

# TAG

Treatment Action Group

# HIV•PJA

HIV PREVENTION JUSTICE ALLIANCE



## Countering threats to AIDS research at NIH: What happened and what you can do

Feb. 2, 2016

*Follow the conversation on Twitter: @HIVPrevJustice*

*Use hashtags: #FundHIV #HIV #NIH*

*Download slides & materials at: [www.preventionjustice.org](http://www.preventionjustice.org)*

# HIV•PJA

HIV PREVENTION JUSTICE ALLIANCE



# Webinar Instructions

- All attendees are in listen-only mode
  - Everyone can submit questions at any time using the chat feature
  - This webinar has too many attendees for questions to be submitted over the phone.
- 
- During Q & A segment the moderators will read selected questions that have been submitted
  - If you are having audio or webinar trouble go to [preventionjustice.org](http://preventionjustice.org) for troubleshooting help



# Raise your Hand, Use the Question Feature to Ask Questions, or email questions



During the session, you can use this button to "Raise Your Hand" if you have a question.

If there are more questions than can be answered during a session, the Organizer may ask that you type in questions in the Question Log so that they may be addressed later, via email.

- You may also email your questions to [smadoori@aidschicago.org](mailto:smadoori@aidschicago.org)

# Join the conversation

- Join the conversation on Twitter:  
[@HIVPrevJustice](https://twitter.com/HIVPrevJustice)
- Use *#FundHIV #HIV #NIH*
- Download the slides for the webinar at  
[www.preventionjustice.org](http://www.preventionjustice.org).



# Take Action Now!



**“#POTUS and #Congress: Keep your  
promise to fund \$100 million for essential  
#HIV research at NIH!”**

Join our [Thunderclap](https://www.thunderclap.net/) campaign!

**<http://bit.ly/1UvOvv0>**



# Overview

**Kenyon Farrow**, US and Global Policy Director,  
*Treatment Action Group*



# About Treatment Action Group

Treatment Action Group is an independent research and policy think tank focused on activism to accelerate research, treatment, access, and community information to prevent, treat, and cure HIV and its most common coinfections, hepatitis C virus (HCV) and tuberculosis (TB).

[www.treatmentactiongroup.org](http://www.treatmentactiongroup.org)

**TAG**

**Treatment Action Group**

**HIV • PJA**  
HIV PREVENTION JUSTICE ALLIANCE

Download slides & materials at: [www.preventionjustice.org](http://www.preventionjustice.org)





# Today's Agenda

- **Overview**
  - **Kenyon Farrow**, US and Global Policy Director, *Treatment Action Group*
- **History and Outlook of the Office of AIDS Research**
  - **Mark Harrington**, Executive Director, *Treatment Action Group*
- **NIH/NIAID HIV research: So much to get excited about**
  - **Carl Dieffenbach, Ph.D**, Director of the Division of AIDS (DAIDS), *National Institute of Allergy and Infectious Diseases (NIAID)*
- **SOCIAL-BEHAVIORAL RESEARCH and HIV: INTERVENING for the VULNERABLE**
  - **Wendy Davis, Ed.D**, Senior Manager and Senior Associate at *Center for AIDS Research, Prevention Core, Johns Hopkins University Bloomberg School of Public Health*
- **Building and enhancing a coordinated research & practice community**
  - **Jose Bauermiester, M.P.H., Ph.D**, Director of the Center for Sexuality and Health Disparities (SexLab), *University of Michigan School of Public Health*

- **Q&A**

Download slides & materials at: [www.preventionjustice.org](http://www.preventionjustice.org)





**Treatment Action Group**

# **History and Outlook of the Office of AIDS Research**

**Mark Harrington, Executive Director,**  
*Treatment Action Group*



Download slides & materials at: [www.preventionjustice.org](http://www.preventionjustice.org)





National Institute of  
Allergy and  
Infectious Diseases

# NIH/NIAID HIV research: So much to get excited about

Carl Dieffenbach, Ph.D, Director of the Division of AIDS (DAIDS), *National Institute of Allergy and Infectious Diseases (NIAID)*

**HIV • PJA**  
HIV PREVENTION JUSTICE ALLIANCE

Download slides & materials at: [www.preventionjustice.org](http://www.preventionjustice.org)

# **Outline of Presentation**

---

- **NIH priorities**
- **HIV prevention research**
- **NIH therapeutics research**
- **Cure research**
- **Co-morbidities**
- **Future vision**

# Statement on NIH Efforts to Focus Research to End the AIDS Pandemic

August 12, 2015

### **High-priority areas of HIV/AIDS research are those that:**

- Reduce incidence of HIV/AIDS, through the development of better PrEP and safe and effective vaccines
- Develop the next generation of HIV therapies with improved safety and ease of use
- Discover and develop a cure for HIV/AIDS
- Improve prevention and treatment of HIV-associated co-morbidities and co-infections
- Foster cross-cutting areas of basic research, health disparities research, and training

