

## Public Awareness & Community Engagement (PACE) Committee Meeting Summary

May 21, 2025

<b>Date:</b>	Wednesday, July 16, 2025	<b>Type:</b>	Virtual, Zoom
<b>Start Time:</b>	10:15 a.m.	<b>End Time:</b>	11:45 a.m.
<b>Leaders</b>	Angel H. Ruiz & Reggie Knox (Incoming Co-Chairs), Africka Hinds (Supporting Chair, CHPC Chair), Jenny Bobadilla-Pincos (CT Department of Public Health Resource Liaison)		
<b>Participants:</b>	17	<b>Next Meeting:</b>	September 17, 2025 (In-Person)

### OVERVIEW

The Public Awareness and Community Engagement (PACE) Committee convened on July 16, 2025, for a meeting focused on advancing its key initiatives in public awareness, community engagement, and member recruitment for the Connecticut HIV Prevention Coalition (CHPC). The primary goal of the meeting was to launch the finalized Summer 2025 Newsletter, brainstorm content for future editions, introduce a new Social Media Resource Folder, provide updates on outreach card dissemination, and discuss plans for a Youth Subcommittee. Angel H. Ruiz co-chaired the meeting, with Jenny Bobadilla-Pincos as the CT DPH Resource Liaison, Africka Hinds as the CHPC Co-Chair, and Selma Gooding from CSC providing support. The committee's work is designed to support populations living with or at the highest risk of HIV in Connecticut and is grounded in the broader goals of the Integrated Plan: reducing new HIV infections, increasing viral suppression rates, eliminating disparities, and strengthening collaboration through storytelling and campaigns.

### WELCOME & ADMINISTRATIVE MATTERS

The meeting began with a welcoming and self-care moment led by Angel H. Ruiz, one of the co-chairs of the PACE Committee. Participants were invited to introduce themselves by sharing their name, organization, and a song that would be on their summer playlist.

- **Angel H. Ruiz**, Committee Co-Chair and Community Health Worker from CT Children's UCONN Health, selected "NUEVAYOL" by Bad Bunny.
- **Jenny Bobadilla-Pincos**, CT DPH Resource Liaison, selected "Tú con él" by Rauw Alejandro.
- **Danielle Warren-Dias** of CT Children's UCONN Health HIV Program added "You Gonna Love It Here," a gospel rap by Toya Love, to her motorcycle playlist.
- **Africka Hinds**, CHPC Co-Chair, DPH Prevention Program Supervisor, and Moderator at Asylum Hill Congregational Church, noted having her motorcycle license in response to Danielle's contribution.
- **Jennifer Dagraca**, a Medical Case Manager at Southwest Community Health Center, picked "No More Pandas Jumping On The Bed" from Gracie's Corner as an earworm she's picked up from her child.
- **Travis Gibbs** from the community distribution warehouse at ACT said his music tastes don't change seasonally and is currently bingeing his favorite punk band, Propagandhi's new album "At Peace."
- **Carl Ferris** from New Haven enjoys reggae, specifically Bob Marley's "Two Little Birds."
- **Charles Hardy** is into old school music like Bloodstone, Dramatics, and Temptations.
- **Lauren Beaudry**, a Medical Case Manager from HRA New Britain, likes classic rock, particularly Fleetwood Mac's "Don't Stop."
- **Tom Alfano**, a Case Manager for Project TLC, noted his music taste doesn't change for summer and didn't have a specific song to add to the list.
- **Blaise Gilchrist**, a Case Manager at UCONN Health, chose "Sinnerman" by Nina Simone as his addition.
- **Kashia Lynch**, Prevention Coordinator for the City of Hartford.
- **Chrissy Marie**, a newer committee member whose focus is on marketing and communication, selected "Trust in God" from Elevation Worship.

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- **Jordan Wynn**, the Planning Program Coordinator for the Hartford Ryan White Planning Council, recommended “Ponte Bonita” by Chris MJ and the homecoming version of Beyonce’s “Before I Let Go.”
- **Selma Gooding** shared her “winter playlist for the summer,” which includes Christmas songs like “Let It Snow,” as she dislikes summer.

**Angel H. Ruiz** provided a brief overview of the PACE’s charge, including recruiting, retaining, mentoring, and orienting new members, and leading market initiatives to reach diverse populations, aligning closely with the Integrated Plan’s goals of reducing HIV infections, achieving viral load suppression, and reducing disparities.

