man of color, I started to hear about friends and associates being infected by COVID-19 - and most not making it. I started to think about when AIDS started killing my family, friends, and associates - hitting communities of color harder than other communities. COVID-19 has showed the world (again) something that those of us living in communities of color or involved in HIV planning already knew - that health disparities in communities of color are real. I just hope that the people fighting this disease take a page out of the HIV pandemic playbook and make the proper changes to control and stop COVID-19!

## A COVID-19 SUCCESS STORY



By Shelly B.

I am new to the State of Connecticut! I moved from Florida. I have been HIV positive since 1994.

I needed help with insurance and was so happy to find the Hispanic Health Council, but immediately after I met with Medical Case Manager Debi Lombardo, the coronavirus happened and we had to quarantine! It was crazy...but not really. Somehow, everything ran smoothly. I was able to get my labs done, meet over the phone with my new doctor, get insurance, and get approved for the Connecticut AIDS Drug Assistance Program (CADAP) - all in a brand-new state and without ever having to leave home!

When I arrived in Connecticut, I had absolutely nothing...no medical insurance...nothing! With Debi's help, I am now getting the health services I need to live positive.

# A COVID-19 CLIENT PARADE

By Debra Lombardo LPN, MCM, Hispanic Health Council

"I miss you"... "I'm scared"... "It's hard to be alone."

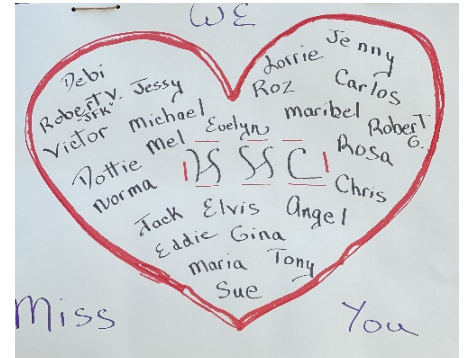


Those are just a few of the messages Hispanic Health Council (HHC) clients left on my voicemail and the voicemails of my fellow Meriden HHC team members, Roz and Jenny. So, our team held a virtual brainstorm session to figure out how we could comfort our clients during this difficult time, and we came up with the idea of a "Client Parade."

Our team met on the morning of April 29 and prepared goodie bags (face masks, hand sanitizer, and candy) to hand out to our clients. Then, we decorated our cars with balloons and handmade posters. Next, we set up the parade

route and called our clients to ask them to step outside for a surprise. Finally, we arrived at each client's home with horns beeping, balloons flying, and signs of hope and inspiration tied to our cars.

The parade was our way of checking on our clients and reassuring each other that we were all ok, and the reception we received was AMAZING!



## Pantry Recipes

For many people, COVID-19 social distancing guidance has meant fewer trips to the grocery store to buy fresh produce and meats. But having a barren fridge doesn't mean you can't enjoy a healthy, delicious, and quick meal. This rosemary garlic white bean soup (courtesy of budgetbytes.com), for example, requires eight ingredients, costs less than a dollar per serving, and can be cooked in 30 minutes.



### Rosemary Garlic White Bean Soup

#### INGREDIENTS

- 2 Tbsp olive oil
- 4 cloves garlic
- 3 15oz. cans cannellini beans
- 2 cups vegetable (or chicken) broth
- 1/2 tsp dried rosemary
- 1/4 tsp dried thyme
- 1 pinch crushed red pepper
- freshly cracked black pepper to taste

#### INSTRUCTIONS

1. Before you begin, pour one of the cans of cannellini beans (with its liquid) into a blender and purée until smooth. Drain the other two cans of beans.
2. Mince the garlic and add it to a soup pot with the olive oil. Sauté the garlic over medium for about one minute, or just until the garlic is very fragrant.
3. Add the puréed cannellini beans, the other two cans of drained beans, broth, rosemary, thyme, crushed red pepper, and some freshly cracked pepper. Stir to combine.
4. Place a lid on the pot, turn the heat up to medium-high, and bring the soup to a boil. Once boiling, turn the heat down to medium low, remove the lid, and allow it to simmer for 15 minutes, stirring occasionally.
5. Smash the beans slightly to thicken the soup even more. Taste the soup and add salt if needed. Serve hot, with crusty bread for dipping!

For more COVID-friendly recipes, visit [budgetbytes.com](https://budgetbytes.com), [recipeland.com](https://recipeland.com), or simply Google "pantry recipes."





# department of public health

## WE ARE ALL IN THIS TOGETHER

corner

To our partners in HIV Prevention and Care, these are unprecedented times. We have had to shift priorities and learn to live and work differently. Our focus at the Connecticut Department of Public Health (DPH) has been on finding innovative ways to stay connected and provide essential HIV services to our most vulnerable populations.

