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HIV/AIDS Planning News & Notes

Connecticut in the Spotlight at National Ryan White Conference

Connecticut has been at the forefront of HIV care, treatment and prevention for many years, with innovative models and processes. Our success has been evident in a decrease in AIDS-related deaths, lower numbers of new HIV cases and individuals living longer, healthier lives with HIV. Although we have made many strides, we still have populations impacted by HIV more than others. Therefore, HIV and AIDS service agencies and other stakeholders continue to develop and tweak systems to bring HIV to zero. It is befitting that three Hartford Transitional Grant Area (TGA) Ryan White Part A funded agencies were invited to present at the 2016 National Ryan White Conference on HIV Care and Treatment in Washington, DC in August. The chosen Connecticut programs and topics were:

City of Hartford Health and Human Services

Peta-Gaye Nembhard MS BA, Systems Analyst presented on ***Forward Momentum: Accelerating Access to Care and Improving Quality through a Centralized Data System***, where she talked about how the centralized CAREWare system has helped to shape the HIV/AIDS service delivery system in Local and State jurisdictions, as well as how data are used in the Part A Hartford Quality Management and Priority Setting processes.

AIDS Connecticut

Housing Support Services (HSS) is an innovative program which provides specialized intensive case management services to HIV-positive clients with complex housing issues. HSS has been offered in the Hartford TGA for roughly 17

years, evolving over time from strictly a supportive service to a program able to tie program activities to medical outcomes. Key services include assisting clients to maintain affordable housing, short-term budgeting assistance, and representative payee services. HSS is designed for individuals with a history of chronic homelessness or instability due to substance use, mental health issues, or cognitive limitations.

University of Connecticut Health/ Connecticut Children Pediatric, Youth and Family HIV Program

The Phenomenal Women Peer to Peer Psychosocial Group (***PWPPPG***) model utilizes a hybrid of adapted core components from the evidence-based 12-step recovery program Narcotics Anonymous (NA) and best practices from UConn program models. The 12 steps guide peer-participants to a "healthier me" through the integration of Health Resources and Services Administration performance measures into the group setting. For example, peer-participants who verify attending HIV outpatient/ambulatory care medical appointments, having mental/oral health screenings, and obtaining viral load suppression earn charms as acknowledgements for improved health outcomes (like key chains used as NA sobriety-time acknowledgements). This effective and cost efficient peer-to-peer group model was developed for and by HIV-positive women and program staff to address a gap in services identified by clients and staff. The model's core elements are adaptable to serve all vulnerable populations. ***PWPPPG*** addresses needs specific to populations living with HIV in a safe, supportive and confidential environment.

CT HIV Planning Consortium Update

Connecticut's Integrated HIV Prevention and Care Plan

2017 - 2021



In August, Connecticut HIV Planning Consortium (CHPC) members approved **Connecticut's Integrated HIV Prevention and Care Plan for 2017-2021**. The Plan aligns with the National HIV/AIDS Strategy, and identifies four goals: 1) Reduce new infections; 2) Increase access to care and improve health outcomes for people living with HIV; 3) Reduce HIV-related disparities and health inequities; and 4) Achieve a more coordinated statewide response to the HIV epidemic. The State Department of Public Health (DPH) and the diverse organizations that receive federal and state HIV prevention and care funding will use the Plan as a reference point for improving the service delivery system, and the CHPC will conduct annual updates. Contact Gina D'Angelo at 860-509-8130 or gina.dangelo@ct.gov for an electronic copy of the Plan.

Six CHPC members who completed their first year of service received certificates of recognition. These members completed a new member orientation, attended monthly CHPC meetings, and participated in the mentoring program and the CHPC lunch and learn program. These member support programs help ease the transition of new members into a complex planning process. The CHPC thanks the CHPC members who served as mentors. The CHPC will offer these same member support programs to new CHPC members who will begin in January 2017.

In August, DPH Commissioner Dr. Raul Pino spoke to the CHPC about the need to energize, incentivize, and inspire people in the fight against HIV, and articulated a goal to reduce new cases of HIV by 20-25% over the next three years.

After taking some time off, the CHPC will meet again in January 2017. Join us!

Department of Public Health Corner

HIV Prevention Contractors to Pilot Interventions in 2017



Connecticut Department of Public Health

Over the next several months, some HIV prevention contractors will be trained on how to implement new interventions and/

or strategies into their funded prevention programs. Therefore, 2017-2018 will serve as a bridge year between funding cycles to allow Connecticut to test drive the following initiatives:

Couples HIV Testing and Counseling (CHTC) is a paradigm shift in the way HIV testing services have traditionally been offered in the U.S. CHTC occurs when two or more persons who are in or are planning to be in a sexual relationship receive all elements of HIV testing and counseling together. This includes HIV prevention counseling, receipt of test results, and linkage to follow-up services.