Committee Charge & PACE’s Role in the Integrated Plan	
<p>The <b>Public Awareness and Community Engagement (PACE)</b> Committee is responsible for recruiting, retaining, mentoring, and orienting members of the Connecticut HIV Prevention Coalition (CHPC). The committee also coordinates marketing initiatives, public awareness campaigns, and health communication strategies. Its primary focus is on developing strategies that support populations living with or at the highest risk of HIV in Connecticut.</p>	<ul style="list-style-type: none"> <li>• <b>Goal 1:</b> Reduce New HIV Infections by 2026 – <i>(awareness campaigns and initiatives)</i></li> <li>• <b>Goal 2:</b> Achieve and increased viral load suppression rate among PWH who are in care by 2026 and increased viral load suppression rate among people with diagnosed HIV – <i>(awareness campaigns and initiatives)</i></li> <li>• <b>Goal 3:</b> Reduce HIV-related disparities and health inequities – <i>(broaden membership)</i></li> <li>• <b>Goal 4:</b> Achieve integrated, coordinated efforts that address the HIV epidemic across community partners – <i>(flexible, timely, and responsive awareness campaigns + broadening membership)</i></li> </ul>

### PACE WORK PLAN REVIEW

Angel Ruiz commenced this section by providing a high-level overview of the PACE Committee's comprehensive work plan, highlighting both ongoing initiatives and future strategic endeavors.

### SUMMER 2025 NEWSLETTER – LAUNCH & REFLECTION (See Appendix A)

The committee discussed the finalization and upcoming launch of the Summer 2025 Newsletter, which incorporated extensive feedback from previous meetings. While reviewing a finalized version with committee members, Angel H. Ruiz highlighted that changes were made based on committee input, including:

- revisions to language and tone,
- restructured titles and sections,
- fixed wording,
- and the replacement of images that were found to be triggering for some individuals.

The newsletter, which features **Reggie Knox's personal story of resilience and advocacy**, has been submitted to the Department of Public Health (DPH) for final approval before being translated into Spanish professionally. Danielle Warren Diaz raised a **crucial point about the need to consider translations beyond Spanish, specifically mentioning the substantial Haitian community in Stamford, suggesting outreach to local agencies to assess broader community language needs**. Angel confirmed that the newsletter would be launched on the CHPC website and listserv, with limited print copies available for outreach at various centers.

### FALL/WINTER NEWSLETTER PLANNING KICKOFF

The committee initiated planning for the Fall/Winter newsletter, seeking feedback on ways to improve future editions and make them more effective. **Chrissy Marie** provided significant input, emphasizing that as a "consumer" reading the newsletter for the first time, she found some areas **"very wordy"** and potentially **"overwhelming for some people,"** leading to readers losing interest. She emphasized the importance of simplifying language, moving beyond the jargon

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commonly used in the field, and ensuring the content is accessible to a broad audience, including those in recovery. **Danielle Warren Diaz** echoed this sentiment, arguing that the current newsletter style, while suitable for providers, would not effectively reach community members who are directly impacted. Both suggested **more visuals and pictures** to illustrate content, making it less text-heavy and more engaging, using **thumbnails for online videos rather than just links**.

**Angel H. Ruiz** acknowledged these points, confirming that the goal for the Fall/Winter edition is to be **"lighter, more consumer-friendly, and more community-oriented."** Ideas discussed for future editions included:

- **Retaining the "Words Matter" section** and evolving its content to reflect current inclusive language practices.
- **Highlighting one of the Integrated Plan's four pillars per newsletter** from a community perspective, rather than presenting all four at once, to make information more digestible.
- **Featuring personal testimonies or "stories of real people"** living their regular lives, including individuals in recovery or those who have successfully navigated health challenges, to inspire readers and humanize the work.
- **Incorporating interactive elements** like puzzles or word games to increase engagement.
- **Adding sections on "good news" or "mental health/wellness"** to balance the "heavy" nature of HIV-related topics, offering self-care tips, local resources like Headspace, and addressing seasonal challenges like "holiday blues".
- **Expanding the scope of stories to include other syndemic areas** such as substance use disorders, mental health issues, and smoking cessation, to broaden the newsletter's appeal and reach individuals who might be searching for information on these related topics, thereby also drawing them into HIV prevention awareness.

**Africka Hinds and Jenny Bobadilla-Pincos** added that while the current newsletter (Summer 2025) is already with DPH for approval, all feedback for the next one is being noted. **Ms. Bobadilla-Pincos** specifically addressed the inclusion of technical information, such as Dr. Michael Virata's "Science in Action" section on Doxycycline as post-exposure prophylaxis (DoxypEP), acknowledging the need to simplify and include basic definitions for such content while still presenting it. **Africka Hinds** explained that challenges with obtaining diverse photos were due to virtual meetings, but committing to incorporating more pictures from upcoming in-person meetings for the Fall/Winter edition.

