

Ending the Epidemic/Integrated HIV Prevention and Care Planning Body
Ryan White Office of Support
1310 Prairie Street, Suite 800, Houston, Texas 77002
832 927-7926 | <http://rwpchouston.org>

RACIAL AND SOCIAL JUSTICE WORKGROUP

AGENDA

6 p.m., Tuesday, March 21, 2024—**this meeting is Hybrid meeting**

Join Zoom Meeting: <https://us02web.zoom.us/j/8899837982>

Meeting ID: 889 983 7982

Or, join by telephone at: 346 248-7799

Or, meet in person at: Bering Church, 1440 Harold Street, 2nd floor, Houston, Texas 77006

- | | | |
|------|--|---|
| I. | Welcome | Cecilia Ligons, Bobby Cruz and
Josh Mica he/him/él, Co-Chairs |
| | A. Identify facilitator | |
| | B. Introductions | |
| II. | Presentation: <i>Racial & Social Justice in HIV</i> | Richon Ohafia,
Health Equity Specialist
RW Grant Administration |
| III. | New Materials | |
| | A. <i>Racial and Social Justice Index Results</i> | |
| | B. <i>Bad Care for Black Women Living with HIV</i> | |
| | C. <i>Understanding Implicit Bias</i> | |
| | D. Retrieval of materials from Fort Worth Planning Council | Richon Ohafia |
| | E. Other | |
| IV. | Closing | Cecilia Ligons, Bobby Cruz and
and Josh Mica, Co-Chairs |
| | A. Confirm next meeting: 6 pm, Tues. July 16, 2024 | |
| | B. Agenda Item: Review and create action steps | |
| V. | Adjourn | Cecilia Ligons, Bobby Cruz and
Josh Mica, Co-Chairs |

Racial and Social Justice Workgroup, 03/19/2024, Richon Ohafia, Ryan White Grant Administration: Members discussed existing work completed by the University of Houston School of Social Work. They discussed goals for the workgroup and needing a better understanding of the purpose of the group and a review of the meaning of racial/social justice. Richon agreed to give a review at the next meeting and find tools developed by the Ft. Worth Planning Council, which relate to addressing and supporting racial and social justice issues. **Next meeting: 6 p.m., Tuesday, May 21, 2024.**

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**Ending the HIV Epidemic/Integrated HIV Prevention and Care Planning Body
Ryan White Office of Support**

RICHON – the format has changed slightly. Please use the following format to report back.

**Racial and Social Justice Workgroup, 05/21/24, Richon Ohafia, Ryan White Grant Administration:
SUMMARY OF MEETING:**

DECISIONS MADE & TASK ASSIGNMENTS:

Next meeting: 6 p.m., Tuesday, July 16th?

