



CONNECTICUT HIV
PLANNING CONSORTIUM

JUNE 2017

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



IN THIS ISSUE:

- AIDS Awareness Day Rally
- CHPC Update
- PrEP and Prevention of STIs
- My Story: Thomas Evans
- National HIV Testing Day
- The Cross Part Collaborative
- DPH Corner

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



AIDS AWARENESS DAY RALLY

On May 10, 200 people from every corner of the state came to participate in the 17th annual AIDS Awareness Day. Representatives from Governor Malloy's administration and the legislature came to support HIV care and prevention work being done in the state, applaud people living with HIV for their courage and perseverance, and urge ongoing activism and advocacy. Speakers included Lieutenant Governor Nancy Wyman; State Comptroller Kevin Lembo; CT State Colleges and Universities President Mark Ojakian; Special Health Advisor to the Lieutenant Governor Vickie Veltri; State Representative Bob Godfrey (Danbury), and former Department of Consumer Protection Commissioner Jonathan Harris. Other speakers included Miranda Baldwin of Hartford and Dante Genarro of New Haven. Anthony from Danbury shared a poem, and Carol Jones and Inez Richards from New London read a statement from HIV-positive incarcerated women. Thanks to all who participated!



CT HIV PLANNING CONSORTIUM UPDATE



CHPC Community Co-Chair Elect Blaise Gilchrist

The Connecticut HIV Planning Consortium (CHPC) continues to advance Connecticut's Statewide Integrated HIV Prevention and Care Plan for 2017-2021.

At the April CHPC meeting, Jim Pettinelli, Assistant Director of the Center for Interdisciplinary Research on AIDS (CIRA), explained implementation science and asked meeting participants for input into future directions (Plan **Goal #4** - Achieving a more coordinated response to the HIV epidemic). At the May CHPC meeting, leaders from the Connecticut Children's Medical Center (CCMC) shared their evidence-based peer-to-peer model (Plan **Goal #3** - Reducing HIV-related disparities and health inequities; workforce development).

CHPC committees organize their work around Plan goals, too. The Membership and Awareness Committee continues to strengthen communication efforts such as improving the newsletter, expanding outreach, and developing a CHPC website to help coordinate the response to the HIV epidemic (Goal #4). The work on expanding peer support provider models by the Needs Assessment Projects (NAP) Team relates to increasing access to care and improving health outcomes for people living with HIV (**Goal #2**) and reducing HIV-related disparities and health inequities (Goal #3). Work by the Quality and Performance Measures (QPM) Team to update the CHPC indicator goals and strengthen quality improvement processes across funders helps support Plan **Goal #1** - Reducing new HIV infections. Finally, the Charter Review Committee has been discussing adjustments to the CHPC structure to better support Plan implementation (Goal #4).

CHPC members stepping up into leadership roles include: Priscilla Pitts as the CHPC Charter Advisor (February), Clara Langley and Kat Auguste will become committee co-chairs, and Blaise Gilchrist will start his term as a CHPC Community Co-Chair in January 2018. The CHPC thanks outgoing leaders for their dedication: Alex Garbera (Charter Advisor), Sarah Butterfield (NAP Team), Reggie Knox (MAC), Kathy Pitner (QPM Team), and Andre' McGuire (community co-chair).

PRE-EXPOSURE PROPHYLAXIS (PREP) AND PREVENTION OF SEXUALLY TRANSMITTED INFECTION (STI)

By Gary F. Spinner PA, MPH, AAHIVS



PrEP is highly effective at preventing infection with HIV. In clinical trials, Truvada reduced the risk of infection by 90% when taken daily. Does that mean if someone is using Truvada for PrEP they don't need to use condoms? PrEP users should know that, while Truvada will protect against HIV, it does not protect against other STIs.

In a 2016 study of 600 gay and bisexual PrEP users in San Francisco, 41% reported less frequent condom use. The good news was that after one year, none of them became infected with HIV. The bad news was that half contracted STIs, half of which were rectal infections with either gonorrhea or chlamydia. Rectal STIs can significantly raise the risk of contracting HIV because the natural rectal mucosa breaks down with anal sex, opening the door for infections, including HIV. None of the men in the study developed HIV, but 9% would have been expected to become HIV infected without PrEP. So PrEP is very effective in preventing HIV when taken consistently. But is it 100% protective? The answer is no.

There have been three reported cases of PrEP failure in men who have sex with men (MSM) who, despite excellent adherence taking Truvada, developed HIV. In one case, the PrEP user had a very high number of sexual partners, did not use condoms, and had multiple STIs that may have contributed to his subsequent HIV infection.