Social Network Strategy (SNS) is a peer-driven recruitment intervention that identifies high-risk individuals and provides them with HIV testing and linkage services. This recruitment strategy is used for reaching persons who are unaware of their HIV infection by using their existing social networks. Recruiters who are HIV-positive or high-risk negative persons are enlisted to identify and recruit persons from their social, sexual, or drug-using networks who may be at risk for HIV and link them to testing.

Drug User Health is defined by the National Alliance of State & Territorial AIDS Directors (NASTAD) as a scope of services that underlines a harm reduction philosophy that emphasizes "meeting drug users where they are" by providing services, harm reduction activities and support that addresses drug users' structural and social barriers. It includes three components; Syringe Services, Overdose Prevention, and Harm Reduction Education.

PrEP Navigation entails identifying people who would benefit from Pre-Exposure Prophylaxis (PrEP), linking them to medical services, and assisting them as they initiate PrEP. As PrEP Navigation is a new intervention, a training course in "PrEP Navigation" will provide an important orientation on the core components of the intervention for contracted agency staff implementing PrEP pilot projects in 2017.

Community Corner

Going Back to Work

By Ron Rouse



For a person living with HIV (PLWH), going back to work is a big step forward, and for me it was the best therapy ever. However, choosing the right

job is key, so make sure it's something you like or are good at. For me it was the HIV/AIDS field.

Before going back to work, I highly recommend having a strong support network of family, friends, and health care professionals, along with a secure roof over your head if possible. This way one can focus on doing the job at hand with minimal distractions or stress. Although I worked full-time, part-time gives more flexibility to tend to medical appointments and other affairs. Be realistic about your goals and know your limitations. You don't have to wear your HIV status on your sleeve, but be mindful of exposing yourself to germs, bacteria, or toxic materials to protect a compromised immune system. There is still a lot of stigma, so disclose your status cautiously, but without being an isolationist. Be a team player, rely on your experience, and give it your best. Be as well-rounded as possible to strengthen your worth and position. Remember, you cannot please everyone all the time, so choose your battles wisely. There will always be obstacles, but with patience and perseverance you should be able to overcome most of them.

For me, working has restored much-needed pride and dignity, and a sense of self-worth and value. Working in the HIV field has helped me stay abreast of groundbreaking information about the virus, enabling me to better advocate for my own health care as well as for others as I give back to the community to which I owe so much.

In closing, I say to jump into work, embrace it, prosper from it, and live with it. Take care and be safe.



Involving PLWH in Quality Improvement



Peta-Gaye Nembhard, Alice Ferguson and André McGuire

People living with HIV (PLWH) are necessary at all decision-making tables, including state and local Quality Improvement (QI) committees. The Connecticut Training of Consumers on Quality Plus Team therefore trains PLWH to play a lead role in QI planning conversations.

In June, Peta-Gaye Nembhard, André McGuire and Alice Ferguson attended a National Quality Center training meant to assist PLWH to more fully participate in QI activities.

On September 28, PLWH will attend a one-day training covering basic QI terminology and the skills required to become a PLWH QI champion, including addressing specific aspects of HIV care, identifying ways to engage in clinical QI activities, and being aware of HIV care and treatment terminology.

For information on future opportunities, call André McGuire at 860-778-4017.

Remembering Orlando



Waterbury honors those lost in the Pulse nightclub shooting. The small sign says "Love Wins."

Marijuana in Connecticut



An October 2015 report by the U.S. Centers for Disease Control and Prevention stated, "Public health concerns about the recrea-

tional use of marijuana among adolescents is related, in part, to the potential for harm to individual users and the potential for marijuana to be a 'gateway' to the use of tobacco and other illicit drugs or substances." Is marijuana a gateway drug to more harmful substances? The short answer is that it can be, as can many other substances, including alcohol. Also, most people ingest marijuana by smoking it, which can cause harmful carcinogens to enter the body.

What we in the HIV/AIDS field really want are the benefits. Marijuana has been used to treat pain, appetite loss and nausea for chemotherapy patients, and has been prescribed to treat Crohn's disease, multiple sclerosis, epilepsy, anxiety disorders, and depression, among other conditions. In January 2016, three new Connecticut dispensaries were approved, bringing the number of dispensaries in the state to nine. In May 2016, Governor Malloy signed legislation giving clearer language to doctors about who can receive a marijuana prescription. Clearly, the state is going in the direction of pro-marijuana legislation, but we are not there yet, as it is not legal. Marijuana possession has been "decriminalized" in Connecticut to a misdemeanor, but those caught with half an ounce or less without a valid registration card are fined \$150, with subsequent possession offenses bringing harsher penalties.

