

Connecticut Getting to Zero

A Comprehensive Report on Ending the HIV Epidemic in Connecticut

Prepared by: The Connecticut Getting to Zero Commission

December, 2018



GETTING TO ZERO CT
ZERO HIV INFECTIONS, DEATHS, AND STIGMA

Glossary of Terms

AIDS	Acquired Immune Deficiency Syndrome – A cluster of symptoms caused by the Human Immunodeficiency Virus that is characterized by severe loss of the body’s cellular immunity lowering resistance to infection and disease.
Gender Identity	The gender that someone internally identifies with. For transgender people, gender identity is usually different from sex assigned at birth.
Gender Affirming Care	Providing care that aligns with an individual’s gender identity.
Gender Affirming Surgery	Surgery that is performed to transform a person’s physical appearance and function along with sexual characteristics to align with their gender identity.
Gender Affirming Hormone Therapy	The primary medical intervention sought by transgender people where they are given hormones that match their gender identity.
HIV	Human Immunodeficiency Virus – The virus that causes AIDS by weakening the body’s immune system. HIV is transmitted from one infected person to another through blood or sexual fluids.
MSM	Men Who Have Sex With Men – A term used to describe men who have sex with men regardless of whether they identify as gay/homosexual.
PLWH	People living with HIV, regardless of whether they have been tested and diagnosed or are in care and being treated for HIV or not.
PEP	Post-Exposure Prophylaxis – An HIV medication that is taken for several weeks immediately after being exposed to HIV to prevent or lower the chances of becoming infected with HIV.
PrEP	Pre-Exposure Prophylaxis – An HIV medication that needs to be taken daily to prevent or lower the chances of being infected with HIV if exposed.
Stigma	The disapproval of, or discrimination against, a person based on perceivable social characteristics that serve to distinguish them from other members of a society. Social stigmas are commonly related to culture, gender, race, and health.
Transgender	An umbrella term used to describe people whose gender identity differs from what is typically associated with their sex assigned at birth.
Trans Woman	A woman who was assigned male at birth but identifies as a woman.
Trans Man	A man who was assigned female at birth but identifies as a man.
Viral Suppression	When antiretroviral therapy (ART) reduces the amount of HIV virus in a person’s body (viral load) to an undetectable level. This does not mean the person is cured; HIV still remains in the body. If ART is discontinued, the person’s viral load will likely return to a detectable level.

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G2Z Background

Although gains have been made in the 37 years since the first U.S. cases of HIV/AIDS, inequities still exist with HIV incidence, care, and AIDS related illness and deaths. Black and Latino communities are most impacted. This may be due to several causes, including higher rates of poverty, cultural norms regarding homophobia, stigma, and discrimination that contribute to higher rates of HIV.

An increasing number of states have launched HIV initiatives to end the HIV epidemic including Arizona, California, Colorado, District of Columbia, Georgia, Texas, Illinois, Massachusetts, New York, Oregon, Pennsylvania, and Washington, with seventeen more in process, in addition to Connecticut. Municipalities have also begun to implement programs to end the epidemic.

The Connecticut Getting to Zero (G2Z) initiative was created to respond to the alarming trends in the HIV epidemic, with emphasis on the growing number of new cases of HIV in MSM (men having sex with men) of color, Black women, and transgender women in urban centers where the epidemic is most concentrated: Hartford, Waterbury, Bridgeport, New Haven, and Stamford.

The goal of G2Z is for all people living with HIV (PLWH) to be diagnosed, receive medical care, and achieve viral suppression through HIV medication. PLWH who are virally suppressed remain healthy longer and are unlikely to spread the virus. Public health researchers estimate that at least 90% of all PLWH need to be virally suppressed to eliminate the HIV epidemic.

Another goal is to eliminate new HIV cases. One way to make substantial gains in prevention is for individuals at high-risk for HIV to take daily medication referred to as pre-exposure prophylaxis (PrEP), which prevents HIV from developing, even after exposure to the virus. Also, post-exposure prophylaxis (PEP) can prevent infection in someone who was recently exposed to HIV.

In 2017, the Connecticut G2Z Commission was charged with reviewing epidemiological data and programs, gathering information in heavily impacted communities through listening sessions, and drafting a report to be released December, 2018, that outlines the needs, barriers, and recommendations for the ambitious goals of "Getting to Zero."

The G2Z objectives are:

Zero new HIV cases
Zero HIV related deaths
Zero HIV stigma and discrimination

Executive Summary of Strategic Proposals and Recommendations

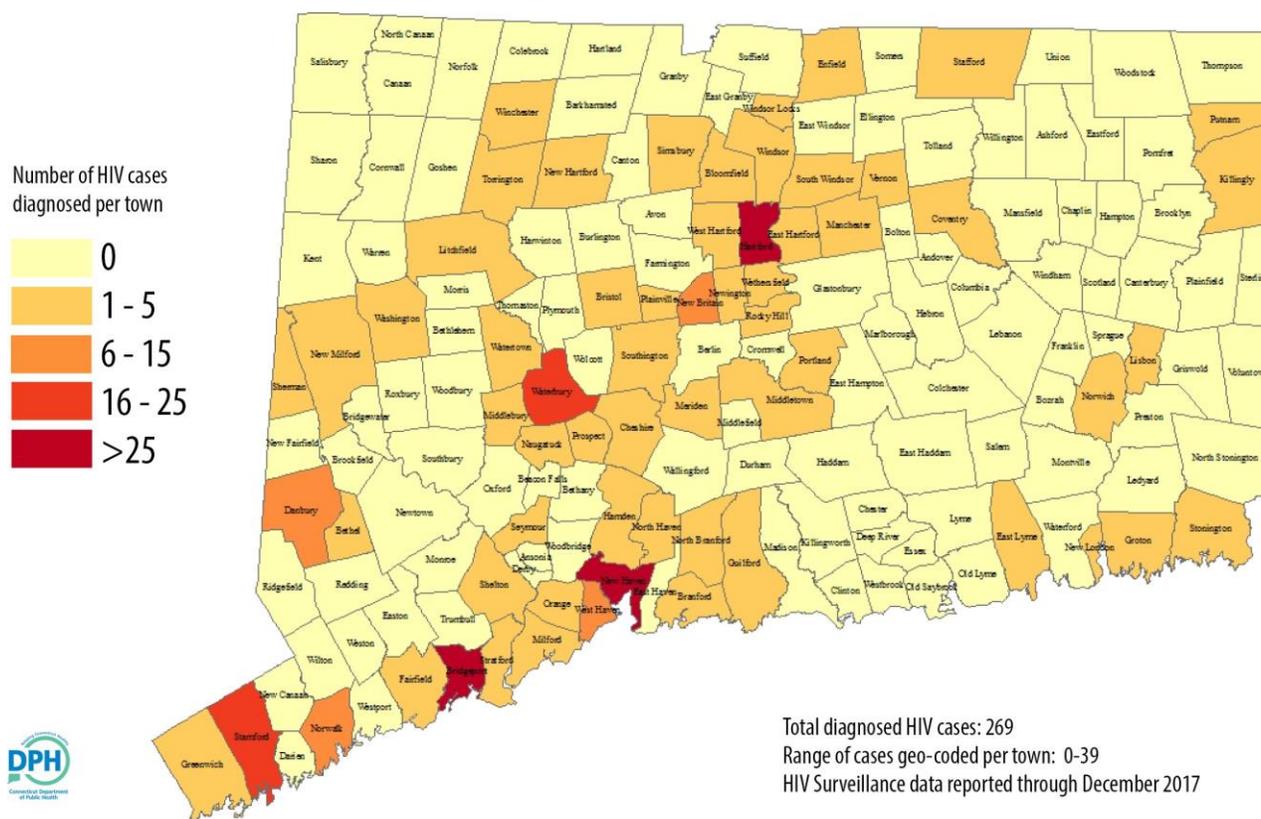
Although the number of new cases of HIV is on the decline in some populations, in Connecticut among MSM of color, Black women, and transgender women, the rate of HIV is increasing, particularly in Hartford, Waterbury, New Haven, Bridgeport and Stamford. These increases led to the formation of the G2Z Commission which conducted eighteen listening sessions with nearly 200 participants, representing the populations most impacted. The key themes discussed in the listening sessions were representative of the data that indicated where barriers might exist with HIV testing, prevention, care and stigma. The feedback from the listening sessions informed this report and the recommendations from the Commission on how to address the prevalence of HIV within these populations relative to testing, prevention, care, and stigma. A summary of the G2Z Commission recommendations is outlined here:

Recommendation 1: State-wide Getting to Zero (G2Z) Implementation	Form a CT G2Z Working Group to develop an overall model for implementing recommendations of the 2018 CT G2Z Commission at the state level and to drive and monitor G2Z activities statewide. Engage leaders in the five highest HIV incidence cities (Hartford, New Haven, Bridgeport, Waterbury, and Stamford) to monitor G2Z activities at the city level.
Recommendation 2: G2Z Implementation in the Five Cities	Form a G2Z Working Group in each of the five highest HIV incidence cities (Hartford, New Haven, Bridgeport, Waterbury, Stamford) to implement G2Z recommendations in each city. Engage all stakeholders, including providers addressing HIV care and prevention, and community members most impacted by HIV, in the city G2Z Working Group and in implementation efforts.
Recommendation 3: PrEP and PEP Education and Implementation	Develop and launch a visible statewide PrEP and PEP education and implementation program. Engage the state-level and city-level G2Z Working Groups, primary care providers, and other healthcare providers, particularly those caring for people with substance use disorders, mental health needs, and sexually transmitted infections, in planning and implementation. PrEP and PEP promotional materials should be inclusive of all groups at high risk for HIV infection.
Recommendation 4: State-wide Multilevel HIV Educational Campaign and Provider Capacity Building Training	Under the direction of the CT G2Z Working Group, develop and implement multi-level, and population specific HIV education and training campaigns at the state and city levels to educate or reeducate providers and community members about HIV prevention, care, and stigma. Include training in current HIV medications and protocols and LGBT sensitivity/awareness for providers; include U=U (undetectable = untransmittable) and peer education programming in the community.
Recommendation 5: Implementation of Routine HIV Testing	Engage stakeholders to develop HIV testing legislation in accordance with CDC recommendations for routine HIV testing for all persons ages 15-64. Enforce routine HIV testing legislation in all healthcare facilities statewide, with emphasis on primary care providers and substance abuse facilities. Develop marketing for routine testing for the general population.
Recommendation 6: Implementation of Standardized Medical Care for People Living with HIV (PLWH)	Close gaps in HIV treatment by implementing and enforcing best practice medical care for PLWH. Incentivize, track and enforce providers' adherence to the most up-to-date medications and medical care protocols.