PrEP users should know that STIs not only affect the genitalia, but can also impact other parts of the body. Syphilis, for example, while often asymptomatic, can infect the brain and other organs if left untreated. Syphilis rates are increasing in the U.S. in both men and women, but most particularly in MSM. My advice to people taking Truvada for PrEP is to use condoms if you want to be safest, and have regular screening for STIs.



community corner

THIS IS MY STORY

By Thomas Evans



I am a 57-year old heterosexual African-American male, former IV drug user. I have been HIV positive for an interesting and educational 33 years. I often wonder where my life would be today had I made other choices. I was introduced to drugs at a very early age, mostly by my friends while growing up - experimenting with stuff and being "cool." Out of all the drugs I tried, I developed a strong like for cocaine. Eventually, I was introduced to IV use and I fell in love right away. I got real selfish with it... no more sharing. It started to really take its toll on me, as I was unable to hold onto a job or a relationship. I started doing whatever I had to do to get my drug (total mental addiction) and I became homeless. I came across many others going through the same thing I was.

I got arrested, and during a medical evaluation in prison, I found out I had AIDS. Now what?! I was so ashamed, so scared, so angry. I chose not to tell anybody. Dammit... I failed again... can't even use drugs right without making a mess... damn Tom. What was in my favor was that I hadn't lost any weight, my skin was still clear, I didn't have "THE LOOK." Eventually, my guilt made me tell my family, and then I got arrested again for selling.

During that sentence, I became ill and I really thought it was my time to die. I was diagnosed with stage four cancer and I was full-blown. They gave me four months to live. I couldn't walk or talk, and my mother made funeral arrangements. I prayed to God to spare my life. After four of the six scheduled chemo treatments, they told me they couldn't find any more cancer cells in my body (my eyes are wet as I write this) - the cancer was gone. One week later, new HIV meds were released and they started me on those. I've been undetectable ever since.

I was released in late 1996. I met a woman on a blind date on Easter Sunday 1997, and we're still together. Since then, I've had seven heart attacks and a stroke, but I'm still walking upright, and so grateful. There have been so many improvements with technology. I am now drug free, and my meds consist of just one pill. I am a self-ordained advocate for people living with the virus, attending many meetings and even chairing a support group.

I recently asked a doctor if he saw a cure in the near or distant future. He told me he sees people being adherent to their meds. I thank him for that.



National HIV Testing Day

(NHTD) takes place on June 27 each year to encourage people of all ages to get tested for HIV.

According to the U.S. Centers for Disease

Control and Prevention (CDC), more than 1.2 million people in the U.S. are living with HIV, but one in eight does not know they are positive. Gay and bisexual men, particularly young African American gay and bisexual men, are most affected.

The CDC recommends all Americans between the ages of 13-64 get tested for HIV as part of routine health care. Early diagnosis and treatment improves health, extends life and helps prevent the spread of HIV. Finding out whether you are infected with HIV is the first step to improving your health and the health of your partners and your family.

The 2017 NHTD theme is "Test Your Way. Do It Today." Communities across Connecticut will observe National HIV Testing Day 2017 in a variety of ways. The Human Resources Agency Wellness Resource Center, for example, will hold a Paint Nite® fundraiser at 7:00 p.m. on June 27 at On the Border in Rocky Hill. Attendees will create art over cocktails, guided by a professional artist and party host while raising money for HIV testing. Go to https://www.paintnite.com/events/_1178510 for tickets.

Contact your local AIDS Service Organization to find out about a National HIV Testing Day event near you!

THE CROSS PART COLLABORATIVE: How the CHPC is improving the quality of care in Connecticut

Since 2008, the Cross Part Collaborative (CPC) has supported quality improvement among HIV providers funded by the Ryan White HIV/AIDS Program. In 2016, the CHPC Quality and Performance Measures team took on the role of the CPC.

Ryan White is a federal program that provides services to those who do not have sufficient health care coverage or financial resources to cope with HIV. Through different Ryan White Parts, the program works with cities, states and community-based organizations to provide services. Each Ryan White Part supports quality improvement. The CPC addresses challenges that cut across all Ryan White Parts.

The CPC uses the **Plan-Do-Study-Act (PDSA)** approach to improve quality. The PDSA cycle is a simple and powerful tool for accelerating quality improvement – by planning a change, trying it, observing the results, and acting on lessons learned. Based on the results, further changes may quickly be made to improve service quality.

In 2016, the CPC learned about quality improvement and PDSAs, reviewed statewide Ryan White data, and selected measures needing improvement: **the percentage of people screened for syphilis, gonorrhea and chlamydia**. A recent study by the U.S. Centers for Disease Control found that sexually transmitted infections (STI) remain at an unprecedented high rate, but only 47% of Ryan White patients in Connecticut were tested for gonorrhea and chlamydia in 2015.

In 2017, the CPC reviewed PDSAs that Ryan White providers have conducted to improve STI screenings. The CPC invited Stamford CARES and Community Health Services to present their successful models at a webinar for Ryan White providers on June 15, 2017. By sharing promising practices, the CPC can help all providers improve their STI screenings.

