

CONNECTICUT HIV PLANNING CONSORTIUM

The CHPC Newsletter

Fall & Winter 2026

October 21, 2026

Stories, resources, and news from the PACE Committee of the Connecticut HIV Planning Consortium.

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FROM PACE

Growing, Together

Welcome to our Fall and Winter issue. This one is about people showing up for their own health and for each other.

Carl Ferris and the Yale team share what a yearly wellness visit can do for people growing older with HIV. Jordan Wynn walks us through getting on pre-exposure prophylaxis (PrEP). Lauren Beaudry welcomes you to the HRA Food Pantry in New Britain. The Quality and Performance Measures (QPM) Committee looks back on its Quality Summit, and Yale's pharmacy on wheels brings care right to the curb.

Many of these pieces connect to Connecticut's 2027 to 2031 Integrated HIV Prevention and Care Plan. Look for the short Plan notes along the way.

You will also find two new #ThisIs4U posts and a crossword. Every answer is in these pages.

This issue comes in English, Spanish, and Haitian Creole. Please share it with someone who could use it.

Aging with HIV at the Yale Center for Infectious Diseases

By the Yale HIV and Aging project team

People with HIV are living longer and the proportion of those who are 50 years of age or older is increasing. According to the Centers for Disease Control, it is estimated that there are currently 1.2 million people living with HIV in the United States, and 54% are 50 years of age or older.

1.2 million

people living with HIV in the United States

54%

are 50 years of age or older

1 hour

is the length of the annual wellness visit

In addition to antiretroviral medications, People Aging with HIV are at higher risk for comorbidities compared to those without HIV and are often prescribed multiple medications. Furthermore, People Aging with HIV are at increased risk for falls and bone disease that could contribute to fractures. HIV clinicians may not be well prepared to care for their patients aging with HIV and these age-related conditions.

How the project started

In 2022, the Yale University AIDS Program received a grant from the Health Resources and Services Administration for Special Projects of National Significance to develop a model to train HIV clinicians in geriatric conditions and conduct an annual wellness visit to screen and prevent certain aging associated conditions. We launched Project I-CARE-4-Patient Aging with HIV: An Intervention for Collaborative Care to Assess Risk and Eliminate polyPharmacy, Falls, and Fragility Fractures for People Aging with HIV, or the four F's, at our Yale Center for Infectious Diseases to improve the care for our patients aging with HIV.

This project was developed with expert healthcare professionals including a geriatrician, rheumatologist, physical therapist, pharmacist, nutritionist, nurse, and a social worker, and the inclusion of two people with lived experience. The advisory board provided guidance in the development of the model and the educational resources.

A few words we use

Antiretroviral medications: the HIV medicines that keep the virus under control.

Comorbidity: another health condition a person has alongside HIV, such as high blood pressure or diabetes.

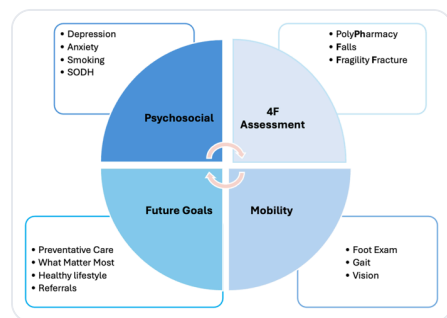
Polypharmacy: taking several medicines at the same time, which raises the chance of side effects and of medicines working against each other.

Fragility fracture: a broken bone from a small fall or bump, usually because the bone has weakened.

Definitions added by CHPC.

What the annual wellness visit includes

The annual wellness visit is a one-hour visit and includes several components as summarized below.



Psychosocial

Depression, Anxiety, Smoking, Social Drivers of Health

4F Assessment

Polypharmacy, Falls, Fragility Fracture

Future Goals

Preventative Care, What Matters Most, Healthy Lifestyle, Referrals

Mobility

Foot Exam, Gait, Vision

Resources built for clients

We developed client specific Aging with HIV resources. The educational resources include videos and brochures, available in English and Spanish. They include topics such as fall prevention, basic exercises, advanced exercises, polypharmacy, healthy eating, and bone health. These resources are available for clients who are interested in an annual wellness visit at our Yale Center for Infectious Diseases.



This is a sample post card for clients aging with HIV on fall prevention. The video can be accessed using the QR code.

What clients said

Overall client satisfaction was high, as described in these testimonials:

"My provider took the time to perform in depth discussion about my medication."

"This wellness visit was excellent and a good use of my time."

"When can I come back for my follow up wellness visit?"



Watch the fall prevention video (9 minutes)

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In conclusion

More than 50% of people living with HIV are 50 years and older. Incorporating a model to screen and prevent age-associated conditions should be part of standard quality care delivery.

Yale University was a pioneer in developing a model to conduct an annual visit for people aging with HIV with trained HIV clinicians.

HIV clinicians and clients were very accepting to include this model as part of primary care for their patients aging with HIV.

Contact us. Call the Yale Center for Infectious Diseases clinic front desk at **203-200-6899** and ask for the Aging with HIV annual wellness visit.

