

Scaling Up HIV Workforce Capacity for Ending the HIV Epidemic

Webinar 3: Strengthening the HIV Workforce
with Community

July 21, 2021 | 2:00 – 3:30 PM



Agenda

- ❖ Introduction

- ❖ Maria E. Alvarez, CDC

- ❖ Building & Strengthening The HIV Workforce

- ❖ Maya Merriweather, Project Manager, Black AIDS Institute

- ❖ Community Connectors

- ❖ Kevin Holmes, LGBTQIA+ Outreach Coordinator, Arkansas Department of Health
 - ❖ LosAntos Woodley, Community Connector – Central Region, Arkansas Department of Health

- ❖ Q&A

- ❖ Announcements and Wrap Up



THE AAHU MODEL:

BUILDING & STRENGTHENING
THE HIV WORKFORCE



OBJECTIVES

- To Discuss the State of HIV Among Black Americans
- To Highlight Strategies for Addressing HIV Disparities Among Black Americans
- To Explore the African American HIV University Model at BAI



THE BLACK AIDS INSTITUTE

Mission: To stop the HIV/AIDS epidemic in Black communities by engaging and mobilizing Black institutions and individuals to confront HIV.

The logo for The Black AIDS Institute (BAI) is a white circle containing the letters "BAI" in a bold, teal, sans-serif font. The letter "A" has a horizontal bar that is slightly offset to the right.

BAI

THE STATE OF HIV AMONG BLACK AMERICANS



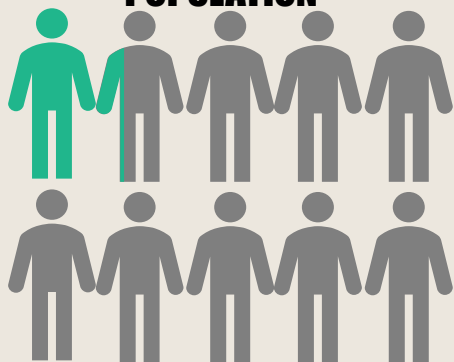
THE GOOD NEWS

Today's medicines help to prevent the transmission of HIV and reduce its progression. With medical adherence, many people living with HIV (PLWH) can expect lives as long as people who do not live with the virus, and risk of transmission is often $\leq 1\%$.

HOWEVER...

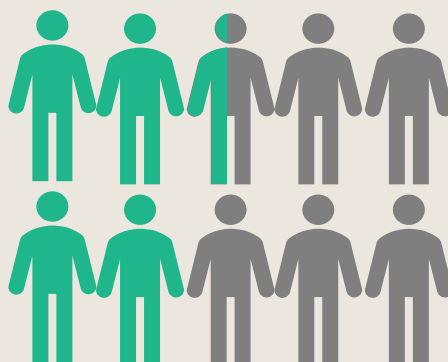
HIV DISPROPORTIONALITY AMONG BLACK AMERICANS

**% US
POPULATION**



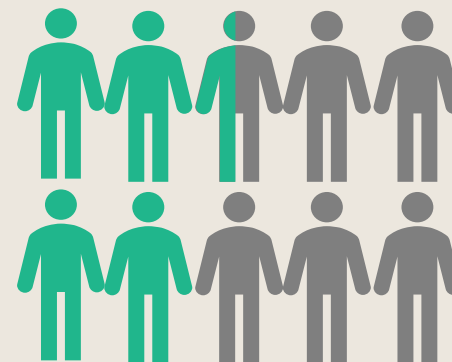
**13
%**

% PLWH



**42
%**

% NEW DIAGNOSES

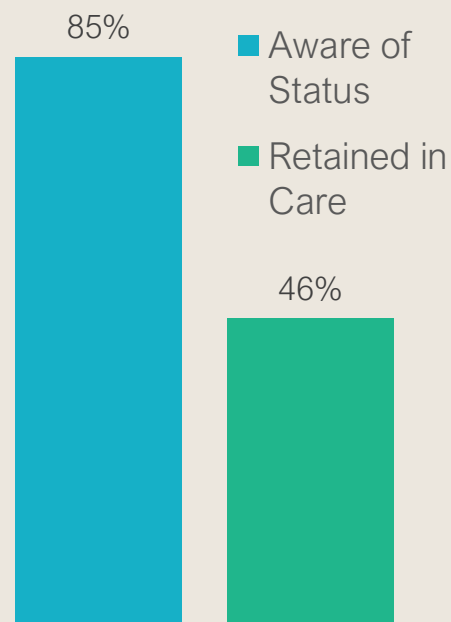
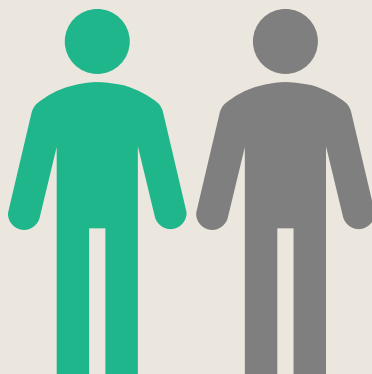