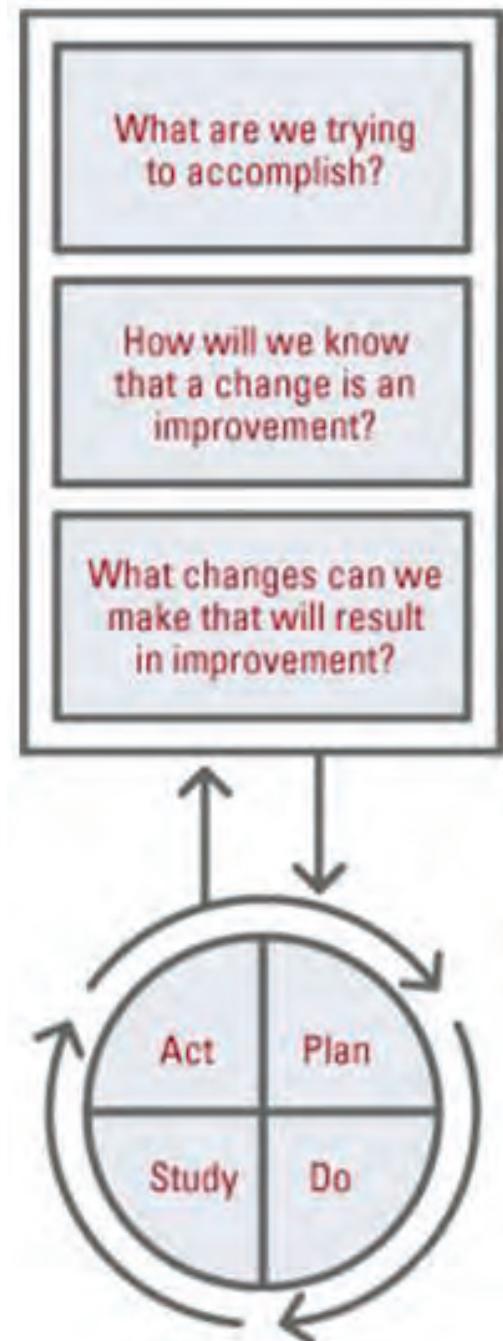


Figure from the Agency for Healthcare Research and Quality's Health Literacy Universal Precautions Toolkit (2nd edition).

UPCOMING CHPC MEETINGS:

- June 21 (Hartford)
- July 19 (Hartford)
- August 16 (Hartford)

Call 866.972.2050 x18 for info.



department of public health



Connecticut Department
of Public Health

HIV POLICY: PAVING THE WAY FOR GOOD PUBLIC HEALTH PRACTICE

The U.S. Centers for Disease Control and Prevention (CDC) requires the Department of Public Health (DPH) to work on policy issues that support or enhance Connecticut's ability to deliver HIV care and prevention services that align with good public health practice. This session, Senate Bill 844 (SB 844) passed the House and Senate. SB 844 updates the timeframes for testing pregnant women for syphilis and HIV. The bill specifies ideal times for pregnant women to be tested for each disease individually to ensure women testing positive for either syphilis or HIV can receive adequate treatment prior to delivery, with a goal of eliminating perinatal transmission.

SB 844 changes the name of the Needle Exchange Program (NEP) to the Syringe Services Program (SSP) to encompass a broader range of Drug User Health Services. It also expands the program to increase access to clean syringes for people who inject drugs but do not participate in SSP services

by allowing for secondary exchange within drug using networks.

SB 844 also narrows the topics that providers ordering HIV tests must address in patient counseling, and repeals a provision that allows patients to refuse to receive an HIV test result. A proposal to exempt community-based HIV testing providers in non-clinical or outreach settings from obtaining written consent for an HIV test will not go into statute, but will instead become a small policy issue for Outreach Testing and Linkage (OTL) providers in terms of how they document consent.

DPH has already begun to explore policy initiatives for future legislative sessions, including but not limited to: routine HIV testing, Pre-Exposure Prophylaxis (PrEP) for adolescents, Post-Exposure Prophylaxis (PEP) access through pharmacies, and decriminalization of drug paraphernalia and/or trace amounts of drugs for SSP participants.

Many stakeholders provided written and oral testimony in support of SB 844. All stakeholders, especially people living with HIV, are encouraged to weigh in on HIV policy issues.

**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.**



CALLING COMMUNITY MEMBERS!

Please join us for a CHPC meeting

- HIV Care & Prevention information
- Network w/ consumers & providers
- Complimentary breakfast & lunch!