# **HIV Prevention**

---

- **Vaccines**
- **Improving PrEP**

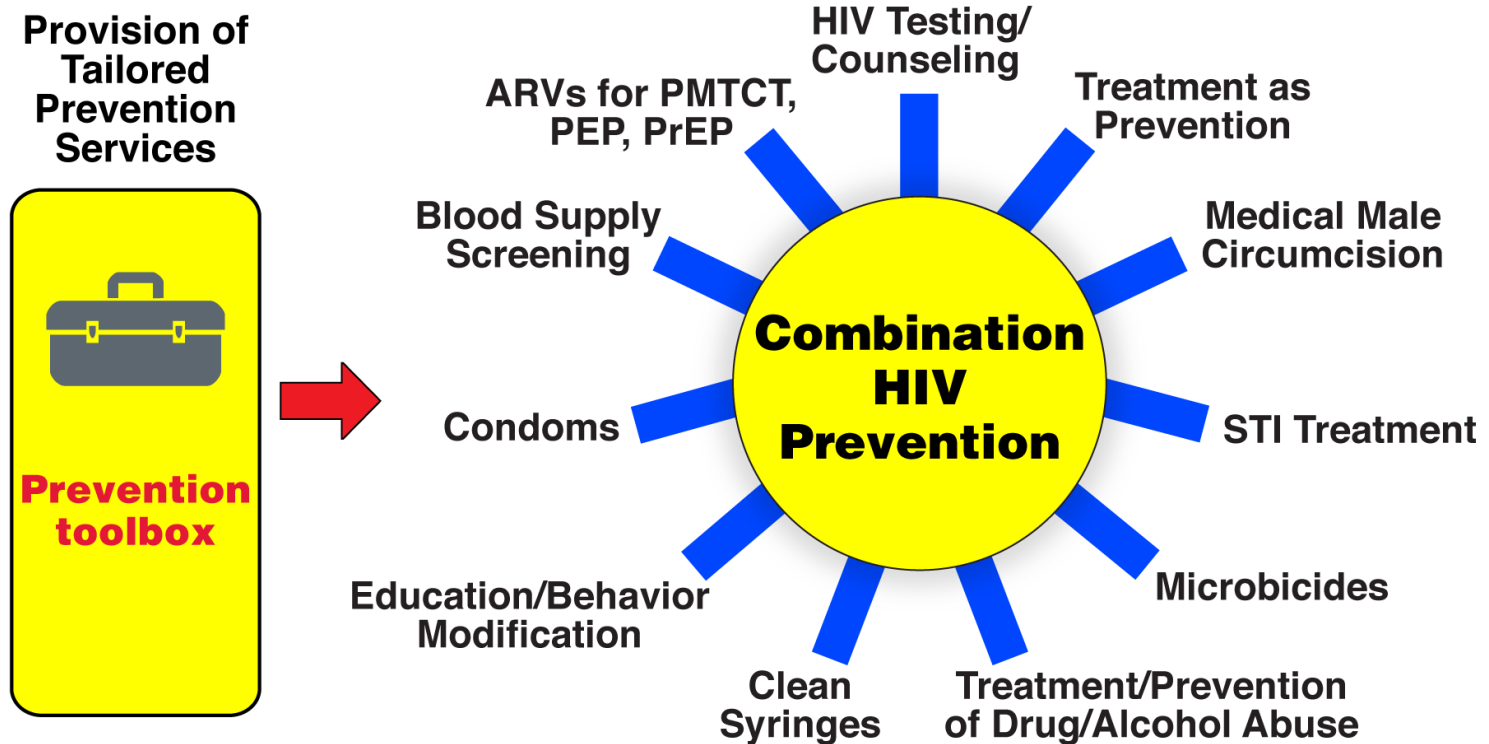
# **Alternative Strategies and Parallel Tracks to HIV Vaccine Development**