**OUTREACH CARD UPDATE (See Appendix B)**

The committee reviewed the impact of the newly developed outreach cards, noting that approximately **400 cards were disseminated** to partners during the June in-person meeting. **To assess the success of the outreach cards that directly linked individuals to the CHPC website**, web analytics were reviewed to understand the cards' impact. The review revealed a dip in website clicks associated with the cards during the summer, which tech staff suggested is a common trend during this time of year. Angel H. Ruiz inquired whether changes were needed for the cards, as they can be revised and reprinted if necessary. This is especially important since approximately 80% of the remaining stock is in Spanish, allowing revisions to the English version to be made before reprints are ordered.

- **Chrissy Marie** recommended distributing cards at **recovery houses**, where community members actively use bulletin boards.
- **Danielle Warren Diaz** suggested focusing on **Black and Latino churches in major cities** like Hartford, Bridgeport, New Haven, Waterbury, and Meriden, and identifying "champions" within these communities to help distribute the cards. She noted the historical significance of faith leaders in promoting HIV testing.
  - **Lauren** volunteered to assist with distribution in **New Britain**.
  - **Chrissy Marie** also volunteered to cover **Meriden**.

Angel H. Ruiz welcomed these suggestions, noting that David Reyes is willing to deliver cards to various locations. Jenny Bobadilla-Pincos shared her email for those interested in requesting bulk orders of the printed cards. The cards are

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designed with QR codes that link directly to CHPC resources, aiming to "demystify what CHPC is" and make information easily accessible while combating stigma.

### SOCIAL MEDIA RESOURCE FOLDER ([See Link](#))

A significant initiative discussed was the launch of a **Social Media Resource Folder**, envisioned as a centralized Google Drive where members, agencies, and individuals can access educational materials and pre-designed social media posts. The folder aims to **expand statewide reach** for public awareness campaigns on topics like STIs and PrEP, **making it easier for outreach workers and others to find, adapt, and then disseminate existing information** without having to create content from scratch. Angel H. Ruiz demonstrated the "[P drive](#)," which includes folders for PrEP, HIV testing, youth engagement, and mental health, although some folders are currently empty.

A key discussion point was the need for a **review committee** to ensure that submitted content is appropriate and accurate, as anyone will have access to pull information from the drive. Jenny Bobadilla-Pincos suggested including **social media graphic templates** to help agencies create their own branded posts more efficiently. Danielle Warren Diaz further recommended expanding the topics within the folder to include other syndemic areas such as **substance use disorders, healthy relationships, and teen pregnancy prevention**, reflecting the broader scope of work done by agencies at the CHPC table.

A review committee was successfully formed to vet incoming content for the social media folder: **Jordan Wynn, Africka Hinds, Kashia Lynch, and Jenny Bobadilla-Pincos** volunteered to serve on this committee.

### YOUTH SUBCOMMITTEE PROGRESS & PLANNING

Due to time constraints, the discussion regarding the re-establishment of a dedicated **Youth Subcommittee** was brief and deferred to future meetings. The primary objective of this subcommittee is to **integrate the "next generation needs effectively" and "youth, young adult voice"** into the CHPC's strategic planning and operations, fostering leadership pathways for young people and empowering them to articulate their diverse needs beyond basic necessities.

### ANNOUNCEMENTS, FEEDBACK, WRAP-UP

Angel H. Ruiz expressed gratitude to all participants for their input and contributions throughout the meeting. A poll was conducted at the end of the meeting to gather feedback from attendees, covering the clarity of the agenda, understanding of materials, inclusiveness, and overall organization. The meeting concluded at 11:45 a.m.

### FEEDBACK

Summary Table from Interactive Meeting Feedback Poll (n=13)				
Questions		Yes	No	Unsure
1	CHPC Member?	62%	38%	*
2	I felt comfortable participating in the meeting	92%	*	*
3	I felt the meeting was well organized and ran smoothly	100%	*	*
4	I liked the best: The interaction and input from everyone. I felt included and my opinion matters.; People's participation and ideas; Discussion of the newsletter, great input; Great feedback and reception as always; The committee values input from members; Everyone's contributions; members; Discussion; Collaborative effort			
5	Suggestions for improvement: Technical support; get folks to participate; none / no suggestions / thank you (6)			

### FOLLOW-UP ITEMS

Summer 2025 Newsletter (see appendix a):

- Await DPH approval for translation into Spanish.

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- Translate into Spanish
- Distribute limited print copies for outreach.
- Launch on the CHPC website and listserv.
- Consider broader language translations beyond Spanish (e.g., Haitian Creole) for future editions.

### Fall/Winter 2025 Newsletter:

- Incorporate feedback to make the newsletter lighter, more consumer-friendly, and community-oriented.
- Continue to evolve the "Words Matter" section.
- Highlight one of the Integrated Plan's four pillars per newsletter from a community perspective.
- Include more personal testimonies and stories, potentially from **Danielle Warren Diaz** (smoking cessation journey) and **Chrissy Marie** (recovery story).
- Integrate more visuals and use thumbnails for videos rather than just links.
- Simplify technical information (e.g., Doxy-PrEP explanation) for a general audience.
- Members are encouraged to share pictures from their August activities for inclusion.