**42
%**

Source: Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1)

HIV DISPROPORTIONALITY AMONG BLACK AMERICANS

- Approximately 1 out of every 2 Black Americans identifying as a gay/bisexual man is estimated to acquire HIV during his/their lifetime.
- Of Black PLWH, nearly 9 out of 10 are aware of their status, but just under half (46%) are retained in care.



EXPLORING THE SOCIAL DETERMINANTS OF HEALTH

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

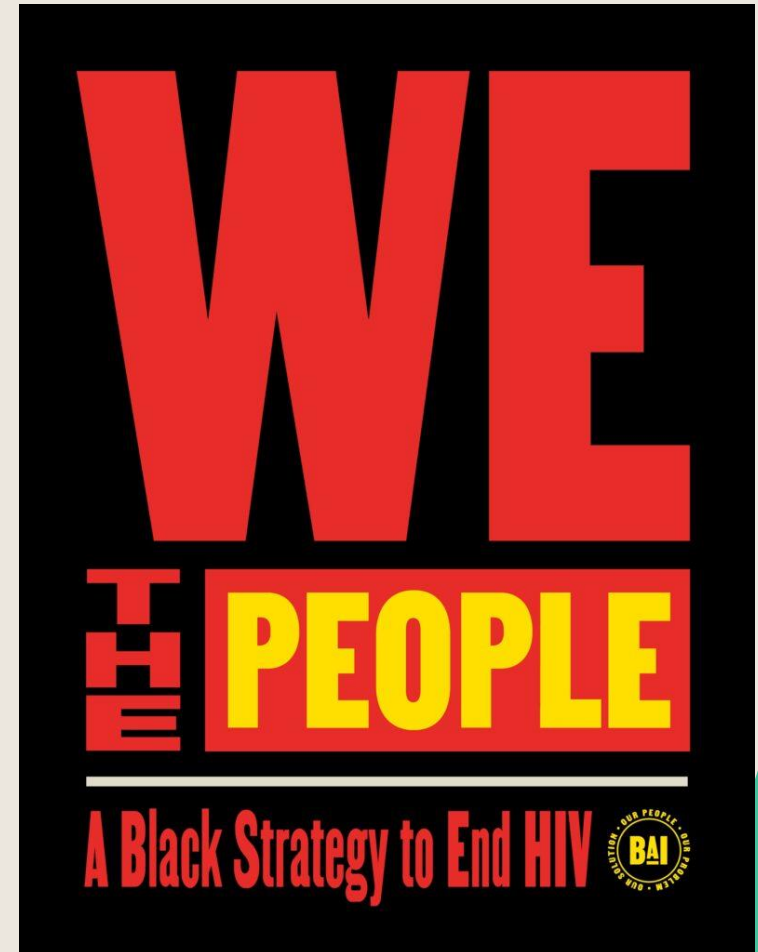
THE BAI RESPONSE

1.Dismantle anti-Black practices, systems, and institutions that endanger the health and well-being of Black people and undermine an effective and equitable response to HIV in Black America.

2.Invest in Black communities through resources and services that address the fullness, richness, potential, and expertise of Black people and mitigate social and structural factors that worsen health outcomes in Black communities.

3.Ensure universal access to and robust utilization of health care that is high-quality, comprehensive, and affordable, as well as culturally, and gender-affirming. This enables Black people to live healthy lives in our fullest dignity.

4.Build the capacity and motivation of Black communities to be the change agents for ending HIV.