Dr. Lydia Barakat, Director of the Yale Center for Infectious Diseases and Aging with HIV Project Director

Dr. Michael Virata, Director of the HIV Program at the Yale Center for Infectious Diseases

Chloe Johnson, Project Coordinator



The project at Yale

Scan the code with your phone camera



National initiative site:

spnsagingwithhiv.org

spnsagingwithhiv.org

And finally, we would like to acknowledge and thank our participants living with HIV, our HIV clinicians, and our clinic staff. Special acknowledgment to the Health Resources and Services Administration Ryan White HIV/AIDS Program Special Projects of National Significance grant fund for their support for this project: Grant H97HA46082.

Growing Older with HIV: A Conversation with Carl Ferris

Interview by David Reyes, August 2026

Carl Ferris took part in the Aging with HIV project at Yale Center for Infectious Diseases two years ago. We asked him what brought him to it, what it was actually like, and what he wants other people growing older with HIV to know. The program is still welcoming older adults with HIV, 50 years of age and older.

You took part in the HIV and aging study a couple of years ago. What made you say yes?

It started with a conversation with my primary care provider about what changes for people over 50. I was concerned about my health and I wanted something ongoing, not a one-time check.

I talked it over with my family too. We have seen it in our own house: issues with knees, questions about bone density, the ordinary business of getting around. My parents are both in their 80s, and they had brought some of this up themselves. So the questions were already in front of me.

The side effects of the medication were part of my motivation as well. I wanted to understand what was mine, what was age, and what was the medication.

“I wanted to understand what was mine, what was age, and what was the medication.”

In the end the decision was made between me and my care provider. He was running the study himself, and we have a good rapport, so it was an open conversation rather than a pitch. He gave me the choice. I felt like I could only gain by participating.

What did participating actually look like, and did anything surprise you?

We met about once a week. I would meet with Chloe to get the broad scope of what needed to be done, and my provider handled the physical side.

There was an assessment up front that covered practical things: transportation, how often I was walking, and how much I was moving around in a normal week. Then over a few visits they ran tests and a physical: walking back and forth so they could assess my mobility, an eye exam, and a check of my reflexes.

They also gave me a set of walking and exercise practices to take home. That part I did not expect. I went in thinking I would be measured, and I came out with things to actually do.

What do you wish more people, including providers, understood about growing older with HIV?

A lot of people are afraid to ask questions. They sit down with their provider, and they wonder why they are being treated a certain way, but they do not ask, so they never find out.

On the provider side, I think anyone seeing patients who are aging with HIV should be offering that information without waiting to be asked. Not every provider is informed about what growing older with HIV actually looks like, and the patient is the one who pays for that gap.

And keep it plain. Some folks cannot read well, and some of the terminology goes right over people's heads. Say it in language the person in front of you can use especially when you are talking about side effects.

Falls are a real risk as we age. What everyday tips have mattered for you or your peers?

Watch your step. A lot of the time when people fall, it is because they were not looking.

And if you do fall, tell your provider. Sometimes people fall and do not realize how serious it was. One of the questions they ask is whether you have fallen in the last six months, and people cannot remember. So, write it down (in your phone, on a piece of paper, whatever you will actually look at) and bring it to your next appointment. You can also just call your provider and leave a message.

Providers should be telling people who are growing older to document their falls. If nobody tells you to, you will not think to.

The study is still welcoming participants, with rides to New Haven and compensation. What would you tell someone on the fence?

We are getting older, and the older we get the more likely we are to fall. So why not give it a try?

Anything we didn't ask that you want readers to know?

You can better your life by participating in the program. That is really what it comes down to.

FOR CASE MANAGERS

Want your clients to take part?

Reach out to Chloe Johnson, Project Coordinator. Call the Yale Center for Infectious Diseases clinic front desk at **203-200-6899** and ask for Chloe.

COMMUNITY VOICES

Getting on PrEP: A Conversation with Jordan Wynn

Interview by David Reyes, August 2026

PrEP stands for pre-exposure prophylaxis. It is medicine you take before you are exposed to HIV so that you do not get it. It comes as a daily pill or as a shot. Jordan Wynn is a member of the CHPC, and this year he started PrEP himself. We asked him how he brought it up, what the process really involved, and what he would tell someone who is still thinking about it.

What first got you thinking about PrEP, and what finally made you go do it?

Honestly, it was being in this work. Going to CHPC and Planning Council meetings, hearing from people at Gilead, getting new information sent to me all the time. Education and awareness. Before that I did not really know what PrEP was or how it worked.

When I first saw the commercials I did not believe it. I thought, how does something prevent you from getting HIV when we cannot cure it? That was before I educated myself. Once I learned more I thought, okay, this is good, and I started telling my friends about it.

But I was not on it myself. So I went and talked to the nurse at the clinic. I told her I was interested. She said, let's talk about your options. I sat with it for two or three weeks, went back and told her I was ready, and that was that.

How did you bring it up with your nurse? A lot of people do not know how to start that conversation.

I was just honest with her.