Public health emergencies like the coronavirus disease 2019 (COVID-19) outbreak are stressful for people and communities. Fear and anxiety - while normal - can lead to social stigma. People who live and/or work with HIV know this all too well. Like with HIV, stigma and discrimination occur when COVID-19 is associated with particular populations even though not every member poses a risk.

DPH is the state's public health leader and a source of accurate, up-to-date information to the Governor, Legislature, federal government, and local communities. The DPH website has a wealth of COVID-19 information, including but not limited to: 1) The latest recommendations; 2) Connecticut data; 3) Basic information regarding transmission, symptoms, treatment, and prevention, and 4) Frequently asked questions. Individuals without symptoms who have general questions can visit [www.ct.gov/coronavirus](http://www.ct.gov/coronavirus) for the latest information or dial 211, which is taking calls 24/7. Individuals experiencing symptoms should contact their primary care provider.

DPH is working with the Connecticut HIV Planning Consortium (CHPC) to ensure that HIV planning work continues in a safe way in light of COVID-19. Virtual meetings have begun to take place and may be the new norm for the foreseeable future. DPH and CHPC will work hard to make sure all members have access to virtual meetings and information - such as this COVID-19 edition of the newsletter.

For now, it is important to still follow the Governor's, "Stay Safe, Stay Home" order until it is completely lifted as the state begins opening in phases. New guidance is provided daily through press conferences and news releases. For now, we encourage everyone to reach out to family, friends, co-workers, and providers during this time. Through the internet and the practice of social distancing, we can safely stay connected personally and professionally. We are all in this together and will continue our efforts to end the HIV epidemic while navigating this current pandemic.

### SURVEILLANCE UPDATE

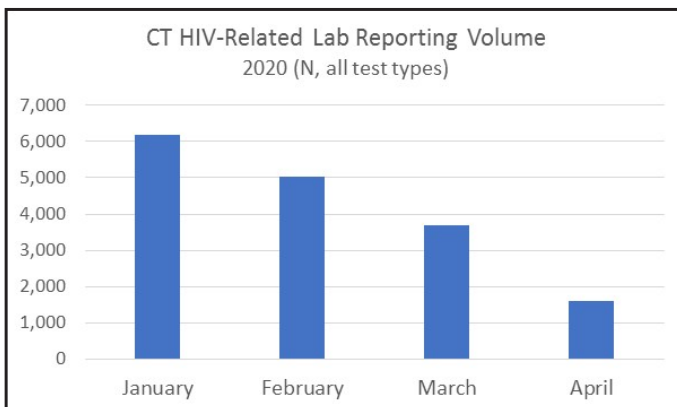
While following guidance to protect yourself and your family, many people have been able to check in with medical providers and refill prescriptions utilizing tele-medicine appointments. This is also important for people living with HIV (PLWH). The DPH Surveillance Program has been monitoring reporting volume for HIV-related testing. As expected, reported results declined significantly from January to April (see chart). Laboratory data is analyzed to measure key indicators that demonstrate Connecticut's progress towards national goals to reduce, if not eliminate, HIV transmission. Low-volume reporting will undoubtedly affect all jurisdictions, so federal agencies and national organizations will likely issue temporary, alternate guidance and recommendations for monitoring trends and progress towards elimination. The DPH Surveillance Program will inform the CHPC of any new guidance or changed methods for data analysis.

Low-volume HIV-related testing will adversely impact several frequently-requested indicators, including:

- **VIRAL SUPPRESSION**
- **OUT-OF-CARE/DATA-TO-CARE**
- **RETENTION IN CARE**
- **NEW HIV DIAGNOSES**
- **NEW AIDS DIAGNOSES**

As we slowly begin the return to "daily life," DPH genuinely hopes that all CHPC members, families, and loved ones continue to weather this unprecedented public health crisis with minimal impact.

*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](http://www.ct.gov/dph) for requests for proposals  
and other DPH information.**



# #RequestFreeHIVTestCT

## CT DPH Implements New Strategy to Increase HIV Rapid Testing

**WE CAN STOP HIV**

**ONE FREE IN-HOME TEST AT A TIME**

Get Your Test Now:  
[tinyurl.com/RequestFreeHIVtestCT](https://tinyurl.com/RequestFreeHIVtestCT)

**SCAN THE CODE FOR YOUR FREE IN-HOME HIV TEST KIT**

**#RequestFreeHIVTestCT**

In March 2020, the Connecticut Department of Public Health (CT DPH) HIV Prevention Program implemented an in-home free HIV test kit pilot initiative, **#RequestFreeHIVTestCT**, to enhance access to HIV testing for hard-to-reach populations such as LGBTQ and people of color. The initiative addresses barriers to receiving face-to-face HIV testing services (e.g., stigma, healthcare access issues, lack of health insurance, lack of transportation, time constraints, and cultural literacy or competency) and responds to increases in requests for in-home HIV test kits among heterosexuals, people of color, and other populations as a result of COVID-19 social distancing requirements.