Submitted by: _____
Richon Ohafia, Staff Member

Date: _____



Racial and Social Justice in HIV

Richon Ohafia, MPH
Chiron Health Empowerment



Setting the Stage

Definitions to understand the core of addressing Racial and
Social Justice

Richon Ohafia, MPH



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Introductions

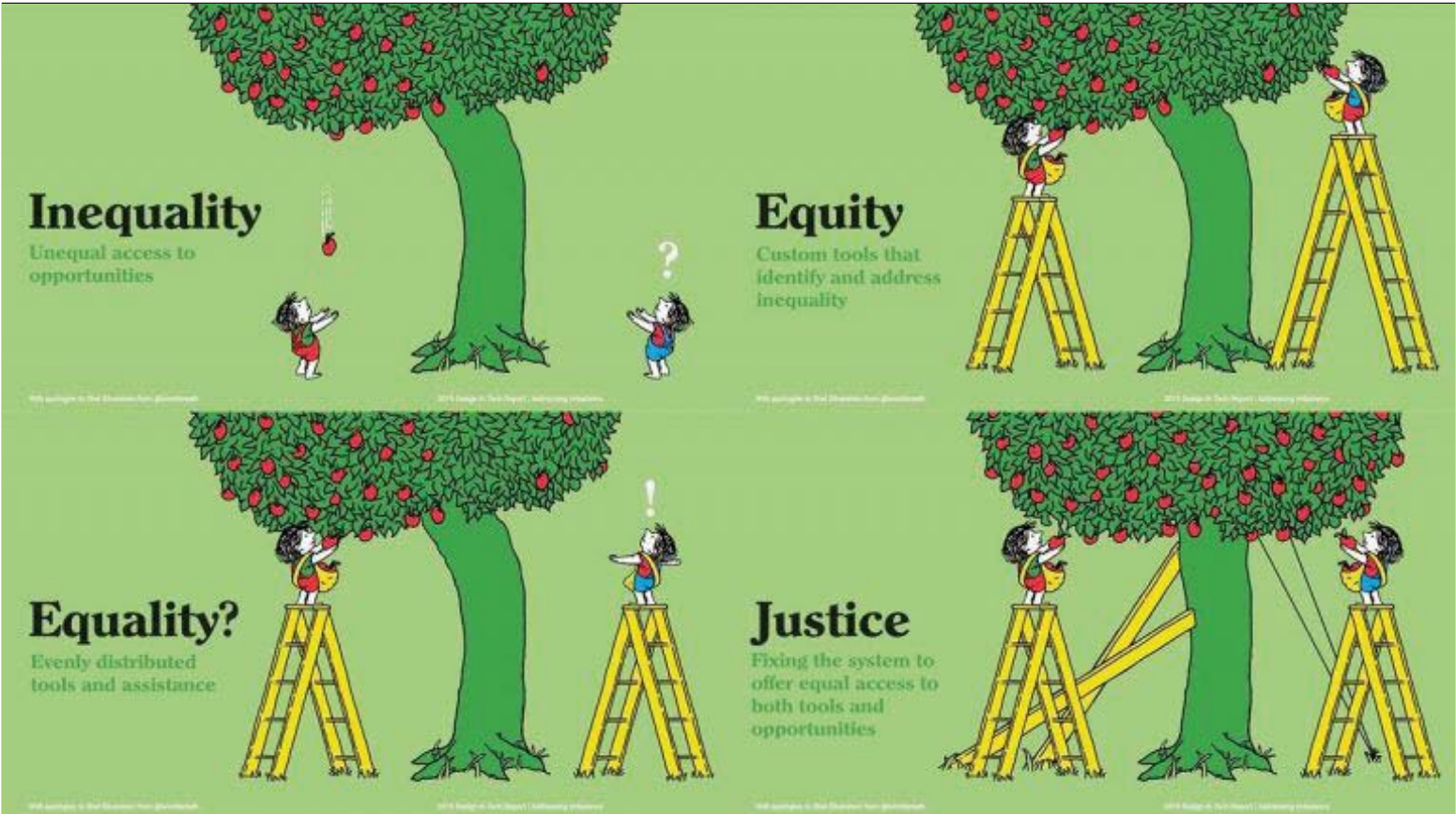




Objectives

By the end of this presentation, you all should be able to:

- Define Inequality, Equality, Equity, and Justice
- Define Social Determinants of Health and HIV Stigma
- Define Racial Justice and Social Justice



Equality, Equity, and Justice

Equality

Equality is dividing resources equally but does not factor differences in need and ability. Everybody is given the exact same quantity of resources.

Equity

Equity is not only dividing resources fairly and equally, but also factoring in differences amongst people. Differences such as race and socioeconomic status that would require different support to ensure the same opportunity of success.

Justice

Justice is long-term equity. It looks to create equity in systems as well as individuals. "Justice can take equity one step further by fixing the systems in a way that leads to long-term, sustainable, equitable access for generations to come."



Social Determinants

Social Determinants of Health



HIV Stigma

Internalized

Feeling Shameful, worthless, inferior, or at fault because of HIV Status

Anticipated

The fear of prejudice or discrimination, expecting to be treated badly or to be oppressed

Normative

Perceived prevalence of HIV Stigma in the community

Enacted

The real experience of discrimination as a result of HIV Status



What is Social Justice?

- Social Justice is defined as the view that everyone deserves equal economic, political and social rights and opportunities
- Five Principles of Social Justice: Access to resources, Equity, Participation, Diversity, and Human rights.



