Providence/Boston CFAR Diversity and Inclusion Updates

Andrew Henderson, PhD – Professor of Medicine and Microbiology, Associate Director of the Providence/Boston CFAR

A major goal for the Providence/Boston CFAR has always been to address socioeconomic inequities that create barriers to ending the HIV epidemic with research focused on marginalized communities, substance use disorders and systemic factors including poverty and racism. In addition to recognizing CFAR members’ recent publications and awards, this month’s newsletter highlights exciting new Providence/Boston CFAR efforts around diversity, equity and inclusion.

Drs. Matt Murphy and Carl Streed Jr. are spearheading the formation of a new Research Interest Group examining Sexual and Gender Minority Research with a particular attention to the impact of HIV on this community.

In addition, Drs. Kaku So-Armah, Caroline Kuo and Tim Flanigan have formed a Diversity, Equity, Inclusion and Belonging Program to proactively engage the Providence/Boston CFAR in promoting diversity and inclusion through mentoring, training and recruiting members of underrepresented groups into HIV/AIDS research.

Importantly, Mavis Nimoh, the executive director for the Center for Health and Justice Transformation in Rhode Island and member of the CFAR-Community Engaged Research Council provides insights into the systemic disparities that impact the HIV epidemic in Black, indigenous and People of Color communities.

Read about these exciting new CFAR initiatives in this Spring newsletter.
In preparing for the next Five Years of the Providence/Boston CFAR, Dr. Susan Cu-Uvin called for us to grow and evolve with the times. To keep up with as well as anticipate the changes in NIH priorities and the research landscape, we established the Sexual and Gender Minority Research Interest Group (SGM RIG).

While HIV affects many populations, the history of the HIV pandemic is intimately interwoven with the past, present, and future experience of SGM populations. HIV continues to disproportionately affect SGM populations, particularly SGM populations with intersecting marginalized identities (e.g., gay and bisexual cisgender MSM youth of color, transgender women of color, etc.). And as the research landscapes catches up with the reality of the effect of HIV across gender identities (e.g., explicitly including transgender men among “men who have sex with men”) we are gaining a more complete picture of the HIV epidemic.

This CFAR RIG was developed with the goal of further characterizing the ongoing HIV pandemic among SGM populations, assess disparities in access to HIV prevention care, identify barriers to linkage to care for people living with HIV (PLWH) and support research that follows SGM PLWH throughout the life course. The RIG is particularly interested in supporting the development of effective interventions that prevent HIV transmission including the use of pre-exposure prophylaxis, improve linkage and retention in care for HIV positive individuals and reduce complications associated with HIV/AIDS among SGM populations.

The SGM RIG is led by emerging leaders in SGM and HIV research: Matt Murphy MD, MPH (Brown University) and Carl G Streed Jr MD, MPH (Boston University). Those interested in learning more about the SGM RIG are encouraged to email kaylyn.bruciati@bmc.org

Health Equity Scholars for Action- 2021 Call for Proposals

Application Deadline: Wed, 16 Jun 2021

Diversifying who does research makes evidence stronger and helps us put that evidence into action. Yet racism and discrimination often stand in the way of the career path for many people, especially Black, Indigenous, and People of Color (BIPOC), individuals from low-income communities, individuals with disabilities, LGBTQ+ individuals, and first generation college graduates.

Robert Wood Johnson Foundation’s new Health Equity Scholars for Action program provides support to help you thrive professionally and personally, and contribute to evidence that can help build a Culture of Health. Grants, up to $250,000 each, are available for research projects about health, well-being, and equity; the award includes mentorship and coaching as well as a community of support to help build your network and develop career opportunities.

Learn more about eligibility and selection criteria >
The Providence Boston CFAR is proposing a new program to formalize its efforts to bring people with diverse backgrounds and experiences together to help end the HIV epidemic. This effort includes but is not limited to all individuals recognized by the National Institutes of Health and other federal agencies to be under-represented in biomedical, clinical, behavioral, and social science research. The working name for the Program is the Diversity, Equity Inclusion and Belonging (DEIB) Program.

We have 5 areas that define our strategy: Partnering, mentoring, training, coaching and funding.