It was not awkward for me, but I can see how it would be for someone else. I think what made it easy is that I had destigmatized it in my own head first. I made it not such a big deal. If there were a shot that kept you from ever catching a cold again, would you take it? If there were one for the stomach bug, would you take it? Of course you would. Same as a flu shot, same as a COVID shot. The only difference with this one is that it has to do with sexual health, and sexual health is part of my whole well-being.

"It cost me nothing but one conversation."

Walk us through what it actually took: the appointment, the labs, the cost, the pharmacy.

At the appointment we talked about insurance and about the different options. There is Descovy, the pill you take every day. There is Apretude, the shot every two months, which is the one I am on. And there is Yeztugo, the shot every six months.

She went through what my insurance would cover for each one. Descovy would definitely be covered. Apretude might not be. Yeztugo probably would not be unless there was a specific reason I needed it spaced out that far. She filled out the paperwork for the pill and for the shot and put both through, and I got approved for the shot.

There were some bumps on the back end. She could not order it directly, so she had to go through another pharmacy and do a thing called buy and bill. I do not know all the details of that. It was smooth for me because she handled it, but I know there is a lot happening behind the scenes.

In the meantime she gave me a sample pack of the daily pill so I would be protected while the shot was getting approved, because the medicine takes some time to build up in your body. I did not know clinics had samples like that. Apparently the drug companies leave them.

The testing was free. They did the STI and STD testing and the rapid HIV test, all of it free. Everything was comfortable.

What was harder than you expected? What was easier?

Easier, honestly. The hardest part was starting. I had been thinking about it a long time and working myself up to it. I finally asked one of the pharmaceutical reps who I should talk to, and he told me to go see the nurse right inside. Even after that it still took me a while to walk in there.

What got me past it was realizing I have to practice what I preach. I am out here telling my friends and my coworkers, if you are having sex, get on PrEP, why not. So I had to ask myself the same question. Why not? This is my life and my safety and my health, and I have to take mine as seriously as I take everybody else's.

And after, it actually empowered me. I snapped a picture to my friends when I was done. Look, I am on PrEP, everybody go get on it. It was that simple, and now I have taken a step to protect myself. It cost me nothing but one conversation.

Was there something you were nervous to ask, and what answer helped you most?

I was nervous to ask about side effects, and about whether the shot was going to hurt.

But the nurse made it easy. She walked me through the options, showed me the papers and the pamphlets, and kept asking if I had questions. She answered most of them before I had to ask. And she told me I did not have to decide that day. Take your time, think about it. That mattered.

I know not everyone has a provider they are comfortable with. I have been on the other side of it. Years ago a provider started asking me about my sexual history and I tensed right up. When he asked if I had heard of PrEP and wanted to get on it, I shut it down. No, no, no. I wish I had asked him more questions instead.

So what I would say is this. People treat the doctor like they are in some higher position and you are bothering them if you ask a question. You are not. It is their job to help you. You are the patient. Be empowered in your own health, because you are the one living in your body and living with the decisions you make.

How does it fit into your life now? Do you think about it, or is it just routine?

With the shot, I barely think about it. The first two were back to back, a month apart, and after that it is every two months. You get a little soreness where they give it to you, it goes away in a day or two, and then you forget it happened.

The daily pill was different. I had to think about it every day, and I am not good at that. I would leave it at home, or realize at 10:30 at night that I had not taken it. It is not even a complicated pill, you do not have to take it with food or anything, but remembering every day was hard for me. That is why I told the nurse it would not work for me.

So figure out what works for you. If you can stay consistent with a daily pill, great. If you cannot, ask about the other options. And if the option you want is not covered, ask your provider straight out: how do I remember to take this every day? Set an alarm. Ask a friend you trust to remind you. Get a pill case you actually like and make it a little fun. Whatever gets it done.

A lot of people still think PrEP is not for people like them. What would you say to that?

PrEP is for anybody who is having sex. Monogamous, non-monogamous, it does not really matter to me. Accidents happen and people make mistakes, and even when you trust someone and love them, you never know. I am not saying be scared that your partner is cheating. I am saying people are people and things happen.

There is also the stigma that it is a gay drug. It is not. Based on the commercials I understand why it reads that way, but it is for men, it is for women, it is for anybody having sex, protected or not.

And I keep coming back to that simple version. If there were a shot that meant your stomach never hurt again, would you take it? Yes, you probably would. I know I am simplifying it, but sometimes people need it in plain terms, because then you think, right, why wouldn't I? I would be doing myself a disservice not to protect myself. And I am protecting other people too.

The plan makes PrEP, including long-acting options, a priority. Jordan's story shows the other half of that work: making it normal to walk in and ask.

YOUTH SUBCOMMITTEE

Two Seats Filled, Three to Go

CT HIV PLANNING CONSORTIUM PACE COMMITTEE YOUTH SUBCOMMITTEE / 2026

A CALL FOR VOICES • AGES 17-24

DECISIONS ABOUT US KEEP GETTING MADE WITHOUT US.

≤6% of the people surveyed in Connecticut's latest statewide HIV needs assessment were **under 30**. The decisions get made anyway. The Youth Subcommittee exists to change who's in the room.