Understanding Racial Justice

Racial Justice is defined as the systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all



Poem for thought

Living in the shadows, can you imagine what kind of life it is to live? In the shadows people see you as happy and free, because that's what you want them to see.

Living two lives, happy but not free. You live in the shadows for fear of someone hurting your family or the person you love. The world is changing and they say it's time to be free, but you live in the fear of just being me.

Living in the shadows feels like a safe place to be, no harm for them, no harm for me. But life is short and it's time to be free. Love who you love, because life isn't guaranteed.

Smile.

– Gloria Carter, 'Smile'



Any Questions?

Please feel free to reach out to me if you all have any questions or want to chat further on these topics

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DETAILED ANALYSIS OF RESULTS

Racial Justice Index

Background

AIDS United’s Public Policy Council updated its operating principles in 2018 to thoroughly integrate racial justice into all aspects of its work. At the insistence of Black HIV advocates and with unanimous support of the Public Policy Council, AIDS United launched the creation of an index that would measure each participating organization’s responsiveness to racial justice.



PUBLIC POLICY COUNCIL

There was a consensus to center Blackness in the survey, as race in the United States is structured around a racial hierarchy that created and perpetuates the white and Black binary to justify the oppression of Black bodies. This system marginalizes anyone who is not white and thus, anti-Blackness also negatively impacts non-Black communities of color. AIDS United and our Public Policy Council began implementing the index in the fall of 2022 and applied the meaningful involvement of people living with HIV principle from the inception of the index.

Acknowledgments

We thank our current Racial Justice and Equity Committee chair Omar Martinez Gonzalez of AIDS Foundation Chicago and our previous Racial Justice Index Committee co-chairs Christina Adeleke and A. Toni Young for their persistent advocacy for racial justice. We commend all their work to end the HIV epidemic and for their unapologetic leadership of this committee and in our field.

We also extend gratitude to each organization who participated in the pilot and implementation phases for this index.

Organizations that implemented the Racial Justice Index

(November 2022-March 2023)

- AIDS Alabama
- AIDS Foundation Chicago
- AIDS United
- American Academy of HIV Medicine
- Cascade AIDS Project/Prism Health/Our House of Portland
- Center for Health Law and Policy Innovation
- Center for HIV Law and Policy
- DAP Health
- Delaware HIV Consortium
- Equality Federation*
- Housing Works
- Intercambios Puerto Rico
- North Carolina AIDS Action Network
- San Francisco AIDS Foundation
- Sero Project
- Southern AIDS Coalition
- The Aliveness Project
- The Project of the Quad Cities
- Thrive Alabama
- Treatment Action Group
- Vivent Health
- Whitman-Walker Health

**Organizations that participated in the pilot phase and submitted their pilot results to be included as part of the official index results.*

Organizations that piloted the Racial Justice Index

(Summer 2022)

- AIDS Foundation Chicago
- DAP Health
- Equality Federation
- Legacy Community Health
- Multicultural AIDS Coalition
- My Brother's Keeper

Appreciating Black staff

We offer full and unapologetic appreciation to Black staff across the Public Policy Council, for their participation. The famed novelist Toni Morrison once spoke of racism and its impact on Black people. Morrison said, “The function, the very serious function of racism is distraction. It keeps you from doing your work. It keeps you explaining, over and over again, your reason for being.” AIDS United and the Public Policy Council’s Racial Justice Index Committee was thoroughly mindful of this observation throughout the index implementation process. This index was a distraction for many participants and especially Black participants, because this racial justice index exercise should not have had to occur.

We also have to admit that our index process has also been informed by inequity. We did not make this index available in varying languages and we acknowledge the lack of accessibility hindered the full participation of non-English speakers and pledge that any future iteration of the index will support index participation for monolingual Spanish speakers.

Prior to launching the index in November 2022, AIDS United and the Public Policy Council pledged to release the aggregated index results to hold our organizations accountable to our staff and the communities we serve. After a years-long process of community engagement and thoughtful implementation of this index, we finally have results to share with each of you.