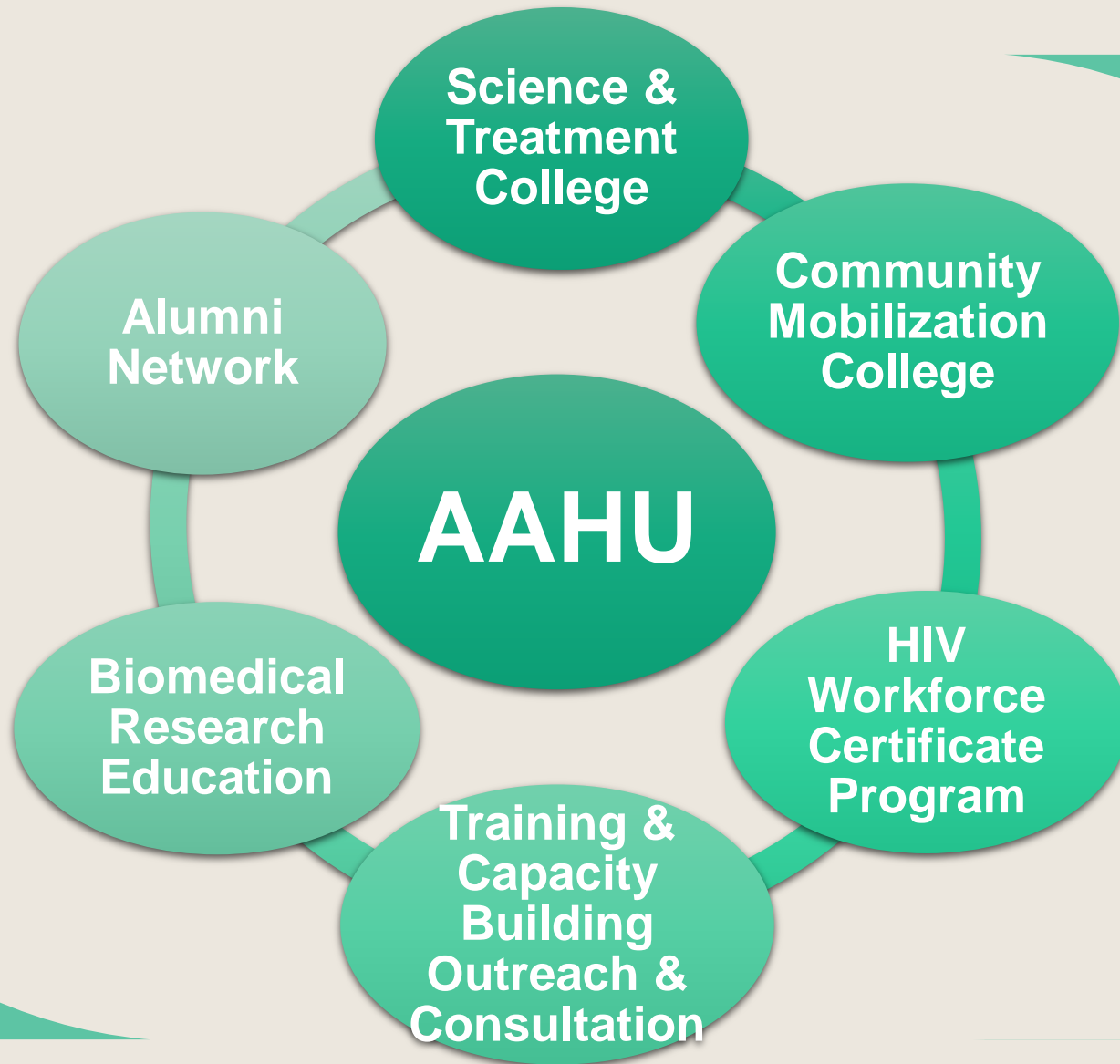
blackaids.org/we-the-people



THE AAHU MODEL

THE AFRICAN AMERICAN HIV UNIVERSITY

The African American HIV University (AAHU) is the Black AIDS Institute's comprehensive training and leadership development initiative, designed to increase knowledge, decrease stigma, and strengthen workforce capacity and engagement, ultimately to address and end the HIV/AIDS epidemic in Black American communities.





THE STC & CMC: AAHU'S FLAGSHIP PROGRAMS

- Science & Treatment College (STC), Community Mobilization College (CMC)
- Year-long cohorts to develop & build capacity in HIV workforce
- Content delivered in a hybrid (synchronous and asynchronous) manner
- Scholars meet virtually at the beginning and end of each module
 - Orientation & initial coursework for the module, group discussion
 - Synthesizing module information, Q&A, mini learning checkpoint
- Asynchronous material includes:
 - Didactic sessions given by BAI staff experts and/or Scientific Advisory Committee members
 - Individual assignments for completion and submission by the end of the module term
 - Biweekly discussion board prompts for group learning
- Graduation Outcomes
 - Scholars design and present a brief program plan for a community HIV prevention initiative (STC)
 - Scholars design and present a brief needs assessment and detailed logic model for community mobilization around an HIV-related issue (CMC)