---

- **RV144 approach**
- **Structure-based vaccine design approach (bNAbs)**

# Tailored Prevention Using HIV Prevention Toolkit

---





WORLD AIDS DAY

# TIP #5

DECEMBER 1, 2015

PrEP IS AN HIV  
DAILY DOSE  
PREVENTION  
OPTION. FIND  
OUT HOW  
**#PrEPWORKS.**

**#WAD2015**



AIDS.gov



# Novel Drugs and Formulations

---

- **Sustained release/long-acting formulations**

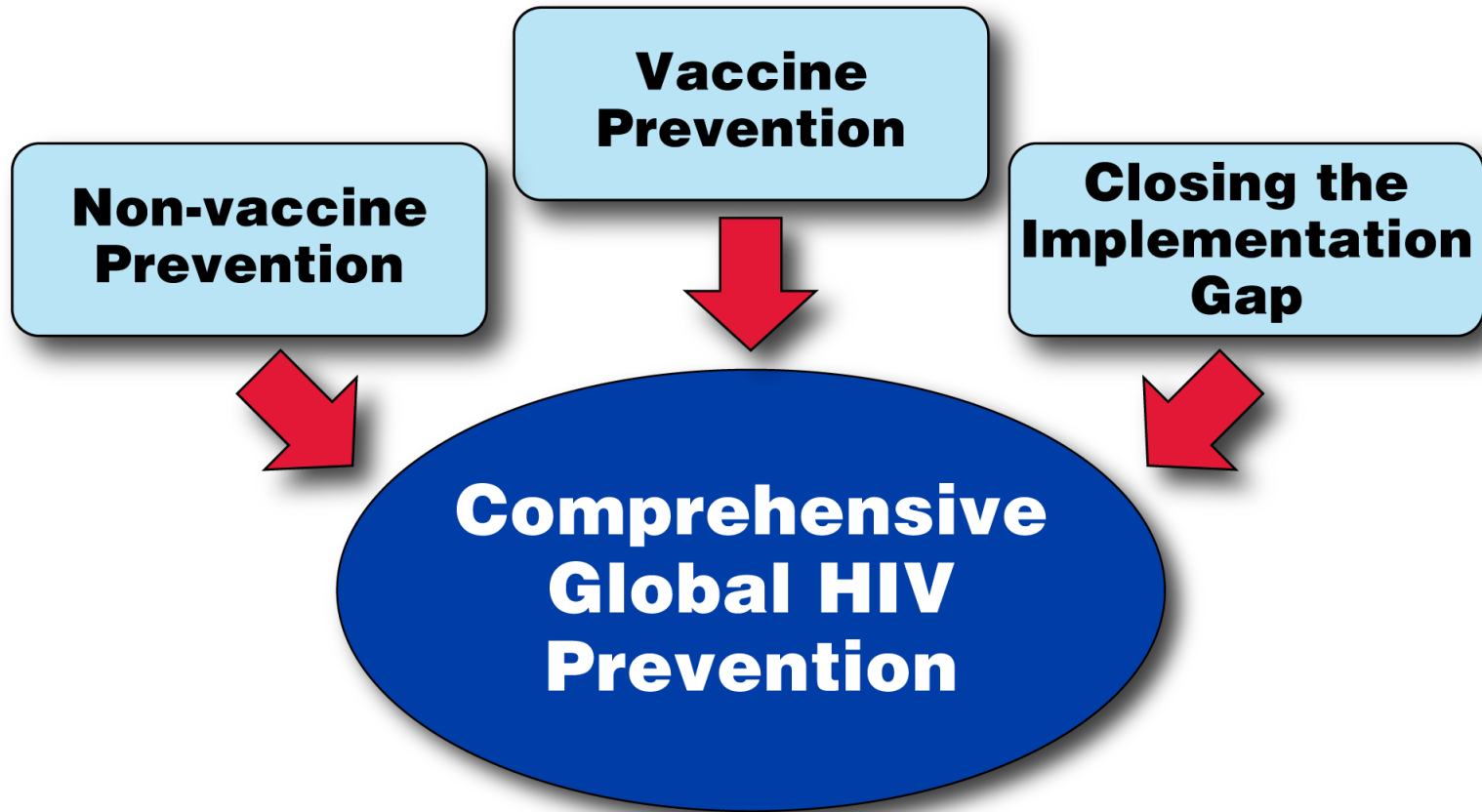
- Develop a pipeline of formulations for prevention and therapeutic indications
- Improve access and adherence to therapy
- Address needs of particular populations

- **Evaluation of two drug combinations**

- **Clinical development of broad neutralizing antibodies**

- **Types of formulations**

- Injectable/implantable
  - Every other month to three times a year
- Oral
  - Pills once a week

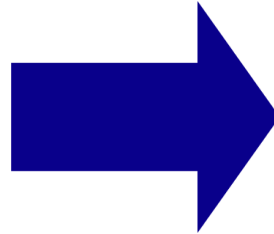


# **Treating HIV-Infected Individuals: A “Trifecta” of Pivotal ART Studies**

---

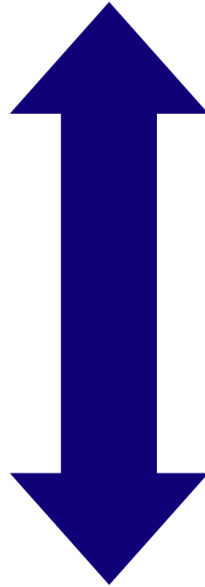
- **SMART**      Episodic ART inferior to continuous ART
- **HPTN 052**      Early ART reduces HIV transmission to uninfected sexual partner by 96%
- **START**      Early ART reduces serious illness/death by 57%

**Treatment  
versus  
Prevention**



**Treatment  
is  
Prevention**

**Biomedical Interventions**



**Behavior and Adherence**

**Cure**



## **HIV Reservoirs as Obstacles and Opportunities for an HIV Cure**

T-W Chun, S Moir and AS Fauci

***“A better understanding of the pathophysiologic nature of HIV reservoirs and the impact of various interventions on their persistence is essential for the development of successful therapeutic strategies against HIV or the long-term control of infection..”***

# **Towards an HIV Cure: Addressing the HIV Reservoir**

---

**Eradicate the reservoir**

**Control viral rebound – Sustained virologic remission**

# **An HIV Cure**

---

- **Simple – tertiary care not needed**
- **Safe – not worse than current treatment**
- **Scalable – relevant to millions of people**

# **Co-morbidities**

# Randomized Trial to Prevent Vascular Events in HIV



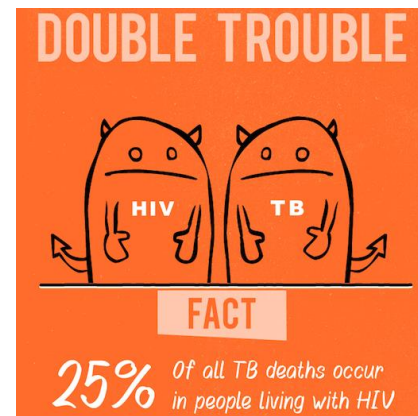
Randomized Trial to Prevent Vascular Events in HIV