Since 1619, Black people have experienced the brutal impacts of anti-Blackness and white supremacy in this nation. De jure segregation might be outlawed, however, the effects of Jim and Jane Crow have yet to be fully reckoned with. The legacy of white supremacy ensures that these same concepts are deeply baked within our institutions and in the application of political, social, and legal processes. The HIV field is not immune from the impacts of white supremacy and anti-Blackness. Our index results show this quite vividly.

INDEX RESULTS

472 people across 22 organizations submitted index surveys anonymously on Google Forms. When analyzing our results, we combined Maintenance, Action, and Preparation counts to create an “Action” readiness step. Similarly, we combined Pre-Contemplation, Contemplation, and Unsure counts to create an “Inaction” readiness step. Applying this binary reveal that participating Public Policy Council organizations scored the highest in the Direct Service category with 86% of respondents selecting that their organization was in a state of action in this category. The lowest scoring category was the Data Collection and Use category, with only 57% of respondents selecting their organizations were in a state of action in this category (See Appendix A).

Quantitative index results found organizations on average are well informed by the meaningful involvement principles established in 1983 that established that people living with HIV have the right to participate and be centered in decisions that impact them and their communities. Furthermore, participating organizations on average are committed to hiring a diverse workforce that is reflective of communities most impacted by HIV.

However, there was a stark contrast in participating organization’s external commitments to racial justice through their direct service partnerships and their ability to articulate internal processes and systems that support their Black staff members. 80% of respondents believe that their organizations are in an action state of providing racial justice training to staff, however this reality has not fully translated into effective practices and procedures that support Black staff and that support our racial justice efforts in the communities in which we work. Qualitative responses underscore this inconsistency, as participants across organizations noted their racial justice offerings are no longer offered, inconsistently offered, or could be improved by retaining Black racial justice consultants to deliver those trainings.

Results demonstrated some organizations have not prioritized providing mentoring opportunities for staff to hone their skills and to advance in the field. This gap is especially harmful for Black staff, who navigate anti-Black and white supremacist societal structures that either limits or excludes access to educational and professional networks that can enhance one’s ability to ascend in the workplace. This gap is an especially difficult hurdle for Black transgender and cisgender women and Black LGBTQ people at-large.

Further, more than a quarter of respondents believe their organizations are in a state of inaction about salary and wage justice, cultivating an environment where staff want to continue working at their organizations, and curating a seamless onboarding process for new staff. Notably, 25% of respondents are unsure if their organizations provide specific emotional wellness resources for Black staff to cultivate a culture of communal care.

The Data Collection and Use category represented the lowest scoring category, precisely because a third of respondents (33%) selected unsure across all questions in this category (See Appendix B). The qualitative results detail that organizations vary quite considerably in data collection methods and in the staff members that are privy to how data are used to inform organizational decisions.

CONCLUSION

The results indicate that our field's collective understandings about racial justice approach performativity and tokenism, if our efforts to engage and hire Black persons of lived experience are not appropriately solidified into policies that support those same staff members. The lack of tangible opportunities for advancement and mentorship, salaries that afford them the ability to thrive and lack of clarity around whether organizations provide atmospheres of communal care for Black staff are highlights of considerable concern for participating organizations. Further, a third of respondents were unsure of how their organizations applied data collection methods and this suggests that organizations should aim to reduce siloing within organizations and can better clarify how data are used to inform programmatic decisions and advocacy efforts.

APPENDIX 1: QUANTITATIVE RESULTS BY CATEGORY

Direct Service

1. We cultivate accessible and affirming spaces for communities with which we work.

Maintenance – 103 (26.3%)
Action – 218 (55.8%)
Preparation – 17 (4.3%)
Contemplation – 25 (6.4%)
Pre-contemplation – 6 (1.5%)
Unsure – 22 (5.6%)

Total: 391

2. We provide and/or work with organizations that provide flexible and accessible services (e.g. extended office hours including weekends, virtual visits, mobile clinics, child care assistance, transportation).