HIV in Connecticut

The highest numbers of newly diagnosed cases are found in residents of Connecticut's largest cities. During 2010–2015, the cities of Bridgeport, Hartford, New Haven, Stamford and Waterbury each had more than 50 cases diagnosed among their residents.

Newly Diagnosed HIV infection by Residence at Diagnosis, Connecticut, 2016



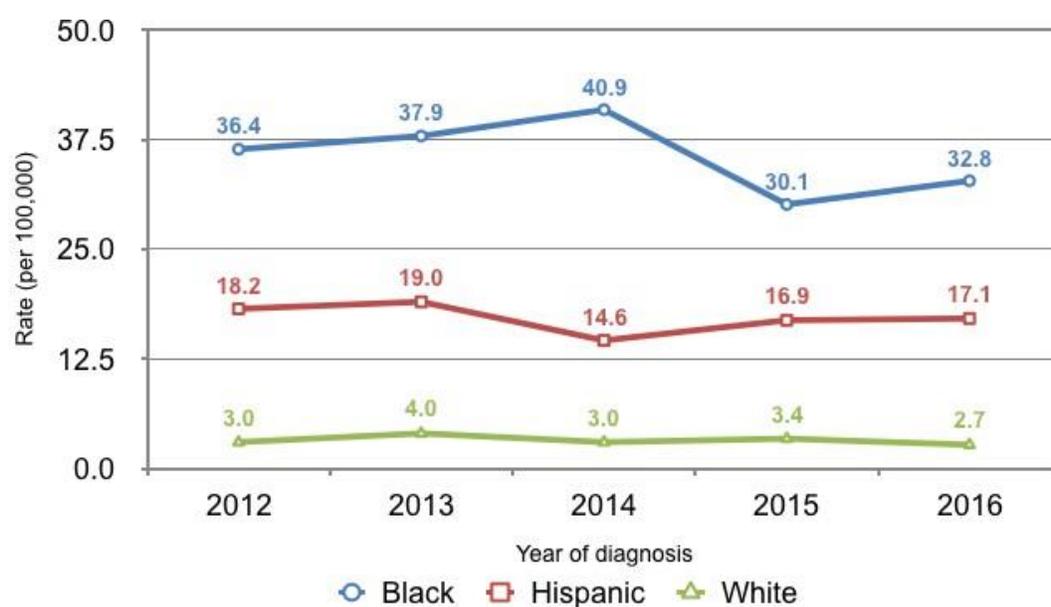
State of the HIV Epidemic in Connecticut¹

Viral Suppression

Achieving the G2Z goals will require at least 90% of PLWH to reach and maintain viral suppression. In Connecticut 73% of PLWH diagnosed from 2011-2015 achieved viral suppression; however, several population groups fell below the state percentage, including:

- Black/African American women at 70%
- Black/African American men who have sex with men at 64%
- Black/African American males in general at 63%

New Diagnoses: By Ethnicity



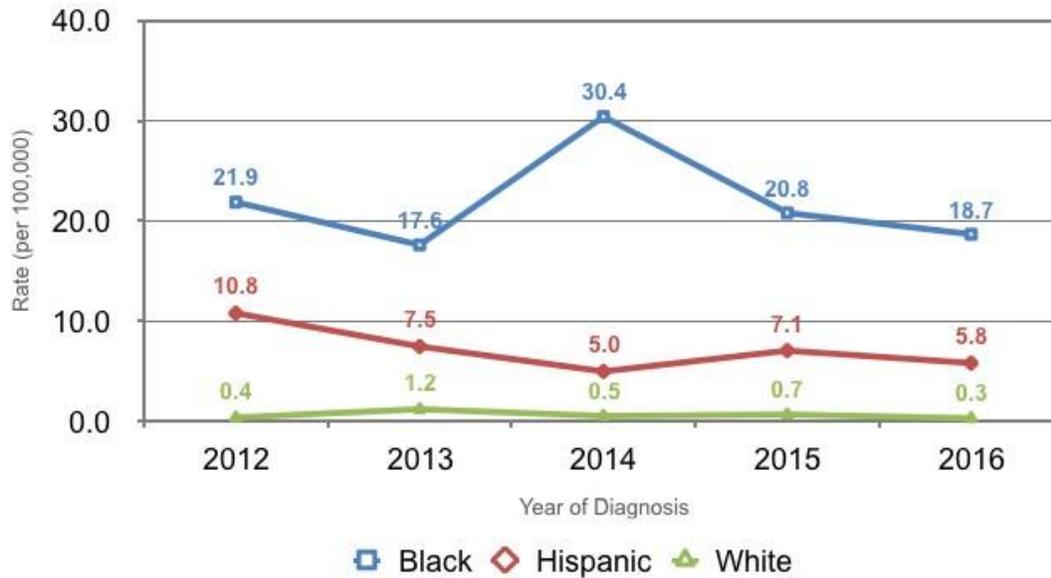
Rate per 100,000 population based on the 2010 census.
Source: HIV Surveillance registry for cases reported through 2017.