# TB and HIV

---

- Facilitate development of new drugs and regimens
- Shorten therapy
- Explore novel treatment strategies
- Improve diagnosis of TB and TB drug resistance
- Develop TB vaccines
- Treat latent TB infection



## **Optimistic, Long-Range Vision**

---

- **The therapeutic armamentarium will continue to improve with the development of formulations requiring only 4-12 doses per year**
- **PrEP will also evolve to 4-12 doses a year**
- **Cure research is an expanding research area, defined by the quality of the concepts coming forward**
- **Roles of broadly neutralizing antibodies in prevention, cure and therapy will be evaluated**
- **Additional prevention tools will also be developed**
- **These tools will help control the HIV pandemic**





# **SOCIAL-BEHAVIORAL RESEARCH and HIV: INTERVENING for the VULNERABLE**

**Wendy Davis, Ed.D**, Senior Manager and Senior Associate at *Center for AIDS Research*, Prevention Core, *Johns Hopkins University Bloomberg School of Public Health*

**HIV•PJA**  
HIV PREVENTION JUSTICE ALLIANCE

Download slides & materials at: [www.preventionjustice.org](http://www.preventionjustice.org)



# Points for today's presentation

- CFAR defined
- Social-behavioral research defined
- National priorities
- A research/activism agenda
- The added value of implementation science



# Center for AIDS Research (CFAR)

- NIH funded
- 20 centers, all connected to academic institutions
- “emphasize interdisciplinary collaboration ...between basic and clinical investigators as well as behavioral scientists to support translational research”
- Cores (social/behavioral, clinical, laboratory, etc.)
- Community participation



# Social-behavioral research exemplars

- Formative research  
*(qualitative interviews; mapping; assessing needs and services)*
- Community mobilization/empowerment  
*(education and employment; stigma; social support)*
- Networks and social norms  
*(social media and communication; social and sexual networks)*
- Structural/multi-level  
*(social determinants; institutions; venues)*
- Training  
*(health care professionals; capacity building)*



# National Priorities

## NIH HIV/AIDS Research Priorities and Guidelines for Determining AIDS Funding

---

Notice Number: NOT-OD-15-137

### Key Dates

Release Date: August 12, 2015

## NATIONAL HIV/AIDS STRATEGY for the UNITED STATES:

UPDATED TO 2020

JULY 2015



# “High Priority AIDS Research: SBR” per Auerbach

## High Priority research topics for support using AIDS-designated funds

- **Reducing incidence of HIV/AIDS** including: developing and testing promising vaccines, developing and testing microbicide and pre-exposure prophylaxis candidates and methods of delivery, especially those that mitigate **adherence issues**; and developing, testing, and implementing **strategies to improve HIV testing and entry into prevention services**.
- **Next generation of HIV therapies** with better safety and ease of use including: developing and testing HIV treatments that are less toxic, longer acting, have fewer side effects and complications, and easier to take and **adhere** to than current regimens. Additionally, **implementation research** to ensure initiation of treatment as soon as diagnosis has been made, retention and engagement in these services, and achievement and maintenance of optimal prevention and treatment responses.
- **HIV-associated comorbidities, coinfections, and complications** including: **addressing the impact of HIV-associated comorbidities**, including tuberculosis, malignancies, cardiovascular, neurological, and metabolic complications, and premature aging associated with long-term HIV disease and antiretroviral therapy.



# “High Priority AIDS Research: SBR” per Auerbach

- **Cross cutting areas:** Basic research, health disparities, and training including:
  - Research to **reduce health disparities** in the incidence of new HIV infections or in treatment outcomes of those living with HIV/AIDS.
  - Research **training** of the workforce required to conduct High Priority HIV/AIDS or HIV/AIDS-related research.





# NATIONAL HIV/AIDS STRATEGY per Brooks

## RIGHT PEOPLE

(gay, bisexual, MSM; black women and men; Latino men and women; PWID; youth 13-24)

## RIGHT PLACES

(Metropolitan areas; Southern United States)

## RIGHT PRACTICES

(HIV testing and linkage to care; support for PLHIV; viral suppression; PrEP)



# “Social and Behavioral” per Brooks

- **Supporting Behavioral Health**
  - **Preventing HIV infections: Step 1B** calls for effective behavioral interventions that facilitate people to remain engaged in HIV care, on PrEP, and other clinical models that improve the care continuum
  - **Improving Care: Step 2B** calls on increasing and improving health workforce, including supporting screening and referral for substance use and mental health services for people living with HIV
  - **Reducing Disparities: Step 3B** calls for adopting structural interventions to improve co-occurring conditions using a biopsychosocial approach to address intersecting issues, like intimate partner violence
- **Addressing Social Determinants of Health**
  - **Improving Care: Step 2C** calls for supportive patient-centered comprehensive care, including co-occurring conditions and challenges meeting basic needs such as housing, nutrition, childcare, social support, etc.
  - **Reducing Disparities: Steps 3A and 3B** call for scaling up effective, evidence-based programs that address social determinants, especially among gay and bisexual men, Black women, and people living in Southern U.S.
  - **Public and private partners** needed for effective scale up

# A social-behavioral research agenda

- Access to prevention services
- Improving adherence and engagement in care
- Addressing the impact of co-morbidities, co-infections, and complications
- Reducing health disparities in incidence and treatment outcomes