Maintenance – 82 (23.7%)
Action – 179 (51.7%)
Preparation – 21 (6.1%)
Contemplation – 36 (10.4%)
Pre-contemplation – 6 (1.7%)
Unsure – 22 (6.4%)

Total: 346

3. We hire skilled, culturally-responsive, compassionate providers who represent the communities in which we work.

Maintenance – 113 (29.1%)
Action – 216 (55.7%)
Preparation – 23 (5.9%)
Contemplation – 12 (3.1%)
Pre-contemplation – 10 (2.6%)
Unsure – 14 (3.6%)

Total: 388

4. We design programs and quality services that address anti-Black racism and the impact on HIV prevention, care, and treatment.

Maintenance – 63 (16.2%)
Action – 188 (48.5%)

Preparation – 46 (11.9%)
Contemplation – 37 (9.5%)
Pre-contemplation – 22 (5.7%)
Unsure – 32 (8.2%)

Total: 388

5. We provide and/or connect our community members with supportive services (e.g. housing, child care, transportation).

Maintenance – 170 (43.7%)
Action – 178 (45.7%)
Preparation – 12 (3.1%)
Contemplation – 7 (1.8%)
Pre-contemplation – 3 (0.8%)
Unsure – 19 (4.9%)

Total: 389

6. We provide and/or connect our community members to free/low-cost services.

Maintenance – 193 (49.7%)
Action – 169 (43.6%)
Preparation – 9 (2.3%)
Contemplation – 2 (0.5%)
Pre-contemplation – 0
Unsure – 15 (3.9%)

Total: 388

Partnerships

7. We develop community partnerships to address anti-Black racism and oppression.

Maintenance – 53 (11.4%)
Action – 195 (41.9%)
Preparation – 66 (14.2%)
Contemplation – 46 (9.9%)
Pre-contemplation – 27 (5.8%)
Unsure – 78 (16.8%)

Total: 465

8. We foster relationships with Black leaders, LGBTQ+ and other communities with which we work to improve HIV prevention, care, and treatment.

Maintenance – 106 (22.9%)
Action – 232 (50.1%)

Preparation – 38 (8.2%)
Contemplation – 27 (5.8%)
Pre-contemplation – 15 (3.2%)
Unsure – 45 (9.7%)

Total: 463

9. We seek opportunities, allocate funding/resources, and invest in initiatives to address anti-Black racism and oppression.

Maintenance – 54 (11.6%)
Action – 186 (40.1%)
Preparation – 53 (11.4%)
Contemplation – 37 (8%)
Pre-contemplation – 34 (7.3%)
Unsure – 100 (21.5%)

Total: 464

10. We engage in community organizing to support policy and advocacy to address anti-Black racism and oppression in HIV prevention, care, and treatment.

Maintenance – 82 (17.7%)
Action – 220 (47.5%)
Preparation – 30 (6.5%)
Contemplation – 35 (7.6%)
Pre-contemplation – 21 (4.5%)
Unsure – 75 (16.2%)

Total: 463

11. We work with existing and new community partners to support policy and advocacy to address anti-Black racism.

Maintenance – 64 (13.8%)
Action – 195 (42.2%)
Preparation – 42 (9.1%)
Contemplation – 30 (6.5%)
Pre-contemplation – 25 (5.4%)
Unsure – 106 (22.9%)

Total: 462

12. We seek out multi-year (3+ years) funding opportunities to sustain community partnerships that represent the communities with which we work and address anti-Black racism and oppression.

Maintenance – 47 (10.2%)

Action – 113 (24.5%)
Preparation – 29 (6.3%)
Contemplation – 39 (8.4%)
Pre-contemplation – 31 (6.7%)
Unsure – 203 (43.9%)

Total: 462

13. We ensure intellectual ownership for contributions made by community partners.

Maintenance – 59 (12.7%)
Action – 98 (21.2%)
Preparation – 21 (4.5%)
Contemplation – 16 (3.5%)
Pre-contemplation – 25 (5.4%)
Unsure – 244 (52.7%)
Total: 463

14. We use inclusive language in all interactions, publications, and resources.

Maintenance – 163 (35%)
Action – 224 (48.2%)
Preparation – 35 (7.5%)
Contemplation – 17 (3.7%)
Pre-contemplation – 7 (1.5%)
Unsure – 19 (4.1%)

Total: 465

Education and awareness

15. We make conscious efforts to involve community members with lived experience to advocate and inform HIV-related policy change.