New Diagnoses: MSM

- Men Who Have Sex With Men (MSM) represented over half (53%) of all new infections between 2012 and 2015; infections among MSM rose even further to 60% between 2015 and 2016.
- The rate of new HIV cases among MSM aged 20–29 was significantly higher than all other age groups, increasing from 41% to 48% over the past 5 years.
- All other age groups of MSM, both younger and particularly older, held rates of new cases at 23% of all new infections or below.
- By contrast, the rate of new cases among heterosexuals from 2012–2015 remained level at about 35% then decreased in 2015–2016 to 29%.

New Diagnoses: Women

Although the rate of new HIV cases among Black women has been on the decline the last two years, they are still three times more likely to test positive than Hispanic women, and about 40 times more likely than White women.



Rate per 100,000 female population based on the State-level Bridged Race Estimates for Connecticut, 2010.
Source: HIV Surveillance registry for cases reported through 2017.

HIV and Transgender Women

Globally, nationally and across the state of CT, transgender women rank high in rates of new HIV infections and the trend is increasing.

- Transgender individuals are five times more likely than cisgender individuals to be infected with HIV.²
- 3.4% of transgender women are HIV positive, as compared to 0.3% of the U.S. general population.²
- 19% of Black transgender women are HIV positive.²
- 84% of transgender people who became infected in the U.S. between 2009 and 2014 were transgender women.³
- In 2015, 89% of transgender people living with HIV in CT were transgender women.³

¹ Connecticut Department of Public Health, *Epidemiological Profile of HIV in Connecticut, 2016*;
http://www.ct.gov/dph/lib/dph/aids_and_chronic/surveillance/epiprofile.pdf Published July, 2016.

² National Center for Transgender Equality Survey, 2015

³ HIV and Transgender People Fact Sheet, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention, Center for Disease Control and Prevention, April 2018.

Listening Sessions Process and Outcomes

Eighteen listening sessions were conducted in Hartford, Waterbury, New Haven, Bridgeport and Stamford to gather data with a focus on three population: young MSM of color, Black women and transgender women. Close to 200 individuals participated in the listening sessions.

The listening session questions related to experiences and barriers with accessing HIV prevention and care, specifically HIV testing, PrEP, treatment and stigma, and how to address barriers in their communities. The following lead questions were posed:

HIV Knowledge	What do you know/have you heard about HIV in your community?
HIV Testing	What barriers are there to HIV testing in your community?
HIV Care	What have you heard about HIV care?
HIV Stigma	Describe HIV stigma within your community.

Most listening session participants were knowledgeable about HIV and prevention, although some misconceptions exist related to PLWH who were undetectable, and PrEP. There was a consistent theme that more education and marketing are needed for PrEP.

The listening sessions indicated there are barriers to testing, including fear of positive HIV status, stigma from the community, rejection from family, friends and partners, and concern about actions to be taken after learning of a positive status. Additional barriers include a desire for discretion, stigma from medical professionals, lack of insurance, and financial challenges.

Perceptions regarding care for PLWH were varied with a sense that care had improved over time; however, there appeared to be a lack of standardization of care depending on where PLWH sought it. Most individuals with HIV were aware of what they should be doing; however, some were resistant to disclosing their HIV status, or accessing the care and medication. One barrier to care and prevention, which seemed counterintuitive, was the lack of education and sensitivity from some medical professionals. Medical school training and continuing medical education (CME) were common suggestions.

Stigma seemed to be the common denominator which affects whether people get tested, if they take PrEP, how they care for themselves, and whether they disclose their status to partners or their sexual or drug risk behavior to their provider. PrEP is perceived by many to be marketing primarily to gay men, adding to some false ideas that HIV is a gay men's disease. Also, women voiced concerns that the messaging about PrEP missed the opportunity to reach others who could also benefit. Uninformed parents and grandparents who are unaware of current protocols for prevention and care of HIV, which have changed greatly from 30+ years ago, has contributed to stigma. An additional level of stigma exists for the transgender population, as well as a lack of gender-affirming testing spaces, which leads to barriers in testing, prevention and care.

Mental health and substance abuse issues were additional barriers for testing, prevention and care.

Listening Session Feedback

Following is the feedback from the listening sessions, for each of the five cities and three focus population groups. Listening sessions in each city were held with each population separately. Here are some of the comments from participants:



"There's a lot of stigma, it's been rough for me. I had family members that weren't dealing with me just due to my transitioning. I couldn't possibly tell them that I'm HIV positive."
~ Cheena



"I love that HIV is not a barrier for love. With PrEP, if you fall in love with someone who's HIV positive, you still have a chance to share your life with that person, because there's a medication that will protect you from HIV."
~ Jovany



"We're 38 years into the HIV epidemic in this country and I don't think we've effectively addressed stigma in certain communities. We have to create an environment where people are not ashamed of who they are and their behaviors. It's only through partnership with the community that we are stigma free."
~ Nancy



"Getting to Zero in the African American community is a huge undertaking. In the helping profession, we provide help that we think is going to do something for the individual, not necessarily what the individual has expressed to us. You've got to be among the people to understand the people."
~ Roslyn

City of Hartford Listening Session Feedback



Hartford is below the Connecticut average of 73% for viral suppression among all populations and particularly Hispanic women at 50% and Black/African American women at 48%.

Hartford HIV Facts 2016

Total Population	124,705
People Living with HIV	1440
New Diagnoses	26

MSM of Color

Among this group, there was an awareness of HIV, prevention and testing; however, fear of testing, judgement from the medical community (if they tested positive), and the lack of access to PrEP were barriers to prevention. An increase in dialogue in gay communities was a suggested solution.