### Outreach Cards (see appendix b):

- Individuals interested in distributing more cards should email **Jenny Bobadilla-Pincos** (who will forward to David Reyes).
- **Chrissy Marie** to send a list of recovery houses/addresses for card distribution.
- Identify "champions" in major cities (Hartford, Bridgeport, New Haven, Waterbury, Meriden) to distribute cards to Black and Latino churches.
- **Lauren Beaudry** to assist with distribution in New Britain.
- **Chrissy Marie** to assist with distribution in Meriden.

### Social Media Resource Folder ([see link](#)):

- Explore the toolkit for ready-to-share content.
- Submit content (graphics, materials, posts) via the submission form.
- The newly formed review committee (**Jordan Wynn, Africka Hinds, Kashia Lynch, Jenny Bobadilla-Pincos**) will review incoming content.
- Expand topic categories to include other syndemic areas such as substance use disorders, healthy relationships, and teen pregnancy prevention.

### Youth Subcommittee:

- Further discussion on the Youth Subcommittee will occur in future meetings.

The committee's commitment to continuous improvement, particularly in making information more accessible and engaging for the wider community, underscores its role as a vital link between health planning and lived experiences.

## ATTENDANCE

Africka Hinds, Angel H. Ruiz, Blaise Gilchrist, Carl Ferris, Charles Hardy, Chrissy Marie, Danielle Warren-Dias, Jennifer Dagraca, Jenny Bobadilla-Pincos, Kashia Lynch, Keyah Lauren Beaudry, Jordan Wynn, Michael Judd, Selma Gooding, Tom Alfano, Travis Gibbs



### APPENDIX A – Summer 2025 Newsletter



**CHPC**  
CONNECTICUT HIV  
PLANNING CONSORTIUM

**SUMMER 2025**

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

 **IN THIS ISSUE:**

- CHPC Member Spotlight
- Advocacy in Action
- Words Matter
- 4 Pillars of the Integrated Plan
- Insights on Testing & Prevention
- DPH Corner
- Outreach Tools for CHPC Awareness

**MISSION STATEMENT:**  
To create a coordinated state-wide 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.

## CHPC MEMBER SPOTLIGHT

### Reggie Knox's Story: Resilience, Advocacy, and the Power of Healing

*An interview with Ken Plourd*

Reggie, now 74, was diagnosed with HIV in 1986 at the beginning of the epidemic. His doctor delivered what felt like a death sentence when explaining Reggie would most likely live for 18 months. "I was expecting to die," Reggie recalls. "But I didn't."

Over time, Reggie transformed his pain into purpose. He began speaking at schools and community events, sharing his personal story to educate and inspire others. "If I can help one person with my story, I feel like I've accomplished something," he says. "I talk to kids about the choices they make, about how trauma can shape you, and about how healing is possible."

Reggie holds "OG" status with the CHPC as a trusted voice in the community, and a powerful advocate for people aging with HIV. Reggie lived through the height of the epidemic, losing close friends daily and witnessing firsthand the neglect and stigma people with HIV faced in the community and in healthcare settings. He uses his wisdom and knowledge to help change the world on issues such as stigma, trauma, and healing at the intersection of public health and social justice.

**Ken:** "How did you handle taking care of others while expecting to die yourself?"

**Reggie:** "I wasn't really handling it. I was weak too. I thought I'd be next. But we had each other. Our little group of friends became our only support. Their families weren't there. Society wasn't there. We were it."

"When I told my mother, the first thing she said was, 'Did you tell anybody?' Not 'Are you okay?'" That response, he explains, wasn't cruelty, rather it reflected deep-rooted norms in many African American families where silence and secrecy around illness, sexuality, and trauma were common forms of self-protection. "We were taught to keep things in the family, to never air our business," Reggie says. "It hurt, but I understood it. That's just how we were raised."

Reggie reflects that, "Some nurses would not even touch patients. You had to bring your own linens. Nobody wanted to get close." He recalls the heavy burden placed on family members and friends as they sat vigil as the disease progressed. Reggie recalls how simple words of "thank you" from his dying friend completely broke him down.