Maintenance – 165 (35.7%)
Action – 204 (44.1%)
Preparation – 29 (6.3%)
Contemplation – 19 (4.1%)
Pre-contemplation – 4 (0.9%)
Unsure – 41 (8.9%)

Total: 462

16. We cultivate awareness of sexual health and reproductive justice through centering the human rights of the communities with which we work.

Maintenance – 155 (33.5%)
Action – 201 (43.5%)

Preparation – 36 (7.8%)
Contemplation – 13 (2.8%)
Pre-contemplation – 7 (1.5%)
Unsure – 50 (10.8%)

Total: 462

17. We train staff on implicit bias and racial justice at all levels in our organization.

Maintenance – 109 (23.6%)
Action – 207 (44.9%)
Preparation – 54 (11.7%)
Contemplation – 28 (6.1%)
Pre-contemplation – 31 (6.7%)
Unsure – 32 (6.9%)

Total: 461

18. We train our organization's board members on implicit bias and racial justice.

Maintenance – 45 (10.3%)
Action – 86 (19.7%)
Preparation – 0
Contemplation – 24 (5.5%)
Pre-contemplation – 29 (6.6%)
Unsure – 253 (57.9%)

Total: 437

19. We work to address HIV stigma at all levels in our organization.

Maintenance – 203 (44%)
Action – 195 (42.3%)
Preparation – 18 (3.9%)
Contemplation – 7 (1.5%)
Pre-contemplation – 11 (2.4%)
Unsure – 27 (5.9%)

Total: 461

20. We provide mentorship and leadership opportunities to our community partners to support their scaling and growth.

Maintenance – 61 (13.2%)
Action – 139 (30%)
Preparation – 38 (8.2%)
Contemplation – 26 (5.6%)
Pre-contemplation – 21 (4.5%)

Unsure – 178 (38.4%)

Total: 463

21. We provide and share opportunities for continuous learning and training centered on racial equity for staff at all levels of our organization.

Maintenance – 100 (21.6%)

Action – 213 (45.9%)

Preparation – 48 (10.3%)

Contemplation – 28 (6%)

Pre-contemplation – 29 (6.3%)

Unsure – 46 (9.9%)

Total: 464

Workforce strengthening

22. We recruit and hire those who reflect the communities with which we work across all levels of our organization.

Maintenance – 120 (25.8%)

Action – 230 (49.5%)

Preparation – 54 (11.6%)

Contemplation – 22 (4.7%)

Pre-contemplation – 15 (3.2%)

Unsure – 24 (5.2%)

Total: 465

23. We promote a culture of mentorship for staff across all levels of our organization.

Maintenance – 67 (14.5%)

Action – 134 (28.9%)

Preparation – 59 (12.7%)

Contemplation – 64 (13.8%)

Pre-contemplation – 57 (12.3%)

Unsure – 82 (17.7%)

Total: 463

24. We provide livable salaries/wages and incorporate wage equity in our strategic plan to engage in economic justice.

Maintenance – 66 (14.2%)

Action – 179 (38.7%)

Preparation – 79 (17.1%)

Contemplation – 34 (7.3%)

Pre-contemplation – 44 (9.5%)
Unsure – 61 (13.2%)

Total: 463

25. We value a combination of education, work, and lived experience in recruitment, hiring, and opportunities for promotion.

Maintenance – 115 (24.9%)
Action – 192 (41.5%)
Preparation – 41 (8.9%)
Contemplation – 28 (6.1%)
Pre-contemplation – 29 (6.3%)
Unsure – 57 (12.3%)

Total: 462

26. We foster a culture that balances organizational and staff needs.

Maintenance – 101 (21.8%)
Action – 180 (38.8%)
Preparation – 60 (12.9%)
Contemplation – 41 (8.8%)
Pre-contemplation – 33 (7.1%)
Unsure – 49 (10.6%)

Total: 464

27. We promote activities that build retention among staff to strengthen the culture of our organization.

Maintenance – 62 (13.4%)
Action – 157 (33.9%)
Preparation – 81 (17.5%)
Contemplation – 54 (11.7%)
Pre-contemplation – 57 (12.3%)
Unsure – 52 (11.2%)

Total: 463

28. We structure our on-boarding process to ensure that new staff are supported as they transition into our organization and their new roles.