Black Women

Black women had not seen information about HIV in the form of media, PSAs or brochures, and felt marketing for PrEP needed to improve, as well as HIV campaigns, which should more globally represent Black women and reach PLWH with empathy and without blame. Legislative change to provide increased incentives for primary providers to treat HIV was suggested.

Transgender Women

Transgender women were well informed about HIV, testing sites, prevention, PrEP, and where to receive treatment. Stigma was a barrier, particularly for transgender women of color, and HIV care was not commonly discussed in the community. Stigma extended to medical professionals and led to a fear of rejection in the community. Increased education and transgender advocacy was suggested to overcome barriers to prevention, treatment, and stigma.

Spanish Speakers Only

In the city of Hartford, a fourth listening session was held for community members who were conversant in Spanish only. Among this group there was a high awareness of HIV, prevention, testing and treatment. PrEP was well-known among PLWH, but not those who were HIV negative. Homophobia and the assumption that MSM have HIV contributed to stigma. Barriers in HIV with regard to the Latino culture were cited such as family shaming and lack of emotional support. Suggestions were increased community education through posters and pamphlets in Spanish, and HIV and sex education in the school system.

Hartford Recommendations:

Increased dialogue in gay communities
Increased community education in English and Spanish
Increased HIV and sex education in the school system
More globally positioned HIV campaigns that include Black women
Legislation to increase incentives for physicians to treat HIV
Marketing campaigns with empathy that target PLWH

City of Waterbury Listening Session Feedback



Waterbury is below the Connecticut average of 73% for viral suppression with Black/African Americans at 59%, including both Black/African American men at 54% and Black/African American women at 64% and White women at 60%.

Waterbury HIV Facts 2016

Total Population	109,307
People Living with HIV	711
New Diagnoses	18

MSM of Color

MSM were informed about HIV prevention, testing and treatment. Fear of privacy and rejection were barriers to testing and care. Some older participants felt younger generations were apathetic about HIV, having not lived through the 1980s. Most were aware of PrEP, but felt better marketing was needed. Stigma was prevalent in the community. Re-educating medical professionals, teaching about HIV, sex education in high school, and increased inclusivity in the MSM community were suggested. Patient feedback to doctors was suggested to ensure quality care.

Black Women

Black women were knowledgeable about HIV and prevention. Discrimination against PLWH (including from medical professionals) was noted, and the need to advocate more in medical settings. More support and acceptance from the community and church to support PLWH was suggested. Legislative change to provide increased incentives for primary providers to treat HIV was suggested.

Transgender Women

Transgender women were knowledgeable about HIV, PrEP, testing and care. They felt more marketing was needed for PrEP and HIV. Barriers for testing were fear of rejection, mental health issues, depression, and stigma (including stigma associated with transphobia). Increased education on the specific needs of transgender women through the medical community, forums, and transgender groups was suggested as well as an increased need for providers who are gender-affirming and knowledgeable about HIV. HIV education in schools and churches was suggested to increase testing and care and reduce stigma.

Waterbury Recommendations:

Increased HIV education for medical professionals
HIV and sex education in high school
Patient feedback to doctors regarding their engagement with them
Increased support and acceptance for PLWH from the community and church
Legislation to increase incentives for physicians to treat HIV
Increased marketing for PrEP
Forums and transgender groups to address specific needs of transgender women
Providers who are transgender-affirming and knowledgeable about HIV
Increased HIV advertising

City of New Haven Listening Session Feedback



New Haven is below the Connecticut average of 73% for viral suppression with Hispanics at 68% and people with unknown HIV transmission route at 55%.

New Haven HIV Facts 2016

Total Population	130,282
People Living with HIV	1,395
New Diagnoses	37

MSM of Color

Attendees were particularly knowledgeable about HIV prevention and testing. Fear was a barrier to testing, which according to them, does not subside with time. Attendees were highly aware of PrEP but noted that some medical providers were not. Medical providers were also noted to perpetuate HIV stigma particularly among people of color. Normalizing HIV testing by making it routine during physicals was suggested. A need for more HIV education in the schools, and marketing directed to areas with higher HIV rates were suggested. The message that PLWH are living longer and healthier lives should be included with the HIV messaging.

Black Women

Attendees were from a Black sorority and demonstrated high awareness about HIV in general. Much of the discussion focused on Black women's HIV vulnerability and a general attitude of being exempt from HIV. They reported a lack of knowledge among Black women about HIV transmission, fear of testing, lack of funding to support women's health, and young Black women's lack of communication with their partners, which contributed to the prevalence of HIV. Images in commercials were felt to be misleading due to a lack of relatable Black women. The integration of HIV education in programs such as Husky Health was suggested.