The initiative uses the OraQuick In-Home Test—a 20-minute oral fluid HIV self-test kit delivered directly to people who request the test from CT DPH or a participating partner agency. The kit includes easy-to-read instructions and a phone number for help with any questions. Confidential results are provided to the person in the comfort of their own home within 20 minutes of administering the test.

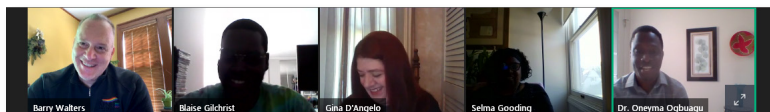
CTDPH has also developed a social media campaign for **#RequestFreeHIVTestCT**

which focuses on men who have sex with men (MSM) who use dating apps. CT DPH will provide access to the in-home test kits to all HIV Prevention-funded and non-funded programs at no cost. Programs are encouraged to develop social marketing messaging on their respective social media platforms or use **#RequestFreeHIVTestCT** to distribute kits to their clients.

Individuals engaged through the social media campaign or by participating CT DPH partners can request the test by completing a CT DPH assessment tool via Survey Monkey using the QR code at right or by visiting <https://www.surveymonkey.com/r/requestfreehivtestct>. Eligible participants (Connecticut residents who have not previously tested positive for HIV) will be mailed an HIV test kit. Since the pilot began, over 70 test kits have been distributed.

The CT DPH HIV Prevention Program is here to assist and thanks you for your continued commitment to fighting HIV during these challenging times. For more information, contact Project Lead Venesha Heron at [Venesha.heron@ct.gov](mailto:Venesha.heron@ct.gov).

Scan this QR Code to get your  
**FREE In-Home HIV Test Kit.**  
[tinyurl.com/RequestFreeHIVtestCT](https://tinyurl.com/RequestFreeHIVtestCT)



Presentation: COVID-19 and HIV

Participants will be placed on mute.

Use the **QUESTION** function to ask questions.

What have you been doing for self-care during the stay-at-home time period?



# Guidance for COVID-19 and People Living with HIV

Excerpted from the U.S. Department of Health and Human Services Website

In April, the U.S. Department of Health and Human Services (HHS) issued guidance for people living with HIV (PLWH) and their health care providers regarding COVID-19. The guidance states that PLWH who have COVID-19 *“have an excellent prognosis, and they should be clinically managed the same as persons in the general population with COVID-19.”*

## HHS also provides the following specific guidance:

- Until more is known, additional caution is warranted for all PLWH, especially those with advanced HIV or poorly-controlled HIV.
- Some PLWH have other comorbidities (e.g., cardiovascular disease, lung disease) that increase the risk for a more severe course of COVID-19 illness. Chronic smokers are also at risk of more severe disease.
- Every effort should be made to help PLWH maintain an adequate supply of antiretroviral therapy (ART) and all other concomitant medications.
- Flu and pneumococcal vaccinations should be kept up to date.
- PLWH should follow all applicable recommendations of the U.S. Centers for Disease Control and Prevention (CDC) to prevent COVID-19, such as social distancing and proper hand hygiene.

For the full interim HHS guidance and any updated guidance, Google “HHS guidance for COVID-19 and persons with HIV.” For CDC guidance, Google “CDC how to protect yourself and others COVID-19.”



# HOW WE FEEL CONNECTICUT RESIDENTS USE APP TO IMPROVE COVID-19 RESPONSE



Thanks to a new app, Connecticut residents can - in less than one minute per day - help scientists reveal COVID-19 outbreak hotspots, provide insight into the progression of the virus, and enable the medical community to increase testing, deploy additional resources, and ultimately save lives. The *How We Feel* app enables residents to anonymously provide health officials and doctors more information on COVID-19 by reporting any symptoms they may be experiencing, and does not require logging in or sharing any personal details.

The *How We Feel* app is available to download for free in the **Apple App Store** and **Google Play store**, and users can complete the survey through a web version available at **howwefeel.app**.

## NEWSLETTER COMMITTEE

- Victor Acevedo
- Stephen Feathers
- Carl Ferris
- Corey Gerena
- Blaise Gilchrist
- Ronald Lee
- Waleska Mercado
- Clara O'Quinn



CONNECTICUT HIV  
PLANNING CONSORTIUM

866.972.2050



## VOICES OF THE CHPC

"As a people person, it's been hard not being sure how to stay safe when I go out and am near other people."

"It's been challenging staying sane with all the conflicting information and changing guidelines."

"It's been great re-connecting with old friends online and strengthening connections with friends and family."

"It's been beautiful seeing people find innovative ways to come together."