Maintenance – 76 (16.6%)
Action – 169 (36.8%)
Preparation – 81 (17.6%)
Contemplation – 42 (9.1%)
Pre-contemplation – 42 (9.1%)

Unsure – 49 (10.7%)

Total: 459

29. We use plain, person-centered, non-stigmatizing, anti-racist, and culturally responsive language in our recruitment, hiring, and on-boarding processes.

Maintenance – 143 (31%)

Action – 193 (41.9%)

Preparation – 38 (8.2%)

Contemplation – 21 (4.6%)

Pre-contemplation – 11 (2.4%)

Unsure – 55 (11.9%)

Total: 461

30. We provide an array of benefits that promote agency, health, and well-being among our staff.

Maintenance – 140 (30.2%)

Action – 231 (49.9%)

Preparation – 28 (6%)

Contemplation – 23 (5%)

Pre-contemplation – 14 (3%)

Unsure – 27 (5.8%)

Total: 463

31. We provide emotional health services and/or connections to wellness resources for staff who work on racial justice issues, particularly Black staff and staff of color, to cultivate an atmosphere of communal care in our organization.

Maintenance – 67 (14.5%)

Action – 149 (32.3%)

Preparation – 39 (8.4%)

Contemplation – 33 (7.1%)

Pre-contemplation – 58 (12.6%)

Unsure – 116 (25.1%)

Total: 462

Policies and procedures

32. We collectively create policies and procedures to combat institutional racism and bias, and advance equity in organizational decision-making.

Maintenance – 60 (13.1%)

Action – 158 (34.4%)

Preparation – 73 (15.9%)
Contemplation – 43 (9.4%)
Pre-contemplation – 35 (7.6%)
Unsure – 90 (19.6%)

Total: 459

33. We design and implement policies, procedures, and practices that center people living with and vulnerable to HIV across our organization.

Maintenance – 157 (34.1%)
Action – 192 (41.7%)
Preparation – 28 (6.1%)
Contemplation – 22 (4.8%)
Pre-contemplation – 7 (1.5%)
Unsure – 54 (11.7%)

Total: 460

34. Our board of directors and executive leadership have clearly defined processes to guide executive leadership transitions.

Maintenance – 42 (9.1%)
Action – 77 (16.8%)
Preparation – 32 (7%)
Contemplation – 35 (7.6%)
Pre-contemplation – 35 (7.6%)
Unsure – 238 (51.8%)

Total: 459

35. We have clearly defined processes for promotions and professional development that combat racism and advance equity.

Maintenance – 43 (9.4%)
Action – 100 (21.8%)
Preparation – 51 (11.1%)
Contemplation – 57 (12.4%)
Pre-contemplation – 62 (13.5%)
Unsure – 145 (31.7%)

Total: 458

36. We use language that is affirming, person-centered, non-stigmatizing, anti-racist, and culturally responsive when communicating with others.

Maintenance – 162 (35.3%)
Action – 234 (51%)

Preparation – 26 (5.7%)
Contemplation – 8 (1.7%)
Pre-contemplation – 9 (2%)
Unsure – 20 (4.3%)

Total: 459

37. We allocate funding and/or seek resources to work on racial justice issues.

Maintenance – 63 (13.7%)
Action – 151 (32.9%)
Preparation – 43 (9.4%)
Contemplation – 27 (5.9%)
Pre-contemplation – 21 (4.6%)
Unsure – 154 (33.5%)

Total: 459

Data collection and use

38. We monitor and evaluate programs to ensure that we are centering communities with which we work, including people living with and vulnerable to HIV.