We are young people, ages 17 to 24, working alongside Connecticut's HIV Planning Consortium to change what (and who) gets considered in HIV prevention and awareness. **No prior experience required:** if you care about making things change, that's the whole resume.

NO EXPERIENCE **FREE FOOD** **REAL HOURS**

01 / YOUR LANE
WHAT YOU'LL MAKE

- Content that actually reaches your generation: Reels, TikTok-format pieces, peer-to-peer messaging
- Articles, art, and multimedia for the statewide newsletter
- Campaign material on PrEP, testing, and sexual health
- The next five years: shaping how the state's HIV plan reaches young people

02 / YOUR RETURN
WHAT YOU GET

- Volunteer hours that count toward general requirements
- Leadership and resume-building experience, real mentorship
- Food at meetings, materials at no cost, help with rides
- A real seat. Youth voices, taken seriously

**PULL UP ONCE.
DECIDE LATER.**

THE TERMS, UP FRONT
Members lead. PACE supports. Priorities are set by members, not handed to them. You speak for yourself, never for "all young people." And nobody here asks for unpaid, extractive anything: no unconsented stories, no work beyond what's agreed.

CTHIVPLANNING.ORG

Come meet us. Co-Leads: **Blaise Gilchrist** | **Jordan Wynn**
Contact: David Reyes, PACE Committee · reyes@xsector.com

CHPC • PACE

The Youth Subcommittee is a standing invitation in every issue. It is youth-led by design: members shape what it does, and adults support along the way.

Two of five seats are now filled. Know someone **17 to 24** who would be a good fit? The fastest path in is passing their name to **Blaise Gilchrist** or **Jordan Wynn**, or emailing David Reyes at reyes@xsector.com.

Meetings are in the evening so students and working members can join. Participation can count toward volunteer or extracurricular hours. Share the flyer with a young person you know.

Youth Subcommittee recruitment flyer.

HRA's Food Pantry: Providing Food, Support, and a Warm Welcome

By Lauren Beaudry, Human Resources Agency of New Britain (HRA)

HRA's Food Pantry, located at 550 Farmington Avenue in New Britain, provides individuals and families with access to fresh food in a warm, friendly, and respectful environment. The pantry is open every Wednesday and Friday from 11:00 AM to 3:00 PM.

You do not need to be a New Britain resident to receive food from our pantry. Individuals and families from New Britain and surrounding communities are welcome to visit. Our goal is to make food assistance accessible to anyone who needs additional support.

Visiting the pantry is designed to be simple and convenient. You may drive up or walk to the front of the pantry, where staff members will be ready to assist you. There you'll be greeted by a staff member who will collect your information using a tablet. Another staff member will prepare and deliver a bag containing a generous variety of food. Staff are available throughout the process to answer questions, provide guidance, and help you feel comfortable.

HRA works hard to provide fresh food, beverages, familiar name-brand products, and many different items whenever available. Food bags may contain a variety of nutritious foods that can help individuals and families prepare meals at home. The selection may change based on availability, but HRA strives to offer plenty of useful, high-quality grocery options for everyone who comes to the Food Pantry.

You may receive food from HRA's Food Pantry once a month. We understand, however, that one monthly visit may not always meet a household's needs. For this reason, staff members also provide you with a calendar listing other food pantries and food-distribution programs in the surrounding area. If you need more food before you are eligible to return to HRA, you can use [this calendar](https://ctfoodshare.org/find-food) (ctfoodshare.org/find-food) to find additional assistance nearby.

An important part of HRA's mission is helping to destigmatize receiving food assistance. Food insecurity can affect anyone, including working individuals, older adults, people with disabilities, and families experiencing unexpected financial difficulties. Rising food prices, housing expenses, medical bills, transportation costs, or a change in employment can make it difficult to afford enough groceries. Asking for assistance is not something anyone should feel ashamed or embarrassed about.

Our food pantry is a place where you are treated with kindness, dignity, and respect. Staff members understand that reaching out for assistance can sometimes feel uncomfortable, especially for someone visiting a food pantry for the first time. We aim to make every visit positive, welcoming, and free from judgment.

No one should have to choose between purchasing food and paying for housing, medication, transportation, or other essential expenses. HRA's Food Pantry is here to help ease that burden and connect community members with the food and resources they need.

If you or someone you know needs food assistance, we encourage you to visit HRA's Food Pantry. Everyone deserves access to fresh, nutritious food and compassionate support. At HRA, you will be welcomed by caring staff members who are ready to help.



Illustration created for the CHPC Newsletter.

"Asking for assistance is not something anyone should feel ashamed or embarrassed about."

HRA Food Pantry at a glance

Location

550 Farmington Avenue, New Britain

Days

Wednesdays and Fridays

Hours

11:00 AM to 3:00 PM

Who can come

All are welcome, including neighbors from outside New Britain

Visits

You may receive food once a month

Other food pantries around Connecticut

A few other pantries, from the list HRA shared. This is a short list, not a full directory. Call before you go: hours, eligibility, and supplies can change.