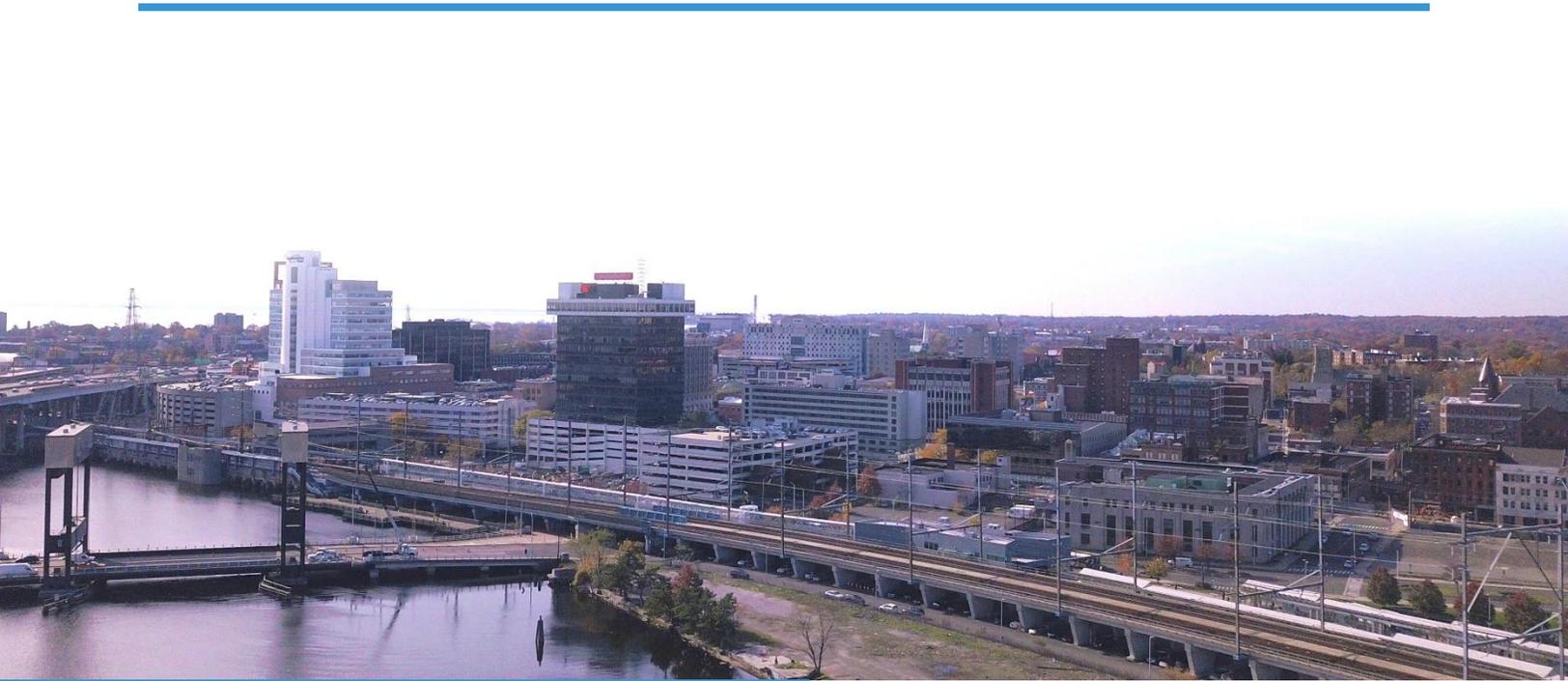
Transgender Women

Transgender women were informed about HIV prevention, testing, care and particularly PrEP. Stigma and a fear of rejection from their community were significant barriers. Incentives, such as gift cards, to promote HIV testing were recommended. Some misconceptions about an undetectable HIV viral load and uncertainty of where to access testing existed. Barriers to PrEP were insurance/financial issues, lack of gender-affirming physicians, and immigration status. Increased education and sensitivity from medical providers were needed. Education and advocacy were suggested to decrease HIV stigma.

New Haven Recommendations:

Make HIV testing routine
Increased awareness for PLWH living longer, healthier lives
Increased HIV education in the schools and community
HIV marketing directed to areas with higher HIV rates
Increased advocacy to decrease HIV stigma
Incentives to patients for HIV testing
Increased education and sensitivity from medical professionals

City of Bridgeport Listening Session Feedback



Bridgeport is below the Connecticut average of 73% for viral suppression with Black/African American men at 69%, Black/African Americans in general at 68% and people with unknown HIV transmission route at 59%.

Bridgeport HIV Facts 2016

Total Population	147,612
People Living with HIV	1,285
New Diagnoses	39

MSM of Color

MSM of color were knowledgeable about HIV, prevention, testing and care. They experienced HIV and homophobia stigma and reported that assumptions were made that all MSM were infected with HIV. Participants suggested that people within the gay community need to be informed of how to educate their community about HIV and learn how to overcome the judgement they may receive, when doing so. Suggestions to reduce stigma were to increase HIV education in home, schools and churches. Suggestions also included expanded facility hours to see patients, including some Saturdays.

Black Women

Black women were informed about HIV, testing sites, and PrEP. Fear was a barrier to testing. They preferred an HIV specialist versus a general practitioner for care. Parents and grandparents were contributing to the stigma based on the lack of current information. Increased school-based education about HIV prevention was suggested.

Transgender Women

Transgender women had knowledge about HIV, prevention, testing, and care. Transphobia, lack of community support, and blame for the spread of HIV, has negatively impacted the transgender community. There was a need for increased education and sensitivity from medical providers, as well as advocacy. Providing increased HIV awareness through advertising, schools and the church was suggested to address testing and care and to reduce stigma.