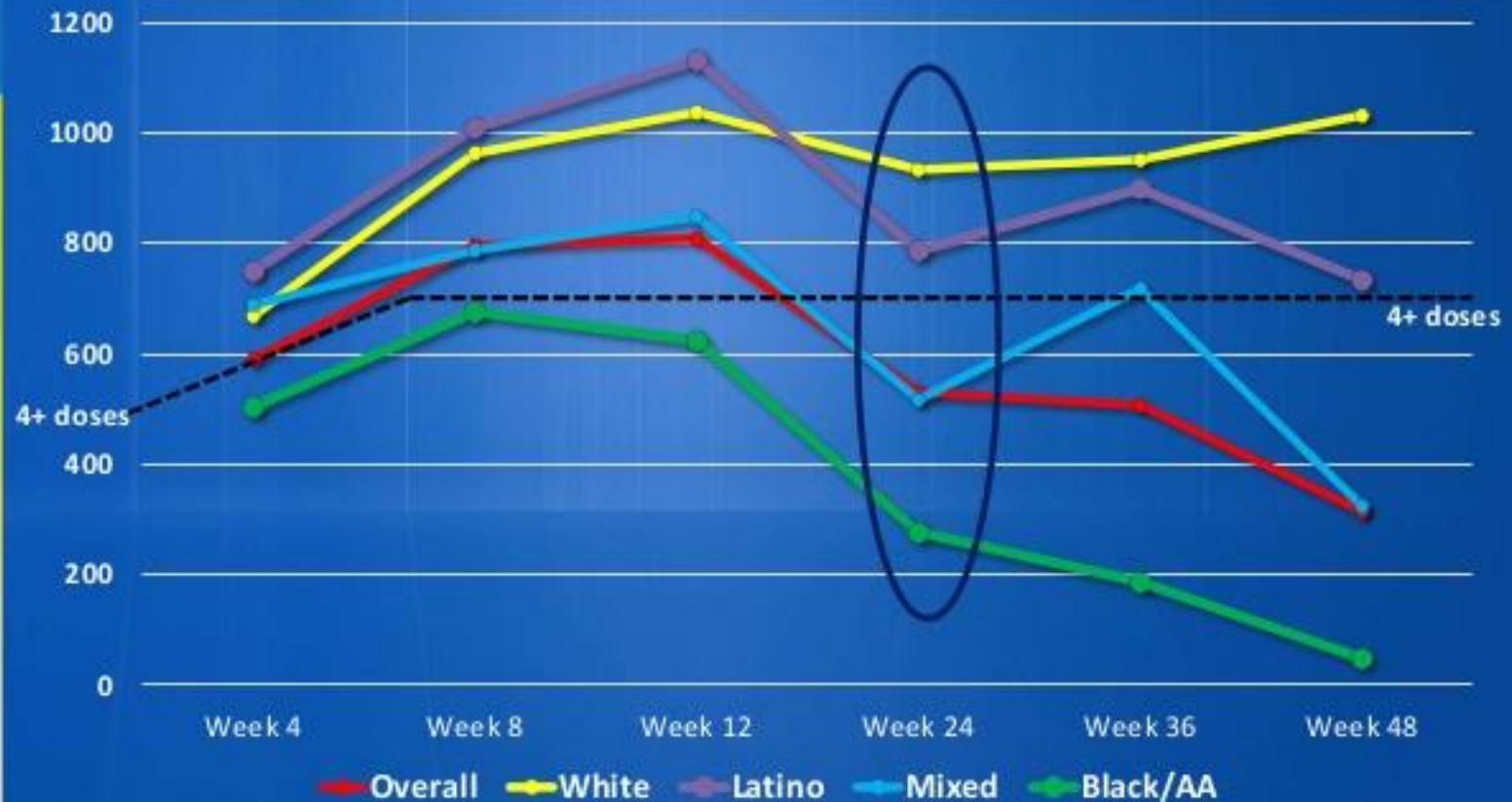


# A research and activism agenda

- Access to prevention services  
Formative, structural, community mobilization, training
- Improving adherence and engagement in care  
Formative, structural, community mobilization, networks and social norms, training
- Addressing the impact of co-morbidities, co-infections, and complications  
Formative, structural, community mobilization, training
- Reducing health disparities in incidence and treatment outcomes  
Formative, structural, community mobilization, networks and social norms, training



# Adherence: Median TFV-DP by Race/Ethnicity



# The added value of Implementation Science

- Featured in NIH priorities, National Strategy
- Evidence based approaches for implementing evidence based interventions- **science of the how**
- Shorten bench to bedside
- Learn from other disciplines; mental health, primary care, nutrition, child welfare



# Acknowledgements

- The JHU CFAR Prevention Core: *David Celentano, Carl Latkin, Chris Beyrer, Deanna Kerrigan, Erica Sibinga, Nancy Leonard*
- The JHU CFAR Baltimore Collaboratory: *David Holtgrave, Susan Sherman and Jordan White*
- *Douglas Brooks*, Director of the Office of National AIDS Policy,
- *Judith Auerbach*, Professor, UCSF and Science and Policy consultant
- *ATN 110: Sybil Hosek*, Cook County Health and Hospital Systems





# Building and enhancing a coordinated research & practice community

Jose Bauermiester, M.P.H., Ph.D, Director of the  
Center for Sexuality and Health Disparities (SexLab),  
*University of Michigan School of Public Health*





# Traditional vs. CPR

---

## TRADITIONAL

Epid, Demographic Analysis

Focus on weaknesses

Goal is health outcome

Organized Around Disease Categories

Asks how can we motivate people

## CPR

Social analysis

Focus on strengths

Goal is health & Community competence

Organized around human categories

Asks what are people's motives

# Challenges of Doing CPR

---

- Constraints and costs of doing CPR across different organizational cultures.
- Learning how to conduct research and work together in different ways.
- Challenge of ensuring community partners participate equitably in day-to-day research and governance decisions.