SCIENCE & TREATMENT COLLEGE

Module 1: Foundational Knowledge

Module 2: HIV & Public Health

Module 3: HIV Pathology, Prevention, and Treatment

Module 4: Leadership Development & Capacity-Building

COMMUNITY MOBILIZATION COLLEGE

Module 1: HIV/AIDS in Black America

Module 2: Community Mobilization

Module 3: Needs Assessments

Module 4: Logic Modeling

AAHU COHORT APPLICATIONS

- HIV Cert. Pilot: Open
- STC & CMC: Open Summer 2021
- Subscribe to receive BAI email updates on blackaids.org



TRAINING & CAPACITY BUILDING CONSULTATION

FACILITATION

BAI offers group facilitation for organizations, health departments, and communities looking to work through a difficult topic, come to a consensus, or plan for action.

1 FOCUS GROUPS

Focus groups are ideal to receive opinions, suggestions, and reactions before an initiative is made available to the larger public.

2 FOCUSED CONVERSATIONS

BAI is skilled in facilitating targeted conversations that efficiently move from initial responses to a topic to interpretations and conclusions with clear next steps. This is an ideal tool for discussing difficult topics or navigating a complex idea in a short period of time and with everyone's input taken into account.

3 CONSENSUS WORKSHOPS

The goal of a consensus workshop is to have a group come to a consensus, or general agreement, about a topic. This workshop begins with a focused question and allows for brainstorming. Later, the group organizes ideas into clusters, identifying core ideas from each cluster and determining next steps to move the ideas forward.

4 ACTION PLANNING WORKSHOPS

For groups with a general idea or initiative in mind, this workshop uses a series of steps to create a focused, actionable timeline for planning and implementation.

5 STRATEGIC PLANNING WORKSHOPS

The strategic planning process begins with a group's development of a shared vision and identification of any barriers to progress. The group is then guided into the development of strategic actions and a plan to implement the strategies.

TECHNICAL ASSISTANCE

BAI provides guided assistance in various aspects of the planning and engagement processes within communities.

1 STRATEGIC PLANNING

Planning strategies include: HIV/AIDS prevention programs; programs to address systemic injustice; connecting with Black, Latinx, LGBTQIA+, and MSM communities; and reducing stigma in communities of color.

2 PROGRAM PLANNING AND EVALUATION

BAI coordinates a group's planning and/or evaluation method(s), assisting with the design of the overall process, as well as the actionable steps to see the process through to completion.

3 COMMUNITY NEEDS ASSESSMENT

BAI guides departments and organizations through the 6 steps of assessing community needs. Together, they will determine the purpose and scope of the assessment; conduct a literature search; gather and analyze data; as well as identify health problem risk factors.

4 GRASSROOTS ORGANIZATION

To end the HIV epidemic, communities must be fully empowered to organize and advocate for their needs. BAI guides groups into building coalitions, forming campaigns, and utilizing existing resources to achieve necessary outcomes.

5 RECRUITMENT FOR BEHAVIORAL INTERVENTIONS

Together with BAI, departments and organizations plan recruitment strategies to attract priority populations, such as Black same-gender loving (SGL) men and Black women, to services and retain them throughout care.

TRAINING & CAPACITY BUILDING CONSULTATION

TRAINING

BAI's trainings are for individuals and groups looking to better understand and engage disenfranchised communities across the United States; we apply an unapologetically-Black lens to each session and move from general knowledge to action steps.

1 PROGRAM PLANNING

In this training, participants learn the important process of planning for change. Participants learn how to create a program rationale, develop a planning committee, assess community needs, identify an appropriate framework/model, as well as create goals and SMART objectives.

2 PROGRAM IMPLEMENTATION

This training is the basis of putting a program plan into action. Participants learn to coordinate resources, market the program to the priority population, and create a logic model to visualize the link among all program activities and desired outcomes.

3 PROGRAM MONITORING & EVALUATION

In this training, participants learn the CDC-identified framework for program evaluation, as well as how to select and implement an evaluation design. Topics include data collection, analysis, and interpretation, as well as how to disseminate findings to audiences of various backgrounds and literacy levels.

4 PUBLIC HEALTH INFORMATION DISSEMINATION

Information dissemination training equips participants with the skills to create and distribute written and graphically-designed materials to priority communities in a manner that is culturally relevant and appropriate to various backgrounds and literacy levels. Participants learn to create infographics from dense research content, as well as to optimize social media, radio, and television for dissemination to the public.