*"People in the world need to hear our stories. If I can help one person think differently, make better choices, or maybe break the cycle, it is worth it."*

- Reggie Knox

## CHPC MEMBER SPOTLIGHT

### *Reggie Knox's Story: Resilience, Advocacy, and the Power of Healing*

*An interview with Ken Plourd*

**Ken:** "What made you decide to finally start medication?"

**Reggie:** Reggie witnessed the devastating impact of AZT, the only HIV treatment available at the time. "I saw what it did to my friends. It wasn't an option for me. I refused to take it." It wasn't until 2015, nearly 30 years after his diagnosis, that Reggie began HIV treatment in Connecticut, under the care of a provider he trusted deeply. "He was more than a doctor. He treated me physically and emotionally," Reggie says. "He saw me. My T-cells were dropping. I trusted my doctor. He wasn't just prescribing meds. He sat with me, talked to me. He cared. I was also getting older. My body was giving me signs – kidney issues, mini-strokes, infections. It was time for me to be more open to medication."

**Ken:** "Why do you keep doing this advocacy work and speaking engagements?"

**Reggie:** "People in the world need to hear our stories. If I can help one person think differently, make better choices, or maybe break a cycle, it is worth it. My life has more meaning knowing others will not have to experience what I have gone through."

As CHPC Member, Reggie advocates for a more compassionate, informed HIV response. He uses storytelling to promote routine testing and rapid treatment. He emphasizes the transformative role a healthcare provider can play by listening, caring, and meeting the patients where they are at. He hopes to help chip away at the stigma through intergenerational education and linking people to care in communities still impacted by silence and inequity.

Reggie recalls the healing power of the human connection with a story about a chance encounter with a woman offering him a ride to vote. This ride led him to enter a spiritual discussion group. "That's when I started looking inward," he says. "I forgave myself. I started to heal. I started to believe that I'm worthy."

Reggie's story reminds us that individuals are more than a medical condition. He reminds us that HIV lives with him and does not define him. Through honesty, faith, and community, he continues to uplift others while rewriting what it means to live and age with HIV. His voice is a reflection of the past and a powerful guide for the future.

### Reggie's *Recommendations*



Go to comfort food: Lemon meringue pie or fried chicken



Favorite type of music: House music



Favorite movie: Now, Voyager



Quote to live by: "All things come together for the Lord" Romans 8:28



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### GET INVOLVED WE'RE GROWING!

The CHPC is looking for new members – particularly people from Tolland County and young people (under 29) – who are committed to the CHPC's HIV care and prevention mission and can attend meetings from 9:00 am to 12:30 pm on the third Wednesday of each month. Applicants are encouraged to **ATTEND** a CHPC meeting before joining. CHPC members who are not employed are paid for their time.

**CLICK OR SCAN BELOW TO LEARN MORE!**

visit [cthivplanning.org](http://cthivplanning.org) or check out our outreach card on page 8 for more information!



### ADVOCACY IN ACTION: HOW CHPC HELPS COMMUNITY VOICES DRIVE CHANGE

By CHPC Staff

Advocacy can take many forms. It might be a bold protest, a heartfelt petition—or a story shared in a small group, a question during a meeting, or a new idea in a brainstorm.

At the Connecticut HIV Planning Consortium (CHPC), these moments drive the work. Recognized by the Connecticut Department of Public Health (DPH) as the state's primary HIV planning body, CHPC brings together people living with HIV, service providers, healthcare workers, and community members to shape a stronger, more equitable response. Through this work, CHPC helps DPH and its partners review trends, identify gaps, and update the Statewide HIV Plan—a living roadmap for addressing the epidemic.

***"This isn't just planning—it's advocacy in motion."***

CHPC's four main committees are where much of this work happens. Each one offers a unique way for members to contribute their voice and expertise:

- **Needs Assessment Project (NAP):** Gathers feedback on barriers and gaps in care and prevention services to inform the Statewide Plan.
- **Quality and Performance Measures (QPM):** Ensures that prevention and care indicators reflect statewide goals and helps track progress over time.
- **Ending the Syndemic (ETS):** Connects efforts to address HIV, hepatitis, sexually transmitted infections (STIs), and substance use disorders (SUDs) as interrelated health challenges.
- **Public Awareness & Community Engagement (PACE):** Focuses on outreach, mentoring, and sharing strategies that center the needs of communities most affected by HIV.

The result? A plan and a process that reflect real people's needs—not just statistics.

#### What's the Difference?

While **advocacy** and **lobbying** are sometimes used together, they mean different things.

**Advocacy** is about raising awareness, sharing stories, and building support for issues that matter.

**Lobbying** means trying to influence specific laws or policies—and that comes with special rules.

CHPC members and public participants focus on advocacy by lifting up community insights to help shape the Statewide HIV Plan and support HIV prevention and care across Connecticut.