With all of this in mind, this writer asked several consumers: "How do you personally feel about marijuana?" Many argued that it should be legalized due to how many people use it and it "being natural." Folks listed the benefits of marijuana in their lives and said they would rather their kids smoke "weed" than drink alcohol. Many noted that alcohol-related deaths seem to happen every weekend, yet you never hear about deaths related to marijuana. For now, the debate rages on.

For more information about medical marijuana, visit the State Department of Consumer Protection's [Medical Marijuana Program webpage](#).

Could Medical Marijuana Ease What Ails You?

By Susan Hernandez

Adapted from HIVplusmag.com

Like many people living with HIV (PLWH), I have medication-related symptoms like nausea, loss of libido, and fatigue, as well as age-related problems including migraines, insomnia, myofascial pain syndrome, irritable bladder, and worst of all, a chronic unrelenting pain condition. When people suggested I try medical marijuana, I scoffed. But the thing about chronic unrelenting pain is, you'll do anything to try to stamp it out, which means in addition to common sense treatments like exercise, good nutrition, and meditation, I've been prescribed over 30 pharmaceuticals, including narcotics. Only heavy narcotics combined with a salt soak and massage has ever lowered my pain threshold below a four on the doctor's infamous pain scale.

Studies on marijuana's impact on medical conditions like HIV and many others have generally shown good results. A 2005 study showed that medical marijuana users were three times as likely to adhere to their antiretroviral medications. A 2007 study showed that cannabis successfully treated neuropathic pain and loss of appetite in PLWH.

Dope doesn't sound too terrible after all of this, but pot cards require a doctor's recommendation, and many HMOs and insurance companies don't allow their doctors to prescribe marijuana. I tried HelloMD, and I'm thrilled I did. Here's how it works: you log on to HelloMD, fill out a membership form, pay fees, and connect to a doctor via a live video service. The doctor asks questions, and if s/he sees fit, writes you a medical marijuana recommendation. If approved, you can take the recommendation, print it, and go to a dispensary that day.

I started small, experimented with different products, and waited until I knew more about the impact of cannabis on my body before I stepped up my intake. I took home ordinary prescription bottles, each with 1 gram of pot inside, something for morning, lunch, and nighttime. In my new cannabis-using treatment regime, I've never been what you'd imagine as high. I did get something I haven't had in years, as well: unexpectedly sweet pain relief.

Upcoming HIV/AIDS Prevention and Care Planning Meetings

See the next page for contact information for planning meetings

September

Monday	Tuesday	Wednesday	Thursday	Friday
			1 <ul style="list-style-type: none"> • 10 New Haven/Fairfield Planning Council (NH/FF PC) Strategic Planning and Assessment (SPA) Committee • 12 NH/FF PC Quality Improvement (QI) Committee 	2
5	6 <ul style="list-style-type: none"> • 10 Danbury Consortium 	7 <ul style="list-style-type: none"> • 9:30 Bridgeport Consortium 	8	9 <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 PC
1 <ul style="list-style-type: none"> • 10 Positive Prevention CT 	1 <ul style="list-style-type: none"> • 9:30 CT HIV/ AIDS Identification & Referral (CHAIR) Task Force • 12 New Haven Mayor's Task Force on AIDS (MTFA) • 1 Norwalk/Stamford Consortium 	1 <ul style="list-style-type: none"> • 4 	1 <ul style="list-style-type: none"> • 5 	1 <ul style="list-style-type: none"> • 6
1 <ul style="list-style-type: none"> • 9 	2 <ul style="list-style-type: none"> • 1:30 Hartford PC Steering Committee 	2 <ul style="list-style-type: none"> • 1 	2 <ul style="list-style-type: none"> • 2 	2 <ul style="list-style-type: none"> • 3
2 <ul style="list-style-type: none"> • 12 NH HIV Care Continuum 	2 <ul style="list-style-type: none"> • 7 National Gay Men's HIV/AIDS Awareness Day 	2 <ul style="list-style-type: none"> • 8 	2 <ul style="list-style-type: none"> • 9 	3 <ul style="list-style-type: none"> • 0