5 CREATING COMMUNITY NEEDS ASSESSMENTS

In this training, participants learn the 6 steps of assessing community needs. Topics include: determining the purpose and scope of the assessment; conducting a literature search; gathering and analyzing data; identifying health problem risk factors; and identifying the program's focus.

6 RACIAL EQUITY AND ADVOCACY WORKSHOP SERIES

Training workshops in this series revolve around creating a foundation of understanding about race, implicit/explicit bias, discrimination, and systemic effects on health and wellness outcomes. By the end of this training series, participants are able to differentiate among implicit bias, explicit bias, and discrimination; identify types and outcomes of structural/systemic racism; and strategize next steps in advocating for equitable wellness.

7 MEDICAL MISTRUST IN THE ERA OF HIV/AIDS AND COVID-19

Black Americans' general mistrust of biomedicine is deeply rooted in White supremacy and centuries of overt efforts to justify medical mistreatment. Immediate action is needed to finally stem the negative health effects and mistrust arising from the perpetual oppression and exploitation of Black bodies. This training outlines the history of medical mistreatment among Black Americans, reviews the ways this history continues to exacerbate mistrust, and explores opportunities to erode that mistrust for better uptake of HIV/AIDS and COVID-19 prevention and intervention strategies in Black communities.

8 PREP IMPLEMENTATION (e.g., Among Black Communities, Among Black Women)

Become a PrEP champion by learning organization-specific strategies to increase knowledge and uptake of PrEP in Black communities, to include among MSM and Black women. This training is ideal for organizational staff, as well as community educators and advocates.

9 HIV CRIMINALIZATION AND MASS INCARCERATION

Mass incarceration disproportionately affects Black Americans in the United States. It also drives the HIV epidemic in Black communities, due to community disruption and lack of care upon release. Participants in this training learn how discriminatory criminalization laws affect Black Americans living with HIV, as well as how to become community advocates to battle mass incarceration's effects on HIV care and retention.

10 GENDER, SEX, AND SEXUALITY

This training discusses how gender, sex, and sexuality intersect with race and other aspects of identity. Participants are able to describe strategies to create HIV prevention and care programs that acknowledge and address disparities caused by intersecting oppressions.

11 STIGMA

Participants are able to better understand stigma and ways to measure it as a barrier to care. Topics include limiting organizational stigma and providing a higher quality of client care to your clients.



Wrap-up & Takeaway

WRAP-UP & TAKEAWAY

- Black Americans are impacted disproportionately by HIV
- Social and structural efforts must accompany biomedicine
- BAI connects with stakeholders/partners, trains community members, and builds workforce capacity with its We the People strategy and AAHU model
- The application process for the HIV certificate program pilot is now open.
- AAHU cohorts' applications available Summer 2021.
- Training & capacity building consultations available for EHE-funded jurisdictions, health departments, and community organizations

Contact: TeneshaL@blackaids.org

HIV Certificate Pilot: MayaM@blackaids.org

Follow us online @BlackAIDS



THANK YOU!



COMMUNITY CONNECTORS

Objectives

- **History of The Community Connectors Program**
- **The Structure of the Program**
- **Successes and Challenges**
- **Best Practices**
- **Day-to-day Functions as a Connector**
- **Pros and Cons of the Program**
- **Suggestions for Recruitment**

History of The Community Connectors

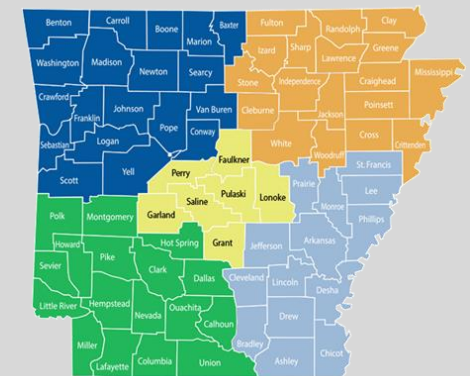
- The Community Connector Project is an initiative developed by the Arkansas Department of Health's HIV Prevention Program to address the gaps in preventative HIV services and outreach to those who are disproportionately affected by HIV/AIDS in the state of Arkansas.
- The goal is to provide support services that would advance HIV testing while identifying linkage-to-care gaps and resources. This innovative approach allows individual contractors the ability to access HIV prevention funding.
- Priority populations for this initiative are: GBM (Gay and bisexual men), Transgender women of color, African American women, and those who inject/use drugs.