### CONNECTICUT HIV PLANNING CONSORTIUM OUTREACH

Ending  
the  
HIV  
Epidemic

**The time is now.**



### UPCOMING CHPC Meeting

**September 17<sup>th</sup> (In-Person) - 9 AM**

**Click or scan here for more  
information**





### Inclusive Language in HIV Prevention & Care

# words matter

## WHY IT MATTERS



People with HIV who experience stigma are up to **2.5x more likely to delay care**



Non-affirming language is one of the top reasons **LGBTQ+ youth avoid health services**



Staff who use people-first terms report **better client relationships and improved quality of care**

#### Sources:

- Sayles, J.N., et al. (2009). The association of stigma with self-reported access to medical care and antiretroviral therapy adherence in persons living with HIV/AIDS. *Journal of General Internal Medicine*, 24(10), 1101-1108.
- GLSEN National School Climate Survey (2021). The experiences of LGBTQ youth in schools and how inclusive policies and practices make a difference.
- Centers for Disease Control and Prevention (CDC). (2020). Training resources on stigma reduction and inclusive communication. Retrieved from [cdc.gov](https://www.cdc.gov).

## Quick Tips for Inclusive Language

Say This	Not That
Person living with HIV	HIV-infected person
Person who use drugs	Addicts / drug abusers
Person who has been incarcerated	Ex-con / felon
Person who is unhoused	Homeless person

By Jenny Bobadilla-Pincos, CT DPH Community Engagement Coordinator

### Language shapes perception.

And perception shapes access to care, trust, and dignity. In HIV prevention and care, the words we choose have real impact. A single word can help someone feel respected and seen—or push them away.

### Inclusive language is evolving.

It reflects our collective learning. Sometimes it means replacing outdated terms, other times it means listening when someone tells us how they want to be addressed. Language evolves, and so must we.

### It's not about being perfect.

It's about being intentional and open. Inclusive language means thinking about how our words land. It asks us to pause, reflect, and adjust. This small shift helps build trust with clients, colleagues, and communities.

### Words can carry weight.

Even well-meaning language can be rooted in systems of stigma or bias. When we use people-first and affirming language, we help reshape those systems. We foster safety. We make room for dignity.

### We can all do our part.

Every conversation is an opportunity. Whether you're delivering a training, completing an intake form, or chatting with a colleague, your words matter. And when we use them with care, we help build more just, inclusive systems of care.



*Our words should reflect  
the people we serve, not just  
the systems we work in.*



- Jenny Bobadilla-Pincos, CT DPH  
Community Engagement Coordinator

# The Four Pillars: Connecticut's Statewide Strategy to End the HIV Epidemic

DIAGNOSE • TREAT • PREVENT • RESPOND



The **Connecticut Integrated HIV Prevention and Care Plan 2022-2026** is our roadmap for ending the HIV epidemic across the state. Created with deep community involvement and guided by up-to-date data, it lays out a bold vision for reducing new infections and improving the lives of those affected by HIV. This Plan covers 2022-2026 and provides a flexible framework for organizations, partners, and communities to align their work. The Plan centers on four pillars that build the foundation for coordinated action across the continuum of prevention and care.

**Click or scan here to access the full plan**



### DIAGNOSE

- Expand HIV testing in clinics and community spaces
- Use status-neutral approaches
- Link newly diagnosed individuals to care quickly



### TREAT

- Support same-day access to care and ART
- Promote viral suppression and long-term retention
- Track care engagement using shared quality measures



### PREVENT

- Promote PrEP, PEP, condoms, and sexual health education
- Expand access to STI screening and harm reduction tools
- Invest in community-driven prevention



### RESPOND

- Use real-time data to spot and respond to clusters
- Support interagency collaboration
- Adjust strategies as new trends emerge

## WHERE DO YOU FIT IN?

The Plan doesn't live in a vacuum—it needs people like you. Whether you're someone with lived experience, a new provider, or a community advocate, your insight helps shape statewide HIV efforts.

- Join a CHPC meeting or committee meeting
- Share your story or complete a community survey
- Help distribute resources in your network
- Talk to others about HIV testing, care, and support

## CONNECTICUT HIV PLANNING CONSORTIUM OUTREACH

Ending the HIV Epidemic



**UPCOMING CHPC MEETING**  
September 17<sup>th</sup>  
(In-Person) - 9 AM

**Click here or scan below for more information**



# SCIENCE IN ACTION



## Strengthening Prevention Through Testing, Treatment, and Education

*Insights from Dr. Michael Virata*

The approach to caring for people living with HIV and those at high risk for acquiring it is incredibly important. Emphasizing STI screening and providing education on prevention addresses a key factor in reducing HIV transmission. The relationship between STIs and HIV is well-documented, and ensuring that patients are tested regularly, informed about prevention, and have access to effective treatments can go a long way in reducing new cases.

Routine STI screening, especially when it includes three-site testing (genital, rectal, and oropharyngeal), is crucial in identifying asymptomatic infections that might otherwise go unnoticed. This proactive approach in primary care is vital in reducing rising STI rates and, in turn, lowering HIV transmission risk.