# Advantages of using community participatory approaches

---

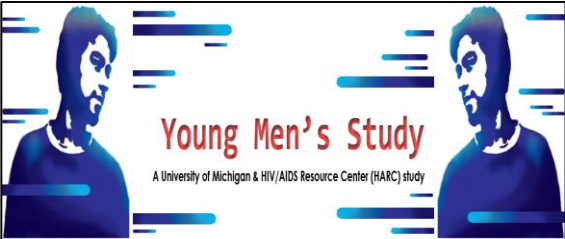







## Focuses on Issue of Concern to Community

- Increasing HIV/STI Prevention and Care Efforts
- Addressing structural inequities and disparities
- Using data to advocate for policy change

## Improves the Research

- Adequate research formulation
- Data collection
- Recruitment and retention
- Dissemination

# A Timeline of CPR Projects

2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016-				

# How has data been used?

---

- Build agency capacity to participate actively in research.
- Provide intersectional insight into the analyses.
- Share research findings with CBO staff, Board of Directors and client groups.
- Present research findings to other relevant groups, such as CABs, planning councils, and funders.
- Target specific areas of HIV education in outreach and testing efforts.
- Inform strategies to optimize service design, delivery and sustainability.

# Service Recommendations

---

## Consolidation and interagency collaboration

- Funding mechanisms to facilitate agency and programmatic sustainability

## Increase in certain types of services:

- Peer-led programs
- LGBT and youth specific clinical services
- Centralized intake

## Provider training

- Providers
- Curriculum at schools of medicine, nursing, etc.

## Create a guide to open and accepting services and providers

# AIDS Partnership Michigan and HIV/AIDS Resource Center Announce Merger

Uniting to serve southeast Michigan through innovation, shared resources and expertise.



DETROIT and YPSILANTI, Mich., March 25, 2015 /PRNewswire-USNewswire/ -- In order to strengthen the response to HIV in Southeast Michigan, AIDS Partnership Michigan (APM) and HIV/AIDS Resource Center (HARC) have merged their organizations. Building on a history of collaboration and excellence, the merger of APM and HARC will ensure the sustainability of comprehensive HIV/AIDS prevention and care in their now 10-county area where 63% of people living with HIV reside.

## A Strong History and Position for the Future

The organizations have worked together for more than 14 years through the HIV/AIDS Alliance of Michigan, AIDS Walk Michigan, the highly recognized StatusSexy community mobilization campaign, and through involvement as community partners of the University of Michigan Center for Sexuality and Health Disparities. Together, they provide HIV prevention and direct care services to almost 7,000 residents of Southeast Michigan.

"We are stronger together. Our Boards have worked for over a year to explore this opportunity and implement the merger. Our services have continued without interruption and are enhanced by the expertise and unique programming of each organization," said APM CEO William VanHemert who will serve as President and Chief Executive Officer of the merged organization.

"Our goal is to enhance our capacity in key areas, including programming, access to funding, community-based research, and delivery of HIV-related health care services. The constant is our commitment to compassionate HIV prevention and care services," said HARC President/CEO Jimena Loveluck. Loveluck will focus on expanding services and strengthening innovative approaches to address HIV as the Vice President of Community Research and Innovation.

# Translational Science

Integration of data into new and existing programs

Policy and Media Advocacy

Youth Internships

Community Meetings

Dissemination of Policy Briefs

Policy Dissemination

**washington blade**

CELEBRATING 45 YEARS AS AMERICA'S GAY NEWS SOURCE

2014 NYC PRIDE

TUES., JUNE 24  
Family Movie Night  
FRI., JUNE 27  
The Rally

SAT., JUNE 2  
Teaze  
VIP Rooftop  
WE: Casino

November 13, 2013 | by Staff reports

## Study links workplace bias, poor health

Share 0 Tweet 0 Email 0 LinkedIn Share 0 Google+ 0 Pinterest 0



Detroit, Mich. (Photo Public Domain)

DETROIT — Researchers at the University of Michigan School of Public Health have released results of a study finding that young men who have experienced anti-gay discrimination in the workplace are more likely to have overall poorer health than those who had not experienced such discrimination, the [Gay, Lesbian, Bisexual & Transgender News Network](#) reports.



# Dissemination

**uhip**

united for hiv integration and policy

## Join us for a Community Conversation

- Who?** ASOs, CBOs & LGBT Orgs  
**When?** Wed, March 27th 12-1pm  
**Where?** Michigan AIDS Coalition  
 429 Livernois St. in Ferndale  
**Why?** Lunch & conversation about UHIP data & how this information can be used to impact & improve services available to young MSM in Detroit



Please RSVP to Andrew Hickok, ahickok@umich.edu, by 3/25/13



**AIDS PARTNERSHIP  
MICHIGAN**



**DETROIT LATIN@Z**

**uhip**

united for hiv integration and policy

## UHIP Medical Provider Training & Community Conversation

- Who?** Medical Providers in the Detroit metro area  
**When?** Friday, April 26th from 12 - 1:30 PM  
**Where?** Kresge Eye Institute, Charlotte Failing Boardroom  
 4717 St. Antoine St., Detroit  
**Why?** Learn about the UHIP study results & the invaluable role that you as a medical provider can play in addressing the HIV epidemic in our local communities!