The Structure of The Community Connectors

- The Community Connectors cover the 5 Regions of the state which are; Northwest, Northeast, Southwest, Central and Southeast.
- Community Connectors are contracted through a \$10,000 Memorandum of agreement with the state. If needed an additional \$5000 can be added to their contracts as need with a maximum of \$20,000
- All Community Connectors go through our Voluntary Testing and Counseling Training.
- Community Connectors receive technical assistance and capacity building throughout the year.
- Prevention efforts include; Linkage to care, Rapid HIV Screenings, PrEP referrals and navigation, support groups, HIV101 presentations and education, and collaboration and partnerships with local organizations such as boys and girls' clubs, colleges and universities, and LGBTQIA+ lead groups.

The Structure of The Community Connectors Cont.

CONNIE ROEBUCK Southeast Population: African American Women		Los Antos Woodley (Central) Yellow/White Population: Young GBM (emphasis on black GBM)		KEITH JONES Central Population: GBM 35 and older		Vacant Northeast	Michael Burks Northwest Population: HIV Positive Persons		TONYA ESTELL Southwest Population: Transgender persons and those who inject and or use drugs
Arkansas	X	Pulaski	X	Pulaski	X	Fulton	Benton		Polk
Lincoln		Perry		Lonoke		Randolph	Carroll		Montgomery
Desha	X	Saline		Faulkner		Clay	Scott		Hot Springs
Chicot	X	Garland	X	Grant		Greene	Yell		Pike
Ashley	X					Lawrence	Sebastian		Howard
Bradley						Sharp	Logan		Sevier
Cleveland	X					Izard	Conway		Little River
St. Francis	X					Independence	Madison		Hempstead
Phillips	X					Cleburne	Newton		Miller
Jefferson	X					Jackson	Marion		Lafayette
Prairie	X					Poinsett	Boone		Columbia
Monroe	X					Stone	Van Buren		Union
Lee	X					White	Searcy		Nevada
Drew	X					Woodruff	Johnson		Ouachita
						Cross	Franklin		Calhoun
						Crittenden	Crawford		Clark
						Craighead			Dallas
						Mississippi			



There are currently five funded Community Connectors in Arkansas that represent different regions of the state.

Successes and Challenges

Successes

- Clients are getting confirmation testing done or scheduled the same day as their screening.
- Innovation within the program on how to reach populations such as events like pillow talk where Connie Roebuck provides sex education to black women in rural Arkansas in an intimate setting vs clinical.
- Testing has been provided in non-traditional settings such as bookstores, sex shops, and Walgreens.
- Community Connector's retreats for those living with HIV have been a huge success in retaining people in care and providing support to those who are newly diagnosed.

Challenges

- Innovation may be stifled by the restrictions of the agreement
- Paperwork overload which can lead to lack of effort to do more outreach and prevention work.
- New management can sometimes mean new rules and regulations

Best Practices

- For us by us-Hire those within the population you are trying to reach
- Show your support to the community without an agenda
- Innovation- Within reason allow for non-traditional outreach
- Do not base selections on formal education- go by passion and lived experience -provide them with tools they need to be successful.
- Look for those who are already doing the work but may want to have a broader reach in their prevention efforts.

Day-to-day functions of a Community Connector

- Connectors predominately operate off a 30-day calendar that is required before the beginning of the month of service.
- The calendars detail exactly what the connector has done/scheduled on that particular day.
- Activities can range from HIV Testing, HIV/AIDS Counseling, Condom Distribution, STD Awareness classes, or assistance with linkage to care.
- Many days are filled with education opportunities for both friends and family.

Pros/Cons of Community Connector Program

- Freedom to express ones educated opinion freely without limitations on verbiage or actions
- The ability to get paid for bettering the community and assisting others with their sexual health.
- Lack of materials due to what the Health Department can provide by state standards.
- Access to firsthand knowledge on HIV/STD statistics.

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LosAntos Woodley

Community Connector- Central Region

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Q&A/Open Discussion



Announcements

- EHE Implementation Technical Assistance Meeting:
 - August 3-5
 - Phase 1 EHE Jurisdictions and Community Leaders from Planning Councils, Advisory Boards, EHE Committees
 - Register by July 30:
<https://www.eventbrite.com/e/2021-national-ehe-implementation-technical-assistance-virtual-convening-tickets-161521391831>



Contact Information

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To Learn More or Request CDC CBA/TA services on this content area and other TA needs:

<https://www.cdc.gov/hiv/programresources/capacitybuilding/>