We will **partner** with existing organizations focused on improving diversity in STEM fields within and across Providence/Boston CFAR institutions. These organizations provide mentoring and coaching to undergrads or recent college grads from under-represented groups. The DEIB Program will infuse didactic and experiential learning in HIV into these organizations.

In terms of **mentoring, training and coaching**: We are focused on both learners and teachers. We will connect doctoral students and graduates to mentors in HIV-related fields who can coach them through HIV careers. Simultaneously we are training these mentors to create learning environments that foster inclusion and belonging.

For **funding**, we are leveraging the successful research infrastructure across Providence/Boston CFAR institutions to better target NIH research supplements to promote diversity.

We are not reinventing the wheel – we are finding and leveraging existing opportunities by connecting people and organizations that would otherwise not have been connected.

The DEIB Program is led by Caroline Kuo (Brown University), Tim Flanigan (Brown University) and Kaku-So-Armah (BU).

Those interested in learning more about the DEIB Program or would like to become a member of the program are encouraged to email kaylyn bruciati@bmc.org
HIV/AIDS Awareness in BIPOC Communities and Criminal Justice: A Rhode Island Perspective

In 2016, 51% of Rhode Islanders living with HIV were Black/African American and Hispanic/LatinX while 45% were white. In 2017, 47% of newly diagnosed Rhode Islanders with HIV were Black/African American and Hispanic/LatinX. Overall, the rate of HIV in the Black/African American and Hispanic/LatinX populations is roughly 15 times that of non-Hispanic whites in Rhode Island.

Why the stark contrast?

Systemic disparities are created by many factors including institutional discrimination which excludes, displaces, and segregates causing unequal outcomes. Therefore, along the spectrum of the social determinants of health—education, income, housing, etc., unequal access to care, prevention, and treatment is a detrimental reality for Black, Indigenous, and People of Color communities (BIPOC) in Rhode Island and across the nation.

Furthermore, the consequences of unequal access to care compounded with systemic racism is seen most egregiously locally and nationally in our criminal justice system. However, Rhode Island’s Adult Correctional Institution has found ways to make inroads in the disparities to healthcare for individuals living with HIV. Coordinated efforts between medical services at the Adult Correctional Institute and our academic and medical institutions have created care linkages post-release which are key components to its success. This approach has benefitted communities of color and serves as a national model.

The Centers for Disease Control and Prevention created the national campaign, “Let’s Stop HIV Together” which promotes working collectively to stop HIV stigma as well as encourage HIV prevention, testing, and treatment in BIPOC communities. Advances in HIV testing and treatment have significantly improved life expectancy for individual living with HIV and AIDS, however there is still no cure. So, what action can we collectively take to support BIPOC communities today, this month, and every month to end the HIV epidemic? The Centers for Disease Control, Providence/Boston CFAR-CERC and the Center for Health and Justice Transformation suggests:

- **Healthcare providers can:**
  - Routinely screen all patients. Screens should utilize inclusive language and methods.
  - Provide **HIV treatment** as soon as possible after diagnosis.
  - Prescribe **PrEP** using CDC’s guidelines.

- **Health departments can:**
  - Expand **HIV testing** to include testing at home and other nonclinical settings.
  - Increase PrEP usage in communities that need it the most.

- **Everyone can:**
  - **Get tested for HIV, STDs, and hepatitis.**
  - Talk with healthcare providers about **HIV prevention**, including condoms and PrEP.
  - Encourage friends and loved ones to stay healthy by taking medicine if they **have HIV** or are **on PrEP**.
  - Support BIPOC communities by advocating for resources to combat HIV be leveraged in a way that considers the disparate impact of HIV.
2021 Annual CFAR Research Forum Agenda
Friday, May 14, 2021 - 9:00 AM – 1:30 PM (via Zoom)

Plenary Speakers

Opening Keynote Address
"CDC’s HIV Priorities for EHE in 2021 and Beyond"
Demetre Daskalakis, MD
Director of the Division of HIV Prevention at the Centers for Disease Control

Closing Keynote Address
"Translating lessons from studies of HIV immunity to SARS-CoV-2"
Julie Overbaugh, PhD
Professor, University of Washington/Fred Hutch CFAR