- **Hands On Hartford, MANNA Community Pantry** (handsonhartford.org/programs/community-pantry) (Hartford): 55 Bartholomew Ave, 860-728-3201. Monday to Thursday, 9:30 to 11:30 AM and 1:00 to 5:00 PM. Emergency food bags for Connecticut residents; ask about enrollment.
- **Joan C. Dauber Food Pantry** (Hartford): 675 Tower Ave, 860-714-2845. Monday 9 AM to 2 PM; Wednesday 9 AM to noon and 3 to 5 PM; Thursday 9 AM to noon. Walk-ins welcome; Connecticut residence and income guidelines apply.
- **Barry J. Vine Food Pantry** (New Haven): 1440 Whalley Ave, 203-397-0796. Wednesday and Thursday mornings, 9 AM to noon, by appointment. Call to schedule.
- **Bridgeport Rescue Mission Food Pantry** (bridgeportrescuemission.org/get-help) (Bridgeport): 725 Park Ave, 203-333-4087. Monday, Wednesday, and Friday, 10 AM to noon and 1 to 3 PM.
- **New London Area Food Pantry** (newlondonareafoodpantry.org) (New London): 110 Garfield Ave, 860-443-6680. Monday 12:30 to 2:30 PM; Thursday 9:30 to 11:30 AM.

More food help near you

Text for a mobile pantry

To find nearby Connecticut Foodshare mobile pantry locations and schedules, text **FOODSHARE** for English or **COMIDA** for Spanish to **85511**.

Search online

Connecticut Foodshare lists pantries and mobile food distributions by town, with a monthly calendar: ctfoodshare.org/find-food

Call 2-1-1

If you cannot find a pantry near you, dial 2-1-1 or search by town or ZIP code at 211ct.org/search

HRA calendar

HRA hands out a monthly calendar at the pantry. Along with food distribution days, it lists diaper days, senior food box pickup days, and the Connecticut Foodshare mobile truck stop. Ask for a copy when you visit.

QPM: All About Data for Improvement

From the Quality and Performance Measures (QPM) Committee

The Quality and Performance Measures (QPM) Committee is all about using data for improvement. QPM:

- Reviews and discusses data;
- Develops indicators to track our progress in ending the syndemic; and
- Helps improve the quality of HIV prevention and care.

As part of QPM's quality improvement role, we have been organizing Quality Summits.

In October 2025, QPM held its first in-person Quality Summit since 2019! QPM engaged three experts from the national Center for Quality Improvement and Innovation (CQII):

- Clemens Steinbock is the Director of the Office of Quality Initiatives at the New York State Department of Health's AIDS Institute, where he leads CQII.
- Khalil Hassam is the Director of the DC Primary Care Office, Community Health Administration, at DC Health, and a CQII trainer.
- Justin Britanik is the founder of Solution for Health Equity, and is a CQII trainer with a background in quality management in primary care, inpatient, and public health settings.

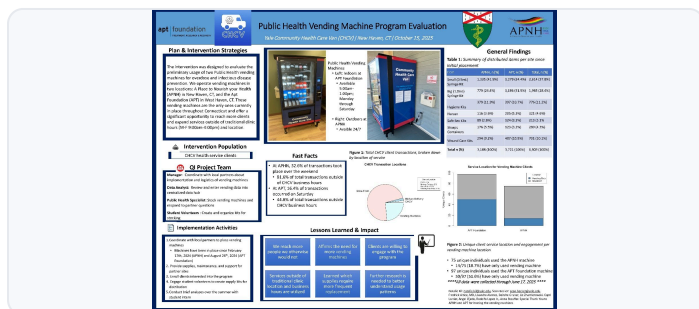


Justin Britanik and Khalil Hassam, CQII trainers, at the 2025 Quality Summit



Clemens Steinbock of CQII at the 2025 Quality Summit

Clemens, Khalil and Justin facilitated interactive activities and lessons on quality improvement, change management, and re-engaging out-of-care patients. Providers from across Connecticut presented their quality improvement projects on QPM-identified priorities: PrEP, housing, and disparities. Over lunch, nine providers shared Poster Storyboards featuring their quality improvement projects, with Summit participants voting with stickers for projects that were innovative, impactful, and scalable.



One of three award-winning Poster Storyboards

Voting Categories			
Category	Sticker	Description	What to Look For
Innovation		Demonstrates creative thinking, new methods, or original ideas in addressing a QI challenge.	- Novel QI tools or data. - Fresh approach to a long-standing problem. - Applies new Technologies or interventions.
Impact		Produced measurable and meaningful improvement in client outcomes, service delivery processes, or staff engagement / Client satisfaction.	- Data-driven results - improved health outcomes, satisfaction, or efficiency. - Changes the service experience. - Captures the clear benefit to clients or teams.
Most Scalable Across the State		Highlights a QI project with potential to be replicated, adapted, or spread to other clinics, regions, or populations in Connecticut.	- Simple, adaptable design. - Uses standardized tools or processes. - Strong documentation of methods and lessons learned.

