



CHPC
CONNECTICUT HIV
PLANNING CONSORTIUM

MARCH 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

The time is now.

Ending the HIV Epidemic Nationally and Getting to Zero Locally

Several federal agencies collaborated to recently launch the **Ending the HIV Epidemic (ETE)** initiative, which aims to reduce new HIV infections in the U.S. by 90% by 2030. The *ETE* initiative aligns with the **Getting to Zero CT (G2Z CT)** initiative's three objectives: Zero new HIV infections; Zero HIV-related deaths, and Zero stigma.

GETTING TO ZERO CT

ZERO HIV INFECTIONS, DEATHS, AND STIGMA

Although Connecticut is not one of the 57 geographic areas (known as the "G-57") designated to receive federal *ETE* funding to develop comprehensive plans to end

their local epidemics, the Connecticut G2Z Commission's December 2018 *Comprehensive Report on Ending the HIV Epidemic in Connecticut* provides the foundation for the development of a federally-recognized comprehensive plan. Connecticut also has access to many of the technical assistance resources available to G-57 jurisdictions, including the *ETE* plan template, calls, and webinars.

Community engagement and collaborative partnerships are crucial to developing an *ETE* plan and ultimately ending the epidemic. The Connecticut HIV Planning Consortium (CHPC) and Connecticut Department of Public Health (CT DPH) are committed to engaging all partners - including people living with HIV (PLWH) - in communities most impacted by the epidemic. The CHPC's new G2Z Committee welcomes anyone who wants to work collaboratively to coordinate implementation of the G2Z report recommendations, assess progress towards the G2Z objectives, and facilitate the integration of relevant G2Z activities by all CHPC committees.

Connecticut stands committed to implementing the G2Z recommendations and developing an *ETE*-recognized comprehensive plan for ending the epidemic statewide by 2030. Without federal *ETE* funding, it will take a village to leverage existing Connecticut resources to develop and implement a comprehensive plan, but Connecticut already does a tremendous amount of work to support the four *ETE* pillars.



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



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**ENDING THE HIV EPIDEMIC NATIONALLY
AND GETTING TO ZERO LOCALLY**



diagnose

The U.S. Centers for Disease Control and Prevention (CDC) recommends all people ages 13 to 64 be tested for HIV at least once in healthcare settings, but national uptake has not been optimal. Connecticut has been implementing routine testing in select healthcare settings since 2007, and will continue to expand HIV testing as part of G2Z recommendations.



treat

Treatment guidelines recommend all people with HIV begin medication as soon as possible after diagnosis. Taking medication and maintaining an undetectable viral load are key to living long and healthy lives without the risk of transmitting HIV sexually. HIV programs must collaborate with providers inside and outside the Ryan White system to ensure timely linkage to care. Connecticut Disease Intervention Specialists (DIS) will receive technical assistance to enhance Data to Care (D2C) efforts to find out-of-care PLWH and re-engage them to preserve their health and lower transmission to others.

FOR MORE INFORMATION

...ON G2Z COMMITTEE MEETINGS: <https://cthivplanning.org/>

...ON G2Z CT: <https://gettingtozeroct.org/>

...ON THE ETE INITIATIVE: <https://www.cdc.gov/endhiv/index.html>

Ending
the
HIV
Epidemic



prevent

CDC recommends High Impact Prevention strategies to prevent new infections. Pre-exposure prophylaxis (PrEP) - a pill that reduces the risk of getting HIV - is highly underutilized. Increasing access to and use of PrEP among those most impacted - young gay and bisexual men of color and African American women - is imperative. Connecticut has incorporated PrEP into HIV testing services and will continue to build capacity for its provision. Connecticut has ten Syringe Service Programs (SSPs) that provide comprehensive Drug User Health services. SSPs have played a major role in reducing HIV transmission from injection drug use in Connecticut from 46% in 2002 to 5% in 2018, and provide entry into services to stop drug use, overdose deaths, and infectious disease.



respond

Collaborative partnerships are needed to respond to HIV and provide appropriate services. A robust response requires an evaluation of the HIV workforce to ensure public health officials are culturally competent and committed to carrying out HIV elimination efforts (e.g., HIV Testing, HIV messaging) in HIV hot spots. The CHPC implemented a workforce survey in 2019 and will make recommendations on how to strengthen the capacity of HIV care and prevention providers to respond.