Please RSVP to Andrew Hickok, ahickok@umich.edu



**AIDS PARTNERSHIP  
MICHIGAN**



**DETROIT LATIN@Z**

# Fact Sheets



## Mental Health

Sexual minorities, such as gay and bisexual men, are vulnerable to mental health issues because of homophobia, discrimination, and isolation. Psychological distress can lead to behavioral health issues and harmful coping mechanisms like substance use and sexual risk-taking. Stigma around accessing mental health remains a barrier for people seeking care. However, social support and access to sexuality- and gender-affirming mental health services can improve the mental health of sexual minorities.

The United for HIV/AIDS Integration in Policy (UHIP) study aimed to understand the structural factors shaping HIV/AIDS prevention and care in the Detroit Metro Area (DMA). The data below – collected and analyzed in 2012 from 50 stakeholder interviews and 429 online surveys with young gay and bisexual men and trans youth (ages 18-29) – highlight the issue of mental health in the lives of gay and trans youth in the DMA.

### ON RISK

24% reported depression and 17% reported anxiety diagnoses by a medical provider

### ON RESILIENCE



About 60% of participants said,

*"I am able to adapt to change."*

*"I can deal with whatever comes."*

*"I think of myself as a strong person."*

About 1 in 3 participants said,  
*"I think of myself as a strong person nearly all of the time."*

About 3 out of 4 participants said,  
*"I am a person of worth and I have a number of good qualities."*



1 in 5 participants said, *"In the past week I felt..."*

*fearful  
depressed  
tense  
lonely*



Over half of participants said,  
*"In the past month, I felt nervous and stressed."*



1 in 4 participants said,  
*"In the past month, I have had so many problems that I could not deal with them."*

## STAKEHOLDER PERSPECTIVES

Stakeholders shared their perspectives on mental health concerns among young gay and bisexual men and trans youth. Stakeholders include CBOs, local health departments, medical providers, LGBTQ and HIV specific organizations, and other community partners.

*"We focus so much on testing and care [for HIV/AIDS], and we're really not getting to the real, true root. And I firmly believe it speaks to mental health. 'Cause if I value myself, I don't want to endanger myself. I should believe in myself. I want to see the future. I believe in the future. All that's mental health."*

*"What do you do when you're dealing with coming out, you just came out, you just lost your family, all this stuff going around in your mind and nobody to talk to...So what do you do? You find allies in other places. I drink, I smoke, I do whatever I can to get my mind off of it."*

*"The MSM (men who have sex with men) of color community [...] particularly the Latino and Black community [...] it's not socially acceptable to see mental health care. You're supposed to go to your religion person or just to a family member. Getting folks to a place where they understand that mental health, just like physical health, is something you need to take care of on a regular basis, is a huge obstacle and huge goal."*

## POLICY RECOMMENDATIONS

On site mental health specialists at community organizations

Implementing LGBT specific group based therapy

Patient navigators to help guide LGBT youth through the mental health care system

Field based mental health services like home based therapies.

### ADDITIONAL RESOURCES

Affordable Care Act grants for support mental and behavioral health education and training for community organizations: [click here for PDF](#)

GLBTQI Mental Health: Recommendations for Policies and Services [click here for PDF](#)

Enhance current mental health programs with grants from the Substance Abuse and Mental Health Services Administration [beta.samhsa.gov/grants](http://beta.samhsa.gov/grants)

Parents Families, Friends, and Allies United with LGBT People [pflag.org](http://pflag.org)

LGBT peer support groups for people with mental health issues like Rainbow Heights [rainbowheights.org](http://rainbowheights.org)

The UHIP academic-community partnership included representatives from AIDS Partnership Michigan, the HIV/AIDS Resource Center, Detroit LatinBz, Ruth Ellis Center, and the University of Michigan's Center for Sexuality & Health Disparities. This work was supported by the Ford Foundation and M&C AIDS Fund (P. Bauermeister). The content is solely the responsibility of the authors and does not represent the official views of the funding agencies.

For more information about the UHIP Project, go to [sexlab.sph.umich.edu/uhip](http://sexlab.sph.umich.edu/uhip)

# Lessons Learned

---

## CHALLENGES

1. Learning research lingo and practice in order to be an active partner.
2. IRB process can impact project timelines.
3. Understanding the important role of CBOs in participant recruitment and strategies.
4. Involving other staff in translating research results into practice.
5. Competing demands/rewards within academia and agency.

## BENEFITS

1. Put research findings into practice through service provider involvement and academic commitment to bring about positive change.
2. Practice and service informed research to pose relevant and locally applicable research questions.
3. Built research capacity within CBOs.
4. Opportunities for new and stronger CBO partnerships.
5. Better research, science, and practice.

# Community Development

---

- Strengthened community partners' competitiveness in their grant-seeking efforts and increased their capacity to do community-driven work.
- Shared opportunities for professional growth and national exposure.
- New relationships with other academic and community organizations in the area.