Summit participants voted with stickers for projects that were innovative, impactful, and scalable

Was the day a success? Oh Yes!

118

participants, presenters and staff

9

provider storyboards

2019

last in-person Summit before this one

- Rave reviews on feedback forms
- One word participants used to describe the Summit:

Informative

Fun

Interactive

Engaging

Awesome

Amazing

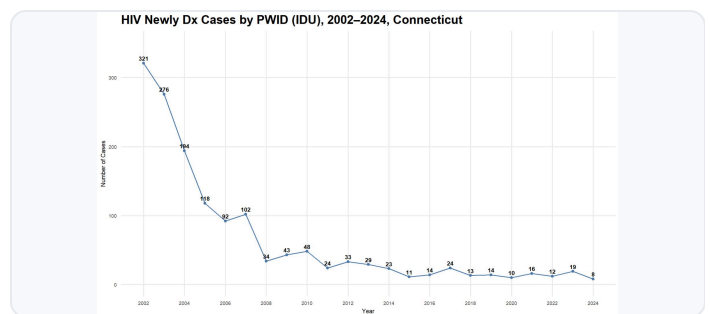
And the Summit has contributed to improvements in HIV prevention and care.

“QM is for everyone. It’s rooted at the center of all we do. It’s great when we get to look at data as transformational, especially in the work that we do.”

QPM continued to be all about data and improvement in 2026: helping to develop performance measures and key progress indicators for the 2027 to 2031 Integrated Plan, reviewing and discussing data on Syringe Services Programs (SSPs) and Partner Services, and showcasing quality improvement projects by our members at meetings.



Clients served by Syringe Services Programs (SSPs), 2011 to 2025. From QPM's June 2026 SSP presentation.



New HIV diagnoses among people who inject drugs in Connecticut, 2002 to 2024. From QPM's June 2026 SSP presentation.

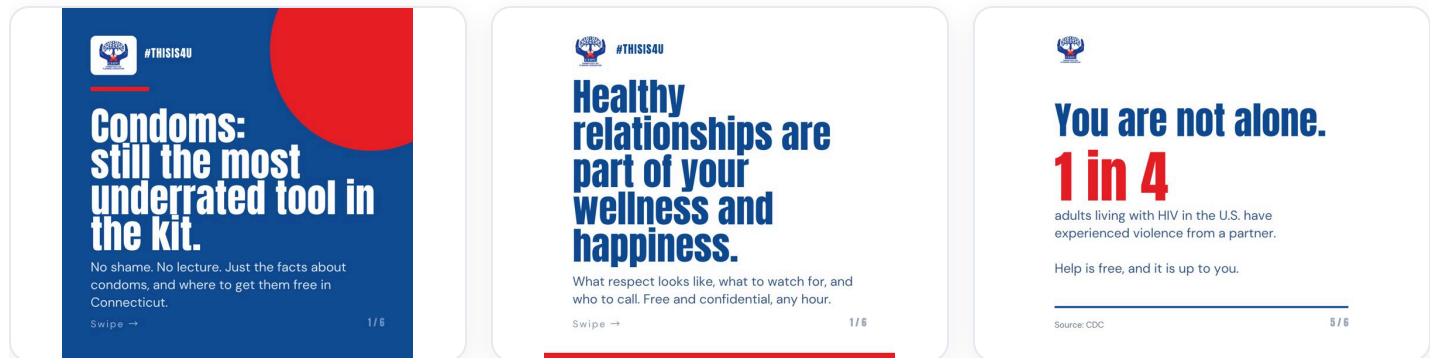
Join us in 2027 as we plan our next Quality Summit and continue reviewing and discussing data to help end the syndemic in Connecticut.

THE PLAN IN A LIFE • ALL FOUR PILLARS

The plan sets targets for Connecticut, including zero new HIV transmissions and 95% viral suppression by 2031. QPM is where members help build the measures that show whether we are getting there.

Two New Products, Ready to Post

This fall, the PACE Committee added two new products to the #ThisIs4U campaign. Each one is a six-image carousel plus a one-page graphic, with a caption you can copy and paste.



Condoms and Sexual Health

Condoms still matter. HIV treatment is prevention, and condoms protect against other sexually transmitted infections (STIs) and unplanned pregnancy. The post shows people where to find free condoms and free testing.

Relationship Safety

Healthy relationships are part of your health. Your privacy, your medicine, and your appointments are yours. If someone controls your medication, keeps you from care, or threatens to share your status, help is free and confidential, 24 hours a day. **CT Safe Connect:** call or text 888-774-2900, or chat at ctsafecconnect.org.

We posted together

At our September 16 meeting, members opened the folder on their own phones and posted right there in the room. You also told us what got in the way, and we are working on it. For now, the images are numbered 1 to 6 so the order stays clear, and the caption is ready to copy, not retype. There is a one-page how-to sheet, and a short video is on the way.

Spanish and Haitian Creole versions go in the same folder. Post in the language your community uses.

How we count

On the Friday before each PACE meeting, we count posts, likes, and shares on Facebook and Instagram. Paste your post link in the shared sheet, or email it to David Reyes at reyes@xsector.com, so the count names your agency.