### Expanding the Prevention Toolbox

The broader use of doxycycline as post-exposure prophylaxis (doxyPEP) adds an important tool to our HIV and STI prevention strategies. It provides an extra layer of protection, especially for people at higher risk for syphilis and chlamydia, both of which are known to increase susceptibility to HIV. Educating both clinicians and patients about doxyPEP's benefits could significantly reduce STI rates and prevent HIV among individuals engaging in higher-risk behaviors.

The introduction of long-acting agents like cabotegravir and lenacapavir further enhances prevention efforts. These treatments, especially when used as part of pre-exposure prophylaxis (PrEP), offer major advantages in terms of adherence and ease of use. Their potential, combined with other prevention strategies, could be transformative in efforts to end the HIV epidemic, offering patients more options and improving outcomes.

Education—both for patients and providers—remains a key part of this work. By creating awareness and fostering open dialogue about STI testing, prevention strategies, and new treatment options, we can help shift the approach to HIV care and prevention toward a more comprehensive and accessible model.

### PREVENTION PRIORITIES AT A GLANCE

**Strategy:** Three-Site STI Testing

**Why It Matters:** Helps catch asymptomatic infections and avoid missed diagnoses

**Strategy:** DoxyPEP

**Why It Matters:** Adds protection for high-risk individuals, especially for syphilis and chlamydia

**Strategy:** Long-acting PrEP options

**Why It Matters:** Improves adherence and offers flexibility in prevention

**Strategy:** Provider education

**Why It Matters:** Builds trust and increases patient access to care

**"Education, both for patients and providers, is key. It shifts prevention from a prescription to a conversation."**

*- Dr. Michael Virata, Yale Medicine*



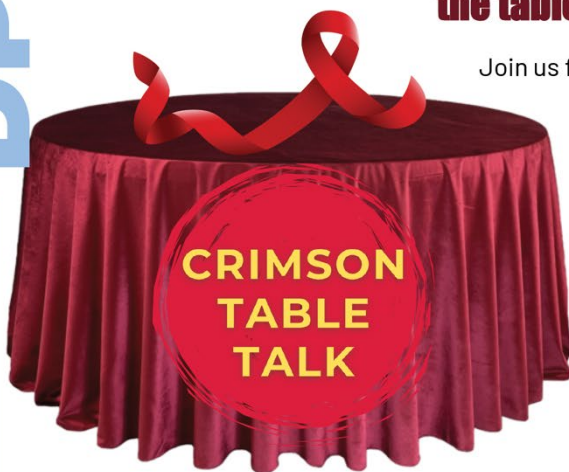
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# DPH corner

We are pleased to announce on behalf of the CT Department of Public Health

## Crimson Table Talk: Where every person has a seat at the table



Join us for a conversation on **QUALITY DATA MANAGEMENT**



**DATE:**

24 JULY 2025



**TIME:**

10:30AM - 11:45PM

Feel free to forward this invite to your Ryan White colleagues.

Have a seat. Be heard.



[Crimson Table Talk is for you!](#)

Click or scan here to access the calendar invite



**PREVENTION POWER HOUR**

Promotion and Implementation of PEP/PrEP Services

Register here   **09.09.2025 | 1:00 PM**





# SPREAD THE WORD. BUILD COMMUNITY. SHARE CHPC.


## YOUR VOICE MATTERS

**Join The Connecticut HIV Planning Consortium (CHPC)**

The CHPC meets on the third Wednesday of most months, gathering individuals from across our state to provide an opportunity for people to:

- Influence HIV Care and Prevention in Connecticut
- Be part of a diverse, supportive community
- Make a difference for those affected by HIV

VISIT [CTHIVPLANNING.ORG](http://CTHIVPLANNING.ORG) OR SCAN THE QR CODE TO LEARN MORE



English Version - Front

## RESOURCES IN CONNECTICUT

**REGIONAL SUPPORT & CARE**

The e2Linkage Map is designed to help locate Ryan White Providers throughout Connecticut, as well as prevention and STI resources to assist in finding services. Scan QR Code to learn more.

**MEDICATION & INSURANCE SUPPORT**

Connecticut AIDS Drug Assistance Program (CADAP) provides eligible low-income residents with essential medications for the treatment of HIV, related conditions, and other comorbidities, as well as health insurance assistance. Scan QR Code to learn more.

**TESTING & PREVENTION**

Find testing locations near you at [gettested.cdc.gov](http://gettested.cdc.gov). Scan QR Code to learn more.

**STAY CONNECTED**

#CHPCWednesday  
#YourVoiceMattersCT  
Scan QR Code to learn more.






English Version - Back

CHPC's outreach cards are a tool for **community connection**. They're designed to help spread awareness of CHPC's work, highlight statewide HIV resources, and invite people to get involved. Whether you're tabling at an event or adding to your clinic's display, these cards help put the mission in people's hands.