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NEWSLETTER COMMITTEE

Kat Auguste

Carmen Cruz Santos

Thomas Evans

Carl Ferris

Ann Galloway Johnson

Blaise Gilchrist

Reggie Knox

Clara Langley

Ronald Lee

Aurelio Lopez

Pamela Parks

Priscilla Pitts

Upcoming HIV/AIDS Prevention and Care Planning Meetings

See last page for contact information for planning meetings.

june



Monday	Tuesday	Wednesday	Thursday	Friday
			<ul style="list-style-type: none"> 1 • 9:30 New Haven/ Fairfield Planning Council (NH/FF PC) Strategic Planning & Assessment Committee • 12 NH/FF PC Quality Improvement Committee • 3 New Haven (NH) Transgender support group • 5:30 NH PrEP support group 	2
5 HIV Long-Term Survivors Day • 10 Positive Prevention CT	6 • 10 Danbury Consortium	7 • 12 Hartford Planning Council • 10:30 Hartford Positive Empowerment Committee (PEC) • 9:30 Bridgeport HIV/AIDS Consortium • 4:30 NH support group for HIV+ men • 7 Norwalk HIV support group	8 National Caribbean American HIV/AIDS Awareness Day	9 • 9:30 NH/FF PC Executive Committee • 10:30 NH/FF PC Membership/Finance Committee • 12 NH/FF Planning Council
1 • 2	1 • 9:30 CT HIV/ 3 AIDS Identification & Referral (CHAIR) • 1 Norwalk/ Stamford Consortium	1 • 11:15 NH HIV 4 support group for women	1 • 3 NH Transgender 5 support group • 5:30 NH PrEP support group	1 6
1 9	2 0	2 • 9:30-2:00 CHPC & Committees (Hartford) • 4:30 NH support group for HIV+ men • 7 Norwalk HIV support group	2 2	2 3
2 • 12 NH 6 HIV Care Continuum	2 National HIV Testing Day	2 • 12 NH HIV 8 support group for women	2 9	3 0



july



Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5 • 9:30 Bridgeport Consortium • 12 Hartford Planning Council • 10:30 Hartford PEC • 4:30 NH support group for HIV+ men • 7 Norwalk HIV support group	6 • 3 NH Transgender support group • 5:30 NH PrEP support group	7
1 • 10 0 Positive Prevention CT	1 • 9:30 CHAIR Task Force • 1 Norwalk/Stamford Consortium	1 • 12 NH HIV support group for 2 women	1 3	1 4
1 7	1 8	1 • 9:30-2:00 CHPC & 9 Committees (Hartford) • 4:30 NH support group for HIV+ men • 7 Norwalk HIV support group	2 • 3 NH 0 Transgender support group • 5:30 NH PrEP support group	2 1
2 • 12 NH 4 HIV Care Continuum	2 5	2 • 12 NH HIV support group for 6 women	2 7	2 8

august

Monday	Tuesday	Wednesday	Thursday	Friday
J 3 1	1 • 10 Danbury Consortium	2 • 9:30 Bridgeport Consortium • 12 Hartford Planning Council • 10:30 Hartford PEC • 4:30 NH support group for HIV+ men • 7 Norwalk HIV support group	3 • 9:30 NH/FF PC Strategic Planning & Assessment Committee • 12 NH/FF PC Quality Improvement Committee • 3 NH Transgender support group • 5:30 NH PrEP support group	4
7 • 10 Positive Prevention CT	8 • 9:30 CHAIR Task Force • 12 New Haven Mayor's Task Force on AIDS • 1 Norwalk/Stamford Consortium	9 • 12 NH HIV support group for women	1 0	1 • 9:30 NH/FF 1 PC Executive Committee • 10:30 NH/FF PC Membership/Finance Committee • 12 NH/FF Planning Council
1 4	1 5	1 • 9:30-2 CHPC & 6 Committees (Hartford) • 4:30 NH support group for HIV+ men • 7 Norwalk HIV support group	1 7 • 3 NH Transgender support group • 5:30 NH PrEP support group	1 8
2 • 12 NH 1 HIV Care Continuum	2 2	2 • 12 NH HIV support group for women	2 4	2 5
2 8	2 9	3 • 4:30 NH support group for HIV+ men	3 1	



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Contact Information for Planning Meetings

Hartford Planning Council + Positive Empowerment	860-688-5818
New Haven/Fairfield Planning Council	877-336-5503
New Haven Mayor's Task Force on AIDS.....	203-946-8351
Norwalk/Stamford Consortium.....	203-855-9535
Danbury Consortium.....	203-778-2437
CT HIV/AIDS Identification & Referral Task Force.....	203-764-8454
Bridgeport Consortium.....	203-576-9041
Positive Prevention CT.....	860-247-2437 x315
New Haven Support Groups.....	203-624-0947
Norwalk Support Group.....	203-855-9535

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



Rev. Alexander Garbera speaks at AIDS Walk New Haven on April 22



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