Bridgeport Recommendations:

Increased HIV education in home, schools and churches to reduce stigma
Education within the gay community about HIV
Expanded facility hours including Saturdays
Education and advocacy to address transphobia and lack of community support
Increased education and sensitivity from medical professionals
Increased HIV advertising

City of Stamford Listening Session Feedback



Stamford is below the Connecticut average of 73% for viral suppression with people infected through heterosexual contact at 63%, Hispanics at 67%, Hispanic men at 65%, and Black/African American women at 56%.

Stamford HIV Facts 2016

Total Population	128,278
People Living with HIV	451
New Diagnoses	16

MSM of Color

This session included PLWH. For those individuals, knowledge of HIV increased after diagnosis, and they indicated testing was an easy process. Condom use was not prevalent, fear was a barrier to testing, and mental health impacted adherence to care. Education was needed to decrease stigma and increase understanding that HIV cannot be transmitted from a person who is undetectable. Increased marketing of PrEP via social media and word of mouth were suggested.

Black Women

Black women were aware of HIV and testing. Although not all participants were familiar with PrEP, they considered it a good option. Lack of education and fear increased stigma. They felt more support was needed from the church to help people with HIV, and the church may be contributing to the stigma.

Transgender Women

Transgender women were knowledgeable about HIV prevention, testing, and care. Participants noted that HIV stigma intersected with transgender identity. Many transgender participants were not informed about PrEP. Transgender participants discussed the lack of cohesion among the transgender community. There was a need for increased education and sensitivity from medical providers who are gender-affirming and knowledgeable about HIV. Increased HIV advertising and school-based HIV programs were suggested as well as HIV stigma being addressed in the church to increase testing and care and to reduce stigma. Participants felt mentorship for younger transgender women would increase overall health.

Stamford Recommendations:

Increased education in schools and churches to address testing, care and stigma
Increased cohesion among the transgender community
Increased HIV advertising
Increased education and sensitivity from gender-affirming medical professionals
Mentorship for younger transgender women

Think Tank Session Findings

Two listening sessions were held involving 26 HIV care and service providers who responded to similar topics as the listening session participants.

Discussions of PrEP centered on misunderstandings about usage, prevention, and the target audience. The group felt increased PrEP advertising was needed for all populations.

Barriers with medical professionals occurred when providers were not comfortable discussing sexual risk, prescribing PrEP, and delivering test results. Stigma and discrimination were prevalent. Minimal reimbursement for medical professionals when dealing with sexual health topics may be contributing to these barriers. Providing knowledge of how to interact with diverse communities and sensitivity training were suggested. Establishing universal care practices among centralized agencies, increasing collaboration, and leveraging of resources were recommended.

Some common themes existed between listening session attendees in each city and HIV care and prevention providers. Both groups felt more global marketing of PrEP was required as well as education about HIV and PrEP. Both viewed stigma from medical professionals as a barrier to care.

The Think Tank HIV care and prevention providers raised considerations including financial reimbursement for medical costs, as well as the need for more universal, centralized care.



Common Recommendations from Listening Sessions

In summary, increasing education for all populations in schools, home and communities, and reducing stigma from communities and medical professionals were common recommendations throughout the listening sessions. By focusing on these two areas, participants felt that the remaining barriers are reduced; once individuals and medical professionals are more educated, stigma decreases, which results in people more likely to get tested, to take PrEP, and to be more empowered in their care.

PLWH faced challenges with care and access to care in some cases from ill-informed medical professionals, as well as a lack of discretion when tested, which can affect if and where individuals seek testing and treatment.

Making conversations about HIV more commonplace for all populations through face-to-face discussions, social media, support groups and places of worship was recommended to increase education and decrease stigma. Listening session participants in multiple cities indicated that education about HIV and prevention should be as commonplace as education about pregnancy and STDs for teens.

More widespread marketing of PrEP, representing more diverse populations, and attempting to reach populations through a variety of channels and agencies, were suggested for educating and normalizing PrEP. Marketing PrEP similarly to birth control pills was recommended.

More standardized care among medical agencies, with HIV testing automatically incorporated into blood work, mobile vans offering testing, and increased collaboration and leveraging of resources, were suggested for medical professionals. Increasing self-initiative, including requesting HIV testing from their doctors, were recommended for patients.

There was repeated suggestion that stigma as it relates to the transgender population needs to be addressed separately, and prior to addressing the transgender population with HIV, as it affects all aspects of testing and care.

It can be surmised from these sessions overall that the negative effects of stigma that PLWH encounter in the community and with care providers cannot be underestimated, as it affects every aspect of care and prevention. Along the same lines, the importance and impact of an effective campaign in creating awareness and eliminating stigma cannot be overstated. However, no common recommendations emerged from the listening sessions regarding how to reduce stigma related to HIV or as experienced by those most at risk or infected, including MSM, transgender women and men, and substance users.