Posting takes about five minutes

1. Open the folder and pick a product.
2. Save the six images to your phone, in order, 1 to 6.
3. Copy the caption, post, and keep **#ThisIs4U** and **#ThisIs4UCT** on every post.

THE PLAN IN A LIFE • PREVENT

Condoms are one of the prevention tools the plan names, alongside long-acting PrEP, doxycycline post-exposure prophylaxis (DoxyPEP), and harm reduction. Relationship Safety speaks to Treat: no one should be kept from their medicine or their appointments.

A Resource Folder Built for You

Everything lives in the CHPC Social Media Resource Folder: the new products, the summer PrEP and routine testing carousel, and materials from partners across the state. Download what works for your audience, add your logo, and share it through your own channels. Have something to add? Upload it and keep the folder growing.



Fall #ThisIs4U folder

Scan with your phone camera



Social Media Resource Folder

Scan with your phone camera



Browse the resource folder

Scan the code with your phone camera



Submit a material

Scan the code with your phone camera

CARE THAT COMES TO YOU

Meeting Folks Where They Are: Connecticut's Pharmacy on Wheels

Yale InMOTION van brings the pharmacy and the clinic to the curb

“Meeting folks where they are” is a mantra in social services. That’s exactly what InMOTION does.

What is InMOTION?

InMOTION is a mobile retail pharmacy and clinic run by Dr. Sandra Springer’s Yale InSTRIDE program. It’s the first legalized mobile retail pharmacy in the country. The mobile unit includes a prescribing clinician who provides medical care, a medical assistant who draws labs, and a pharmacist who is able to fill prescriptions on site. The team also consists of Community Health Workers who work on the unit and in the community to provide referrals and help with social services. Together, the team provides whole person healthcare.

Who can get care?

InMOTION provides services to anyone who is 18 years of age or older who could use care or services. Maybe you don’t have a car, you have young kids at home, you care for a family member living with a disability, or you’re unhoused. InMOTION brings vaccines, medications, and clinical care to you.

What can the team help with?

Screenings for blood pressure, blood sugar, HIV, and hepatitis C are free. The team also tests for sexually transmitted infections (STIs), offers PrEP to prevent HIV, and treats conditions like high blood pressure, diabetes, HIV, hepatitis C, and STIs. Wound care, mental health care, and treatment for substance use disorders, including opioid and alcohol use disorders, are on the list too.

How did it start?

Dr. Sandra Springer, a board-certified physician in Internal Medicine, Infectious Diseases and Addiction Medicine, who is a Professor at the Yale School of Medicine and Director of the InSTRIDE research lab, wanted to bring care, and the medications themselves, to people where they live. Connecticut made that possible when it legalized mobile retail pharmacies on July 1, 2023.

An award from the National Institute on Drug Abuse helped get the van on the road, and Yale New Haven Health runs the pharmacy.

How do I get care?

The Mobile Pharmacy and Clinic (MPC) sets up in Hartford, New Haven, Waterbury, and Norwich most weekdays, usually from 9:30 AM to 2 PM. Walk-ups are welcome. Stops can change month to month, so call or text 1-833-MEDSVAN (1-833-633-7826) or scan the first QR code to see where it'll be.

If you're ready to receive health care where you are, call us at: 1-833-MEDSVAN
Or scan this QR code for more information:



Providers Scan this QR code for instructions
on how to prescribe to the mobile pharmacy:



Call or text 1-833-MEDSVAN

1-833-633-7826



See where the van will be

redcap.link/inmotionqr

What's next?

Dr. Springer's team is building partnerships across Connecticut to bring InMOTION's services to more communities. In August, she shared the model at the National Ryan White Conference in Washington, DC. The team welcomes opportunities to collaborate with state agencies and support from philanthropic donors to help expand its reach.

THE PLAN IN A LIFE • DIAGNOSE, TREAT, AND PREVENT

The plan calls for a “no wrong door” system and for removing barriers like transportation. A van that brings testing, PrEP, and treatment to the curb does both.

Between What Was and What Will Be

A poem by Jordan Wynn, CHPC member

We spend our lives standing in doorways.
One hand on yesterday, one hand
reaching for a handle we cannot yet see.
The funny thing about transitions is that
we rarely recognize them while they are
happening.
We call them inconvenience. Uncertainty.
A rough season. A detour.
Only later do we discover they were
becoming.

Autumn knows this better than we do.
The trees do not mourn aloud when they
surrender their green. They ignite instead
—
scarlet, gold, amber,
a final masterpiece before letting go.
We gather beneath them, phones raised,
marveling at the beauty of a world
learning how to release.

Yet beauty has sharp edges.
The same breeze that carried crimson
leaves across warm October sidewalks
returns weeks later with an icy grin.
Fifteen-degree nights.
Seven-degree mornings.
The windshield glazed in frost, the engine
shivering awake long before we are.
The baseball cap hanging forgotten by the
door.
The gloves taking its place.
Light jackets retiring quietly to the back
of the closet
while scarves and heavy coats assume
their winter duties.