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.



MY TRANSGENDER JOURNEY



By Anna Rose

I am transgender. I started my journey when I was 14 and I started wearing my sister's clothes. I didn't know what transgender was. I just thought I was different and knew I was a girl. Going through male puberty, I started to hate myself and get depressed and angry. My few friends who knew didn't understand it. I felt so alone and like a freak. This turned into anger that I took out on everyone, especially my family.

I knew I would lose my family if I was honest. That scared me, so I pushed and pushed until I got violent with my mom. She said things NO parent should ever say to their child, and when I tried to leave, she grabbed my bag full of girl clothes and makeup. The look of disgust on her face sent me over the edge.

I wound up in juvenile detention, where I was molested repeatedly. Then my mom sent me to me a group home. I felt so disposable...a feeling I don't wish upon anyone. Most of the kids there weren't judgmental because we were all going through things. But my mom teased and bullied me, so I fought all the time and wound up back at a detention center.

After that I was on my own and fully committed to being Anna. I was finally able to do as I pleased. I thought that life was finally going to get better! But there was still such a stigma on the transgender community. I was constantly harassed, refused

housing and jobs, and turned away by doctors, case workers, and therapists.

My mom came to visit, but when she saw me, she sped off so fast I got hit by gravel from the street...a huge blow!!! We didn't speak after that and she wouldn't let me speak to my siblings. But I was so happy to be living my life! I met a guy and fell in love and finally felt like life was going to be ok.

As a transperson, the dating pool is limited, so trans girls often get into abusive relationships. I was battered almost daily for nine years by the guy I dated. Feeling that I had nowhere to go, I endured it. I lived in constant fear. Shelters and churches turned me away because I was trans. So I slept in parks, tents, abandoned train cars, and behind dumpsters. I was molested more times than I can say. Beaten, robbed, tormented. I attempted suicide many times and begged God to let me die to end the pain. I went back to my boyfriend, though. I figured I would rather be in a home and beat than in the streets.

I made some friends who accepted me as I was and helped build me back up. I went to see my mom after she got sick, and although she finally accepted me dressing as a woman, she refused to call me Anna, and misgendered me. She said she would never feel comfortable with it. I let it go because it wasn't worth the battle, but that night I was so upset by her. When I went home, my boyfriend was upset with me and I was stabbed, beaten, and almost killed. That was my wake-up call to leave. I moved out of the state, literally leaving everyone and everything behind and starting over.

I was able to meet people as Anna and no one knew about my past life. They knew I was transgender, but they respected me. I finally felt free, but I wound up in another bad relationship. I stayed in it until I no longer recognized the person in the mirror and I moved to Connecticut. I researched transgender topics and gender dysphoria. I found an amazing therapist and primary care doctor, and the best case worker. I started taking hormones, changed my name legally, and finally in 2017 had my gender reassignment surgery. For the first time in my life I feel complete and happy. It was definitely a long journey and a battle, but the battle isn't over just because I am physically a woman now.

I guess the moral of my story is that life is hard when you are transgender, but you must be confident in yourself and surround yourself with people who love and accept you. The road won't be easy, but nothing worth having in life is. You must be your own advocate and know your worth. You don't have to prostitute yourself, be in unhealthy relationships, or do drugs. You are better than that. We are better than that. We are NOT a stereotype. We are NOT a secret. We are NOT disgusting. We are human beings. Be a leader and role model for the next generation!

CT HIV PLANNING CONSORTIUM UPDATE



The CHPC looks different this year. The changes place an emphasis on supporting the *Getting to Zero Connecticut initiative* (G2Z) and transforming “moments” during CHPC meetings into a “movement” in communities across the state.

