

Building Collective Leadership Through a Justice Framework

Mildred Williamson, PhD, MSW

NASTAD National HIV and Hepatitis Technical Assistance Meeting

October 16-18, 2024 - Washington DC



I have no financial disclosures

Applying a Justice Lens and Framework for Interventions and Programs

Good news -

new cases of HIV are declining in the United States

Challenges -

nonequal decline in new HIV cases among Blacks of any gender/Latinos/Youth;

nonequal uptake in PrEP/PEP access and usage

Data trends derived from ongoing surveillance and program progress reports tell an important story - *but how are we using and building upon that story?*

Is it enough to meet the ongoing and persistent unequal access and treatment challenge?

Applying a Justice Lens (continued)

- Can an infusion of history, theory and innovative research ideas and findings (preliminary or published) help? YES!

What is Health Justice?

*Lindsay F. Wiley,¹ Ruqaiijah Yearby,² Brietta R. Clark,³
and Seema Mohapatra⁴*

- Rather than describing the social determinants of health as unmet social needs of individuals that exist “upstream” and separate from health care encounters, health justice treats health care access as one among many socially constructed determinants of health outcomes that operate at structural, institutional, and individual levels.
- Health justice requires a probing and critical eye to root out the influence of classism, racism, and other forms of social and cultural bias on the design and implementation of measures purportedly aimed at reducing health disparities.
- Health justice also requires a commitment to reforms developed through collective action grounded in community engagement, empowerment, and participatory parity.

A Justice Lens... what might be different?

Program planning/implementation would have a simultaneous structural/policy focus **AND** a community/population of focus intervention for each priority to be addressed.

Examples:

Policy change to end HIV criminalization where it exists **AND** **program implementation** to increase HIV testing/PrEP access;

Policy change to expand Medicaid in states that have yet to do so **AND** **scale up programmatic efforts** to get and sustain PLHIV in care;

Policy change to obtain full reproductive justice **AND** **program implementation** that is women/youth of color centered in collaboration with family planning, adolescent and maternal child health providers and activists among others.

What is the composition of our team (staff and advisors)?

Outreach to academic researchers – who are the academics in your area that focus on racism/sexism/economic justice/LGBTQ+ rights, regardless of scholarship discipline?

Who are your health justice/health equity/disability rights activists among medical care and other professionals, informal caregivers, and those with lived experience in your area?

Who are your academics and medical providers of color? LGBTQ+, and what are their subjects of interest?

As for youth/women of color specific focus - possible coalition efforts with many

– just a few examples :

violence prevention, youth sports, Gay/Straight Alliances in schools, anti-book ban activists, transgender health activists

voting rights activists, healthcare-for-all activists, prison health activists

reproductive rights activists, practitioners and scholars, living wage and union activists

Action Items to Consider:

- Review the composition of your community planning body membership. Do you have one or more members from the academic research community serving as advisors to your program or as members of your planning body?
- If you do, what are their roles?
- Are they engaged in research activity that includes social/structural determinants of health?
- Are they consulted in any way for strengthening theoretical frameworks of your program, or with survey tool development or interview guides for focus groups or key informant interviews for ongoing needs assessments or other areas of inquiry?
- If you do not have such members from the academic research community serving as advisors or official community planning members, consider recruiting persons from one of the following:
 - Your local state or private university School of Public Health, Urban Planning, Law, Medicine, Nursing, Anthropology, Sociology or Social Work departments;
 - Your local community college which may have a focus on training/educating community health workers, nurses and other kinds of health professionals with transferable credits into bachelor programs.
 - Health/social/economic justice activists in your area.

THANK YOU!



The Idea Of Justice - Even Just Dreaming Of Justice - Is Revolutionary. The Language Of Human Rights Tends To Accept A Status Quo That Is Inherently Unjust - And Then Tries To Make It More Accountable.

~ Arundhati Roy ~

"THERE IS NO SUCH THING AS A SINGLE-ISSUE STRUGGLE BECAUSE WE DO NOT LIVE SINGLE-ISSUE LIVES."

~ AUDRE LORDE ~



Of all the forms of inequality, **injustice in healthcare** is the most shocking and inhumane.



Dr. Martin Luther King, Jr.
March 25, 1966

mwilliamson2016@gmail.com