Listening Session Key Recommendations:

	Increased HIV education for all populations in schools and churches
	Increased education in communities via forums and other dialog opportunities
	Widespread marketing of PrEP to a more diverse population through a variety of channels and agencies
	Standardized care and more access to testing

Overall Recommendations from G2Z Commission

Recommendation 1: State-wide Getting to Zero (G2Z) Implementation

Form a CT G2Z Working Group to drive and monitor implementation of priority recommendations of the 2018 CT G2Z Commission at the state level. Tasks of the CT G2Z Working Group include:

- Identifying/appointing a person at the state Department of Public Health to take responsibility for planning and executing state G2Z plans and coordinating the activities of the CT G2Z Working Group
- Developing an overall G2Z implementation model and plan for the state and monitoring its execution
- Convening regularly scheduled meetings throughout each year to engage leaders of the City G2Z Working Group in the five highest HIV incidence cities in CT (Hartford, New Haven, Bridgeport, Waterbury, and Stamford)

Recommendation 2: G2Z Implementation in the Five Cities

Form a G2Z Working Group in each of the five highest incidence cities to implement priority recommendations of the 2018 CT G2Z Commission in that city. Tasks of the City G2Z Working Groups include:

- Identifying/appointing a person in each city to take responsibility for planning and executing city G2Z plans and coordinating the activities of the City G2Z Working Group
- Developing an overall G2Z implementation model and plan for the city
- Ensuring participation of city champions and inclusiveness of impacted communities and their representatives, such as Black and Latino community-based organizations, transgender and MSM advocates and activists, substance use treatment specialists and harm reductionists, etc.
- Participating in state-organized regularly scheduled meetings of all five cities throughout each year

Recommendation 3: PrEP and PEP Education and Implementation

Develop and launch a visible state-wide PrEP and PEP education and expanded implementation program that engages the state-level and city-level G2Z Working Groups, to include:

- Engaging primary care providers in PrEP and PEP implementation with their patients through provider detailing, revised protocols, regulations, and other methods to equip them with tools to effectively promote and provide access to PrEP and PEP
- Engaging other healthcare providers, particularly those caring for people with substance use disorders and mental health needs, in PrEP and PEP education, linkage to a PrEP/PEP provider, and supporting PrEP/PEP adherence
- Addressing the attributes and needs of specific groups at high risk for HIV infection through inclusive PrEP and PEP promotional materials and targeted education
- Ensure sufficient funding for sexually transmitted infection (STI) clinics and Disease Intervention Specialists (DIS) who conduct partner services/partner notification to enable inclusion of PrEP and PEP education and referrals

Recommendation 4: State-wide Multilevel HIV Educational Campaign and Provider Capacity Building Training

Under the direction of the CT G2Z Working Group, develop and implement multi-level and population specific HIV education and training campaigns at the state and city level to educate or reeducate providers and community members about HIV prevention, care, and stigma reduction.

The Provider Training and Capacity Building should include the following components:

- Developing a detailed plan for ongoing formal provider education that includes:
 - taking comprehensive and culturally sensitive patient sexual histories
 - LGBT care sensitivity/awareness
 - existing and emerging stigma issues surrounding HIV prevention and cultural competency
 - knowledge of current HIV medications and protocols

The Community HIV Education and Stigma Reduction Campaign should include the following components:

- Launching a U=U (undetectable = untransmittable) statewide education campaign
- Conducting community HIV awareness sessions and forums that present perspectives of and reach all racial/ethnic groups, people of diverse gender identity and sexual orientation, and others affected by the epidemic
- Support and expand Peer HIV Education and Peer Advocacy and Peer Navigation programs to reduce HIV stigma and increase HIV testing and starting and staying in HIV care

Recommendation 5: Implementation of Routine HIV Testing

Engage stakeholders to develop HIV testing legislation in accordance with CDC recommendations for routine HIV testing for all persons ages 15-64. Enforce routine HIV testing legislation in all health care facilities statewide, with emphasis on primary care providers and substance abuse facilities. Develop marketing for routine testing for the general population.

Recommendation 6: Implementation of Standardized Medical Care for People Living with HIV (PLWH)

Close gaps in HIV treatment by implementing and enforcing best practice medical care for PLWH, including:

- Requiring and/or incentivizing health care providers treating HIV to be Board or AAHIVM certified
- Creating and enforcing a mechanism to facilitate private providers' adherence to best practices HIV treatment
- Establishing Continuing Medical Education requirements for HIV
- Tracking antiviral prescriptions from health care providers treating HIV; notify those not prescribing appropriate regimens

Thank You

Dr. Raul Pino, DPH Commissioner
 The DPH HIV Programs and Staff
 Liany Arroyo, MPH CPH Health Director City of Hartford
 Maritza Bond, MPH Health Director City of Bridgeport
 Jennifer Calder, DVM, MPH, PhD, CHSV Health Director Stamford
 Gina D'Angelo, DPH G2Z Liaison
 Dr. Byron Kennedy, Health Director City of New Haven
 William Quinn, Health Director City of Waterbury
 Dwayne Jackson, G2Z Facilitator Leadership Greater Hartford
 Karen Senteio, G2Z Project Manager Leadership Greater Hartford
 G2Z Commission Members
 City Team and Listening Session Participants

G2Z Commission Members

Byron Kennedy, Co-Chair
 Nancy Kingwood, Co-Chair
 Jennifer Benjamin
 Sam Bowens
 Tom Butcher
 Jennifer Calder
 Andre Campos
 Paul Cleary
 Angelique Croasdale-Mills
 Gina D'Angelo
 A.C. Demidont
 Linda Estabrook
 Lauren Gau
 Mark Jenkins
 Luis Magana
 Nathan Martinez
 Willy Quesada
 Kyle Rodriguez
 Ronald Rouse
 Pierrette Silverman
 Latoya Tyson
 Margaret Weeks

Appendices

Additional information relating to the Getting to Zero report and campaign is available on the G2Z web page at gettingtozeroct.org

1. Full Listening Session Report
2. Interview Guide for Listening Sessions
3. Getting to Zero Campaign Video