CFAR Developmental Alumni Presentations

"Tracking South Africa’s HIV and TB epidemics: evidence from a national laboratory cohort"
Jacob Bor, SD
Assistant Professor at Boston University School of Public Health

"Structural Drivers of Disparities"
Julia Raifman, ScD
Assistant Professor at Boston University School of Public Health

"Host and microbial transcriptomic signatures for TB disease and progression in HIV positive individuals"
William Evan Johnson, PhD
Associate Professor at Boston University School of Medicine

Engaging Rural Populations In HIV Care And Treatment: Examples From The Deep South Presentations

"Engaging African American clergy in Ending the Epidemic: Lessons from Arkansas, Mississippi and Alabama"
Amy Nunn, ScD, MS
Professor of Behavioral and Social Sciences at Brown University School of Public Health

"Using a big-data approach to characterize disparities in the HIV care continuum among rural communities in Arkansas"
Jun Tao, PhD
Assistant Professor of Medicine (Research) at Brown University

"Integrating Community Health Workers as part of the HIV Care team to improve viral suppression in Shelby County TN"
Serena Rajabiun, PhD
Assistant Professor at UMass Lowell Zuckerberg College of Health Sciences

Brandon B. Williams, LMSW, LSSW
Adjunct Instructor, School of Social Work, University of Memphis
New NIH Awards to CFAR Faculty

Archana Asundi, Medicine (Infectious Diseases), Boston University School of Medicine, received $189,664* for “A Phase IIIb, Randomized, Multicenter, Active-controlled, Parallel-group, Non-inferiority, Open-label Study Evaluating the Efficacy, Safety, and Tolerability of Switching to Long-acting Cabotegravir Plus Long-acting Rilpivirine administered every two months from a Bictegravir/emcitritibine/tenofovir alafenamide Single Tablet Regimen in HIV-1 Infected Adults who are Virologically Suppressed” from GlaxoSmithKline.

*This is an estimate. The study is still actively recruiting.

Philip Chan, Medicine (Infectious Diseases), The Miriam Hospital, received $239,939 for Improving Partner Notification and Pre-exposure Prophylaxis Uptake at a Publicly-Funded STD Clinic from the Rhode Island Department of Health.

Philip Chan, Medicine (Infectious Diseases), The Miriam Hospital (TMH), received $285,649 for “Mobile Health Platform for Providing Real-Time Follow-up after Home-Based HIV Self-testing for High-Risk Men who Have Sex with Men.” The grant is a subaward through Brown University from NIMH.

Patricia Cioe, Behavioral and Social Sciences at Brown University, received R21 funding in the amount of $408,615 from NCI for research on Preloading with Nicotine Replacement Therapy in HIV-positive Smokers to Improve Self-Efficacy and Quit Attempts.

Mari-Lynn Drainoni, Medicine (Infectious Diseases), Boston University School of Medicine, received $473,567 from ViiV Healthcare for research on CAB-RPV LA Implementation Strategies for High Risk Populations.

Jai Marathe, Medicine (Infectious Diseases), Boston University School of Medicine, received $50,000 in funding from Boston University for her research on “Use of monoclonal antibodies to prevent sexually transmitted infections and unplanned pregnancies: role of complement in the female reproductive tract”.

Susan Ramsey, Psychiatry and Human Behavior and Medicine, RIH, received R01 funding for $3,406,011 for “mHealth Facilitated Intervention to Improve Medication Adherence among Persons Living with HIV” from the National Institute of Mental Health (NIMH)

Theresa Shireman and Omar Galarraga received a supplement to their existing R01 from NIMH for their research on Impact of Prescription Caps on Health Outcomes in People Infected with HIV.

Lawrence Were was named a 2020 BU-CTSI KL2 Scholar Awardee. For his BU-CTSI KL-2 Fellowship, Dr. Were seeks to gain expertise in “big data” evaluation of the long-term impacts of health insurance on HIV hospitalizations, costs of HIV co-infection, and insurance enrollment decision-making for HIV+ persons.

Those interested in submitting items of interest, advertised events, awards, or CFAR acknowledged publications in the newsletter please contact kaylyn.bruciati@bmc.org
**Please remember to cite the CFAR (P30AI042853)**

**Basic Science Publications**


**BioBehavioral Sciences Publications**


**Substance Use Publications**