The CHPC’s new G2Z Committee began meeting in January, and will focus on translating the recommendations of the G2Z Commission’s December 2018 report titled: “Connecticut Getting to Zero: A Comprehensive Report on Ending the HIV Epidemic in Connecticut.” The G2Z Committee will coordinate G2Z work across other CHPC committees and teams. For example, the Quality and Performance Measures Team will add G2Z indicators to the list of indicators they track. The Membership and Awareness Committee will help develop and disseminate G2Z messages. Also, the G2Z Committee will coordinate with the Ryan White Part A Office in New Haven on the Ryan White Office’s implementation of a federal grant that will help six Connecticut communities implement local G2Z efforts.

The CHPC monthly meeting agenda now includes a 10-minute segment to build and reinforce core knowledge about G2Z. The January segment featured the three G2Z objectives: 1) 0 new HIV new infections; 2) 0 HIV-related deaths; and 3) 0 stigma. Finally, presentations will be shortened to allow for an interactive activity. In January, meeting participants broke into small groups to develop actions individuals and communities can take to support each G2Z objective. The process created a buzz among participants and generated an incredible list of potential action items that show that every resident can become a G2Z hero!

2020 CHPC meeting processes will help generate moments that result in a G2Z movement across Connecticut. Come join us!

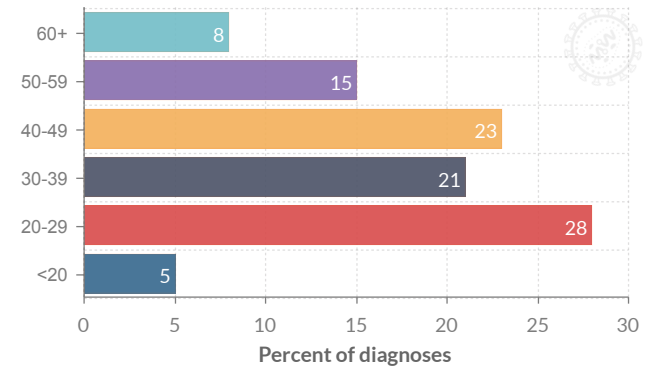


HIV EDUCATION FOR YOUTH

By Victor Acevedo

Data from the U.S. Centers for Disease Control and Prevention (CDC) show us that almost 1 in 4 new HIV diagnoses in the U.S. occur in youths ages 13 to 24. In Connecticut, 1 in 3 HIV diagnoses in 2018 occurred in people under age 30. (see chart below) CDC data also tell us that about 60% of youth with HIV in the U.S. do not know they are infected, are not getting treated, and can unknowingly pass the virus on to others. Despite this, the percentage of U.S. schools in which students are required to receive instruction on HIV prevention decreased from 64% in 2000 to 41% in 2014, according to a 2015 CDC report.

HIV Diagnoses by Age-group, 2018



Source: Connecticut Department of Public Health, January 2020

I want for young people and future generations – especially for young people of color – to understand that even one voice can make an impact in challenging mainstream injustice. This is why I think it is important for us to find ways to get this information out to our youth. They are, after all, our future generation. This is why it is important that we give them the tools that are needed to make better choices for their future.

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.



COMMUNITY HEALTH WORKERS

By Grace Damio

DIRECTOR OF RESEARCH, TRAINING &
ADVOCACY, HISPANIC HEALTH COUNCIL



THE COMMUNITY HEALTH WORKER (CHW) workforce is emerging across the country and in Connecticut as an increasing body of evidence confirms that services involving CHWs produce improved health outcomes in prevention and chronic disease management. ⁱ ⁱⁱ “Community Health Worker” is an umbrella term for dozens of job titles that constitute a vital part of the public health workforce and of clinical health care provider teams. Use of the term supports efforts to stabilize, sustain, and strengthen this unique and valuable workforce.

Connecticut is making significant progress in developing the infrastructure and resources needed to grow and sustain the CHW workforce. As a first step, in 2017, the Connecticut General Assembly adopted the following definition of CHWs:

“...a public health outreach professional with an in-depth understanding of the experience, language, culture and socioeconomic needs of the community, who: (1) serves as a liaison between individuals within the community and health care and social services providers to facilitate access to such services and health-related resources, improve the quality and cultural competence of the delivery of such services and address social determinants of health (SDOH) with a goal toward reducing racial, ethnic, gender and socioeconomic health disparities, and (2) increases health knowledge and self-sufficiency through a range of services including outreach, engagement, education, coaching, informal counseling, social support, advocacy, care coordination, research related to SDOH and basic screenings and assessments of any risks associated with SDOH.”