October

Monday	Tuesday	Wednesday	Thursday	Friday
3 <ul style="list-style-type: none"> • 10 Positive Prevention CT 	4 <ul style="list-style-type: none"> • 10 Danbury Consortium • 1:30 Hartford PC Continuum of Care 	5 <ul style="list-style-type: none"> • 9:30 Bridgeport Consortium • Hartford Planning Council & committees • 10:30 Hartford Positive Empowerment Committee (PEC) 	6 <ul style="list-style-type: none"> • 10 NH/FF PC SPA • 12 NH/FF PC QI 	7
1 <ul style="list-style-type: none"> • 0 	1 <ul style="list-style-type: none"> • 9:30 CHAIR Task Force • 12 New Haven MTFA • 1 Norwalk/Stamford Consortium 	1 <ul style="list-style-type: none"> • 2 	1 <ul style="list-style-type: none"> • 3 	1 <ul style="list-style-type: none"> • 9:30 NH/FF PC Executive • 10:30 NH/FF PC MF Cmte • 12 NH/FF PC
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2 <ul style="list-style-type: none"> • 12 NH HIV Care Continuum 	2 <ul style="list-style-type: none"> • 5 	2 <ul style="list-style-type: none"> • 6 	2 <ul style="list-style-type: none"> • 9-4 Overdose Prevention Conference 	2 <ul style="list-style-type: none"> • 8

November

Monday	Tuesday	Wednesday	Thursday	Friday
0 <ul style="list-style-type: none"> • 3 • 1 	1 <ul style="list-style-type: none"> • 10 Danbury Consortium • 1:30 Hartford PC Continuum of Care 	2 <ul style="list-style-type: none"> • 9:30 Bridgeport Consortium • Hartford PC & committees • 10:30 Hartford PEC 	3 <ul style="list-style-type: none"> • 10 NH/FF PC SPA Committee • 12 NH/FF PC QI Committee 	4 <ul style="list-style-type: none"> • 9:30 NH/FF PC Executive Cmte • 10:30 NH/FF PC MF Committee • 12 NH/FF Planning Council
7 <ul style="list-style-type: none"> • 10 Positive Prevention CT 	8 <ul style="list-style-type: none"> • 9:30 CHAIR Task Force • 12 NH MTFA • 1 Norwalk/Stamford Consortium • 1:30 Hartford PC Steering Committee 	9	1 <ul style="list-style-type: none"> • 0 	1 <ul style="list-style-type: none"> • 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
AIDS LIFE Campaign	860-247-2437 x319
Danbury Consortium	203-778-2437
CT HIV/AIDS Identification & Referral Task Force	203-764-8454
Bridgeport Consortium	203-576-9041
Windham Area Task Force	860-423-4534
Positive Prevention CT	860-247-2437 x315
Overdose Prevention Conference	860-509-8053
More meeting information - www.guardianhealth.org/calendar/calendar.htm	

Catch Pokémon – Not STDs

By Dr. Richard Torres



Dr. Richard Torres and Friends

The term STD refers to all sexually transmitted diseases, including Chlamydia, Gonorrhea, Syphilis, Genital Herpes, HIV, Venereal Warts, Trichomonas, Chancroid and many more. Pokémon, on the other hand – if you haven't heard – is the Japanese game that has caught the attention of everyone on the planet.

STDs are some of the most common infections in the U.S., and Genital Human Papilloma Virus (HPV) is the most common sexually transmitted infection, affecting more than 14 million people newly diagnosed every year. The spread of STDs in America has risen, especially for women, young people, men who have sex with men and the elderly. These groups are seeing a resurgence due to unprotected sex and involvement with many partners.

One factor which makes the epidemic of STDs such an important public health crisis is that some STDs have no symptoms. For example, up to 90% of men and up to 70% of women infected with Chlamydia have no symptoms! Women with other STDs like Trichomonas and Gonorrhea may not be aware of their disease.

There can be serious consequences when a person catches one or more STDs. They cause physical illness, psychological distress, economic costs and social conflict. In addition, there are no cures for Genital Herpes or HIV, meaning these diseases unfortunately last a lifetime. So get yourself together, educate yourself, and protect yourself. Tell your friends, your partners and loved ones you want them to catch Pokémon – not STDs!

About the Author: Dr. Richard Torres is an Internist, HIV and Transgender Health Care Specialist at Southwest Community Health Center in Bridgeport and an Associate Professor of Medicine at the Yale School of Medicine.

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

Project STOP

This PrEP candidate identification and linkage model identified PrEP candidates who had a known HIV+ partner or recent bacterial STI, educating at-risk people about PrEP and connecting people to PrEP medical services