## TU VOZ IMPORTA

**Únete Al Consorcio De Planificación Del VIH De Connecticut (CHPC)**

El CHPC se reúne el tercer miércoles de la mayoría de los meses y reúne a personas de todo el estado para brindar un espacio donde puedas:

- Influenciar la atención y prevención del VIH en Connecticut
- Ser parte de una comunidad diversa y solidaria
- Contribuir a mejorar la vida de las personas afectadas por el VIH

VISITA [CTHIVPLANNING.ORG](http://CTHIVPLANNING.ORG) O ESCANEA EL CÓDIGO PARA MÁS INFORMACIÓN



Versión en Español - Frente

## PROGRAMAS EN CONNECTICUT

**APOYO Y ATENCIÓN REGIONAL**

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**APOYO PARA MEDICAMENTOS Y SEGURO MÉDICO**

El Programa de Asistencia para Medicamentos contra el SIDA de Connecticut (CADAP) brinda medicamentos esenciales a residentes elegibles con bajos ingresos para el tratamiento del VIH, condiciones relacionadas y otras comorbilidades, además de apoyo con seguros médicos. Escanea el código QR para más información.

**PRUEBAS Y PREVENCIÓN**

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**MANTENTE CONECTADO**

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Versión en Español - Atrás

### Want to distribute cards at your site?

Cards are available in **English and Spanish**, and work best when shared through:

- Community events and tabling
- Clinic or office displays
- Outreach folder or mailing inserts

To request a **bulk order**, email **David Reyes** - [reyes@xsector.com](mailto:reyes@xsector.com)

For digital versions visit the CHPC website at [cthipplanning.org](http://cthipplanning.org)

Q
**WORD SEARCH**

P	S	D	P	O	Q	T	Y	V	M	S	S	N	P	E	P	L	V	I	H	B	S	Z
Y	A	U	P	R	U	W	U	X	X	C	T	N	A	T	N	E	M	T	A	E	R	T
A	T	C	P	H	E	T	C	S	I	U	O	O	A	D	H	T	U	O	Y	M	T	Y
X	R	U	E	P	Q	V	R	A	U	P	G	N	R	V	P	E	R	P	A	P	I	C
G	A	E	N	K	R	X	E	E	M	P	U	M	N	Y	I	U	I	B	Q	O	H	A
N	N	C	D	D	C	E	M	N	A	P	P	C	C	E	T	G	D	K	W	W	J	C
I	S	H	E	I	E	O	S	E	T	C	A	O	O	O	C	E	A	C	W	E	K	O
T	M	T	R	Q	A	T	M	S	D	I	H	I	R	A	N	T	L	T	V	R	O	V
S	I	I	W	A	U	G	E	M	I	U	O	A	G	T	L	S	I	L	O	J	Y	D
E	S	H	Y	L	B	I	N	C	U	O	C	N	I	N	Z	I	E	C	I	R	X	A
T	S	F	N	L	U	C	T	O	T	N	N	A	O	J	J	U	T	N	U	N	X	W
S	I	C	L	I	N	I	C	Y	S	A	I	E	T	D	P	J	A	I	T	T	G	C
A	O	X	Y	E	R	D	A	A	V	I	B	T	V	I	R	A	L	L	O	A	D	P
F	N	Q	I	S	Y	C	Z	T	O	R	S	L	Y	W	O	A	K	F	D	N	W	H
E	K	O	J	E	C	O	N	D	O	M	O	W	E	X	Q	N	I	S	T	I	A	C
V	S	S	S	E	N	L	L	E	W	K	E	N	G	A	G	E	M	E	N	T	K	F

**INSTRUCTIONS**

Find all the words listed. They can appear in any direction (horizontal, vertical, diagonal). Word may overlap or appear backwards.

- CHPC
- PACE
- Equity
- Prevention
- Advocacy
- Outreach
- Coalition
- Community
- Connecticut
- DPH
- Storytelling
- Campaign
- Engagement
- Youth
- Empower
- Allies
- HIV
- PrEP
- PEP
- Testing
- Diagnosis
- Treatment
- Viral Load
- Suppression
- Transmission
- Undetectable
- Condom
- Consent
- STI
- Safe
- Support
- Wellness
- Clinic
- Education
- Navigator

**866.972.2050**

**NEWSLETTER COMMITTEE**

Angel Ruiz  
Reggie Knox  
Jenny Bobadilla-Pincos  
Danielle Warren-Dias  
Carl Ferris  
Dante Gennaro

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

The website has information about upcoming CHPC meetings, news and events, meeting documents, resources and partners, and membership applications.

### APPENDIX B – 4X6 in CHPC Outreach Card (English & Spanish)

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- ▶ Marcar la diferencia en la vida de las personas afectadas por el VIH



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