The next step (necessary for health care payers/insurers to reimburse for CHW services) was to achieve CHW certification, which provides a standard description of CHW services, required training, and competencies. Certification requirements reflect the knowledge and skills needed to fulfill CHW roles while minimizing barriers to achieving certification. Advocates achieved passage of CHW certification by the legislature in 2019, and certification will soon be active under the State Department of Public Health.

The next challenge is securing funds for the many critically important CHW roles to be effectively executed, and for the CHWs performing them to be adequately trained, supervised, and supported. This will require increased investment in primary care and some changes to how health care payment is structured. More advocacy work to come!

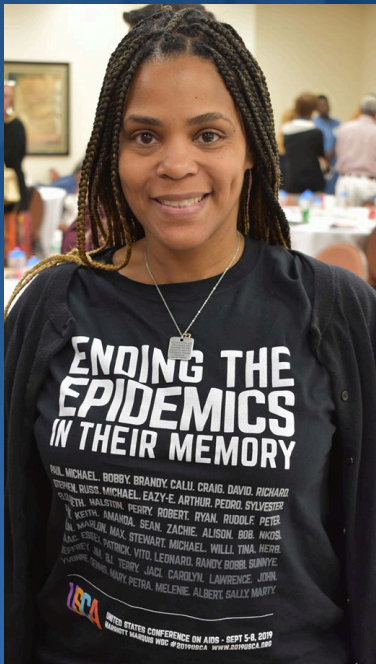
ⁱ University of Wisconsin Population Health Institute, Community Health Workers, Is this Program or Policy in Us in Your Community?, April 8, 2016, <http://whatworksforhealth.wisc.edu/program.php?t1=22&t2=16&t3=110&id=38>

ⁱⁱ CDC, “Addressing Chronic Disease Through Community Health Workers: A Policy and Systems-Level Approach,” 2nd Ed., April 2015, http://www.cdc.gov/dhdsp/docs/chw_brief.pdf





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NEWSLETTER COMMITTEE

Victor Acevedo
Stephen Feathers
Carl Ferris
Blaise Gilchrist
Reggie Knox
Ronald Lee
Waleska Mercado
Clara O'Quinn

Upcoming HIV/AIDS Prevention and Care Planning Meetings

See last page for contact information for planning meetings.



march

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--|--|---|--|
| 2 | 3 <ul style="list-style-type: none"> 10 Danbury Consortium 1:30 Hartford Planning Council (PC) Continuum of Care (CoC) | 4 <ul style="list-style-type: none"> 12 Hartford PC & committees 9:30 Bridgeport HIV/AIDS Consortium | 5 <ul style="list-style-type: none"> 9:30 New Haven/Fairfield (NH/FF) Planning Council Strategic Planning & Assessment (SPA) Committee 12 NH/FF PC Quality Improvement (QI) Committee | 6 |
| 9 <ul style="list-style-type: none"> 9:45 Positive Prevention CT | 10 <ul style="list-style-type: none"> <i>National Women & Girls HIV/AIDS Awareness Day</i> 12 NHn Mayor's Task Force on AIDS (MTFA) 1 Norwalk/Stamford Consortium | 11 <ul style="list-style-type: none"> 9:30-2:00 CHPC & Committees (Hartford) | 12 <ul style="list-style-type: none"> 9:30 NH/FF PC Executive Committee 10:30 NH/FF PC Membership & Finance (MF) Committee 12 NH/FF Planning Council | 13 <ul style="list-style-type: none"> <i>National Native HIV/AIDS Awareness Day</i> |
| 16 <ul style="list-style-type: none"> 12 New Haven HIV Care Continuum | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |



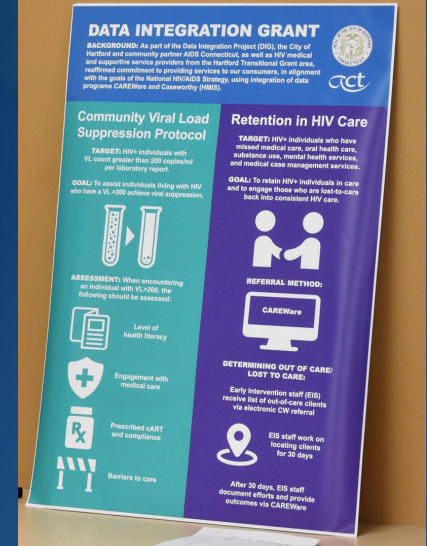
april

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------------------|---|--|--|---|
| M 3 0 | M 3 1 | 1 • 12 Hartford PC & committees • 9:30 Hartford PC Membership Comm. • 9:30 Bridgeport Consortium | 2 • 9:30 NH/FF PC SPA Committee • 12:00 NH/FF PC QI Committee | 3 • 9:30 NH/FF PC Executive • 10:30 NH/FF PC (MF) • 12 NH/FF PC |
| 6 | 7 • 10 Danbury Consortium • 1:30 Hartford PC CoC | 8 | 9 | 1 <i>National Youth 0 HIV/AIDS Awareness Day</i> |
| 1 • 9:45 Positive 3 Prevention CT | 1 • 12 MTFA 4 • 1 Norwalk/ Stamford Cons. | 1 9:30-2:00 CHPC & 5 Committees (Hartford) | 1 6 | 1 7 |
| 2 0 | 2 1 | 2 2 | 2 <i>AIDS Awareness 3 Day Rally</i> | 2 4 |
| 2 • 12 NH HIV 7 Care Continuum | 2 8 | 2 9 | 3 0 | M 1 |



may

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--|---|--|---|
| 4 | 5 • 10 Danbury Consortium • 1:30 Hartford PC Continuum of Care | 6 • 12 Hartford PC & committees • 9:30 Bridgeport Consortium | 7 • 9:30 NH/FF PC SPA • 12:00 NH/FF PC QI Committee | 8 |
| 1 • 9:45 1 Positive Prevention CT | 1 • 12 MTFA 2 • 1 Norwalk/Stamford Consortium | 1 3 | 1 4 | 1 • 9:30 NH/FF 5 PC Executive • 10:30 NH/FF PC MF • 12 NH/FF PC |
| 1 <i>HIV Vaccine 8 Awareness Day</i> | 1 <i>National Asian & 9 Pacific Islander HIV/ AIDS Awareness Day</i> | 2 9:30-2:00 CHPC 0 & Committees (Hartford) | 2 1 | 2 2 |
| 2 <i>Memorial 5 Day</i> | 2 6 | 2 7 | 2 8 | 2 9 |



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866.972.2050



THE Red Carpet



EXPERIENCE

On February 9, 2020, people from all walks of life gathered for the AIDS Connecticut (ACT) Red Carpet Experience to celebrate the 92nd Academy Awards at Spotlight Theater in Harford. The event, which has run for over 20 years, offered guests and local celebrities an opportunity to walk the "Red Carpet" in formal attire or costumes fashioned after nominated films, and to watch the awards on the big screen. The event also gave local fashion designers a chance to showcase their latest creations, while numerous local food vendors provided gourmet cuisine and local artisans and businesses contributed to a silent auction. This year's event featured live music, a fashion show, and a best-dressed contest, as well as salsa dancing performances.

All event proceeds benefitted ACT, which works with its partners to increase Connecticut's capacity to ensure that all people impacted by HIV/AIDS and related health issues have access to health, housing, and support services.



CHPC

CONNECTICUT HIV
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866.972.2050



Contact Information for Planning Meetings

| | |
|--|-------------------|
| Hartford Planning Council..... | 860-667-6388 |
| New Haven/Fairfield Planning Council | 888-243-0464 |
| New Haven Mayor's Task Force on AIDS..... | 203-946-8351 |
| Norwalk/Stamford Consortium..... | 203-855-9535 |
| Danbury Consortium..... | 203-778-2437 |
| Bridgeport Consortium..... | 203-368-5575 |
| Positive Prevention CT..... | 860-247-2437 x315 |

More meeting information - www.guardianhealth.org/calendar/calendar.htm