A season does not ask permission.
It arrives.
And somehow, life follows the same script.

We transition homes,
packing years into cardboard boxes,
discovering memories tucked between
kitchen drawers and old photographs.
We leave behind walls that listened to our
laughter
and step into unfamiliar rooms that echo
until they learn our names.

We transition careers,
walking away from titles we once
introduced ourselves by,
trading certainty for possibility,
comfort for growth.
Terrified.
Hopeful.
Often both at once.

We transition in health.
The body that carried us yesterday
negotiates new terms.
Strength becomes patience.
Speed becomes wisdom.
Limitation becomes teacher.

We transition in love.
Children become adults.
Friends become strangers.
Strangers become family.
Some people arrive for a chapter.
Others become the story.

And some—
the ones we wish would stay forever—
teach us the hardest transition of all.
The transition from presence to memory.
From hearing a voice to hearing an echo.
From holding a hand to holding gratitude.

Even grief, for all its weight,
is love learning a different language.
Perhaps that is why transitions hurt.
Not because something is ending.
But because something mattered.

Yet every river understands what we
spend years resisting:
it cannot become the ocean while clinging
to its banks.
Every dawn releases the night.
Every spring buries a winter.
Every beginning stands atop the
shoulders of a thousand endings.

And so we keep moving.
Through new addresses. New jobs. New
diagnoses. New seasons. New versions of
ourselves.
Not unchanged.
Not unscarred.
But expanded.

For transition was never the space
between one life and another.
Transition is life.

The breathtaking color of the falling leaf.
The bitter cold of the winter morning.
The empty room.
The new key.
The goodbye.
The hello.
The closing door.
The opening one.

And somewhere in that sacred hallway,
between what was and what will be,
we become.

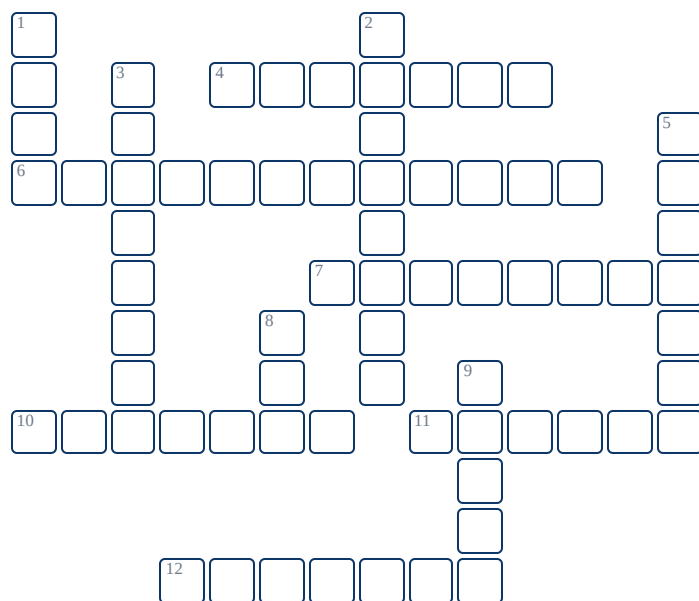
Jordan Wynn

THE PLAN IN A LIFE • THE WHOLE PERSON

The plan is about more than HIV. It is about whole people moving through new homes, new jobs, new diagnoses, and new seasons. Care that stays with people through every one of those changes is the life the plan is working toward.

Fall Crossword

Every answer is somewhere in this issue. Answers are at the bottom of this page.



Across

- 4 #ThisIs4U is one (7)
- 6 Taking several medicines at the same time (12)
- 7 Six images you swipe through (8)
- 10 The Condoms and Sexual Health post shows where to find free condoms and free ____ (7)
- 11 HRA's food ____ in New Britain is open Wednesdays and Fridays (6)
- 12 One of the two new #ThisIs4U products is about these (7)

Down

- 1 Medicine you take before you are exposed to HIV so you do not get it (4)
- 2 InMOTION is a mobile retail ____ and clinic (8)
- 3 Yale's yearly one-hour visit for people aging with HIV is a ____ visit (8)
- 5 In October 2025, QPM held its first in-person ____ Summit since 2019 (7)
- 8 InMOTION brings care to the curb in one of these (3)
- 9 Carl says: if you have one, write it down and tell your provider (5)

Answers: 1 Down: PREP · 2 Down: PHARMACY · 3 Down: WELLNESS · 4 Across: HASHTAG · 5 Down: QUALITY · 6 Across: POLYPHARMACY · 7 Across: CAROUSEL · 8 Down: VAN · 9 Down: FALLS · 10 Across: TESTING · 11 Across: PANTRY · 12 Across: CONDOMS

Have something to share? Stories, art, poetry, agency campaigns, or photos. We would love to include it. Email reyes@xsector.com. Sending photos? Please make sure anyone who can be recognized has signed a media release.

CHPC Newsletter

Produced by the Public Awareness & Community Engagement (PACE) Committee of the Connecticut HIV Planning Consortium. Translated into English, Spanish, and Haitian Creole.

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