# Resource Sharing & Leveraging

---

1. Meet with agencies to offer summary of data and discussed how data could be helpful.
2. In-kind access/interpretation of data if desired.
3. Avoiding duplication of efforts.
4. Connect to Protect (C2P)
5. Michigan HIV/AIDS Research Corridor

# Acknowledgements

## Co-Investigators

Rob Stephenson  
Gary Harper  
Rivet Amico  
Tiffany Veinot  
David Cordova  
Massy Mutumba  
Erin Kahle

## Staff

Emily Pingel  
Andrew Hickok  
Steven Meanley  
Laura Jadwin-Cakmak  
Michelle Demers  
Triana Sirdenis  
Bré Campbell  
Elliott Popoff  
Daniela Lopez

## GC SC

Stephanie Rosales  
Wil Bowen  
Jimena Loveluck  
Leon Golson  
Laura McAndrew  
Stevi Atkins  
Teresa Springer  
Bill VanHemert

## GC YAB

Jon Werber  
DeAubrey Smith  
Cedric McClain  
Troy Mansberry  
Jason Copprue  
Dasean Walters  
Jihad Komis  
Curtis Collins

## MEET-ME YAB

Gage Gillard  
John Shaver  
Tanaka Chavanduka

## MFierce YAB

Ben Rogers  
Zach Crutchfield  
Dasean Walters  
D'Angelo Kay  
Rama Yisrael Pollard  
Gage Gillard  
Curtis Collins  
Marcos Carrillo  
Kay Gorde

## MFierce SC

Stevi Atkins  
Tom Moore  
Teresa Springer  
Amy Peterson  
Jimena Loveluck  
Patrick Yankee  
Curtis Lipscomb  
Nathan Strickland  
Akilah Benton  
Bill VanHemert  
Lydia Ahlum Hanson



## Acknowledgments



FORDFOUNDATION

The content is solely the responsibility of the author and does not necessarily represent the official views of funding agencies.

# Contact Information

---

José Bauermeister, MPH, PhD

Director, Center for Sexuality & Health Disparities (SexLab)

University of Michigan School of Public Health

[jbauerme@umich.edu](mailto:jbauerme@umich.edu)

Jimena Loveluck, MSW

Vice-President of Community Research & Innovation, Unified

[jloveluck@miunified.org](mailto:jloveluck@miunified.org)



# Questions?



During the session, you can use this button to "Raise Your Hand" if you have a question.

If there are more questions than can be answered during a session, the Organizer may ask that you type in questions in the Question Log so that they may be addressed later, via email.

- You may also email your questions to [smadoori@aidschicago.org](mailto:smadoori@aidschicago.org)

# For More Information

Follow us on Facebook:  
Treatment Action Group (TAG)

Contact Jeremiah:  
[kenyon.farrow@treatmentactiongroup.org](mailto:kenyon.farrow@treatmentactiongroup.org)

# Stay Informed, Visit & Connect:

- **Treatment Action Group**
  - Kenyon Farrow, US and Global Policy Director
  - Email: [kenyon.farrow@treatmentactiongroup.org](mailto:kenyon.farrow@treatmentactiongroup.org)
  - Web: <http://www.treatmentactiongroup.org/>
  - Twitter: @TAGTeam\_Tweets, @kenyonfarrow
- **Treatment Action Group**
  - Mark Harrington, Executive Director
  - Email: [mark.harrington@treatmentactiongroup.org](mailto:mark.harrington@treatmentactiongroup.org)
  - Web: <http://www.treatmentactiongroup.org/>
  - Twitter: @TAGTeam\_Tweets
- **National Institute of Allergy and Infectious Diseases (NIAID)**
  - Carl Dieffenbach, Ph.D, Director of the Division of AIDS
  - Email: [cdieffenba@niaid.nih.gov](mailto:cdieffenba@niaid.nih.gov)
  - Web: <https://www.niaid.nih.gov>
  - Twitter: @NIAIDNews
- **Center for AIDS Research**
  - Wendy Davis, Ed.D, Senior Manager and Senior Associate
  - Email: [wdavis@jhsphe.edu](mailto:wdavis@jhsphe.edu)
  - Web: <http://hopkinscfar.org/>
  - Twitter: @HopkinsCFAR
- **SexLab**
  - Jose Bauermiester, M.P.H., Ph.D, Director of the Center for Sexuality and Health Disparities
  - Email: [jbauerme@umich.edu](mailto:jbauerme@umich.edu)
  - Web: <https://sexlab.sph.umich.edu/>
  - Twitter: @SexualityLab

# Take Action Now!



**“#POTUS and #Congress: Keep your  
promise to fund \$100 million for essential  
#HIV research at NIH!”**

Join our [Thunderclap](https://www.thunderclap.net/) campaign!

**<http://bit.ly/1UvOvv0>**



# TAG

**Treatment Action Group**

# HIV•PJA

HIV PREVENTION JUSTICE ALLIANCE



## Thank you!

**HIV Prevention Justice Alliance:**

[www.preventionjustice.org](http://www.preventionjustice.org)

- Stay up to date on advocacy opportunities with our email blasts!
- Follow HIV PJA on Twitter @HIVPrevJustice

# HIV•PJA

HIV PREVENTION JUSTICE ALLIANCE

Download slides & materials at: [www.preventionjustice.org](http://www.preventionjustice.org)