Maintenance – 137 (30%)
Action – 191 (41.9%)
Preparation – 33 (7.2%)
Contemplation – 15 (3.3%)
Pre-contemplation – 11 (2.4%)
Unsure – 69 (15.1%)

Total: 456

39. Co-create data collection methods with communities with which we work

Maintenance – 79 (17.2%)
Action – 121 (26.4%)
Preparation – 28 (6.1%)
Contemplation – 24 (5.2%)
Pre-contemplation – 29 (6.3%)
Unsure – 177 (38.6%)

Total: 458

40. We use evidence-informed data findings from monitoring and evaluation activities to co-design programs with communities with which we work, including people living with and vulnerable to HIV.

Maintenance – 94 (20.5%)

Action – 154 (33.6%)
Preparation – 25 (5.5%)
Contemplation – 19 (4.1%)
Pre-contemplation – 15 (3.3%)
Unsure – 151 (33%)

Total: 458

41. We use data findings to guide internal organizational decisions related to racial equity.

Maintenance – 58 (12.7%)
Action – 123 (26.9%)
Preparation – 40 (8.8%)
Contemplation – 24 (5.2%)
Pre-contemplation – 27 (5.9%)
Unsure – 185 (40.4%)

Total: 457

42. We regularly share findings from monitoring and evaluation activities with the communities with which we work to honor their participation and collaboration.

Maintenance – 58 (12.7%)
Action – 116 (25.3%)
Preparation – 32 (7%)
Contemplation – 28 (6.1%)
Pre-contemplation – 33 (7.2%)
Unsure – 191 (41.7%)

Total: 458

43. We share findings with policymakers to combat anti-Black racism and advance equity, including people living with and vulnerable to HIV.

Maintenance – 78 (17%)
Action – 126 (27.4%)
Preparation – 22 (4.8%)
Contemplation – 22 (4.8%)
Pre-contemplation – 31 (6.7%)
Unsure – 180 (39.2%)

Total: 459

44. We use data to inform funding and resource allocation decisions to support people living with and vulnerable to HIV.

Maintenance – 132 (28.8%)
Action – 163 (35.6%)

Preparation – 24 (5.2%)
Contemplation – 13 (2.8%)
Pre-contemplation – 8 (1.7%)
Unsure – 118 (25.8%)

Total: 458

APPENDIX 2: QUALITATIVE RESULTS, NOTABLE FINDINGS

Centering Blackness in survey and in HIV programming

The nature of anti-Blackness itself polarizes and places a stigma upon the concept of Blackness. This stigma does not begin or end with Blackness as a race alone, as it even extends to how the English language has conceptualized negative experiences as “black” and has conferred positive attributes with “white” and/or lightness. It is important to note that there were no questions on the survey to assess individual reactions to Blackness as a concept. However, a few respondents across organizations volunteered their own opinions about the survey’s focus on Blackness. These responses were few but elicited some important considerations for organizations serving people living with HIV. Examples of qualitative comments are below:

- “I strongly feel and have also observed that anything "diversity" is exclusively (in nature of the term exclusive of others) African American/ Black centered. Let me be clear, I am very much an advocate and in solidarity always with the the African American community and most aware and sensitive to the black American experience in this country. As someone, who is BIPOC I passionately feel much more needs to be done to include the VERY MUCH overlooked experiences, and contributions of other BIPOC communities, which also I might add, a majority minority in some of the places we are present as an organization. VISIBILITY , REPRESENTATION, we need to work on this in our organization, URGENTLY”
- “I think that using the term "anti-Black racism" will give people pause. They may think that, for those who are not Black and may come from predominately White communities, the survey is just saying they are against black people. I think that for racial justice, it can't be only about those who are black and those who are white. Depending on where you live, the issue may be about inclusion of Asians, Hispanics, Native Americans, etc. Also, there is religious discrimination as well. In the past I have worked on disparities issues and this same question routinely - is it only about one race being discriminated against and is it only one race that discriminates?”

Other respondents spoke about their organization’s focus on Blackness and invoked a gap in programming for specific populations of Black people and responses also invoked the nuances of cultural Blackness. Examples of qualitative comments are below:

- “I think our agency can provide more services tailored to African American women and the African American community as a whole and not just "MSM"”
- “My organization had made efforts to be more inclusive of afro-latinx communities and to highlight them. I do not feel my organization has a specific way to address racism that exist within the Latinx community. I believe we need to have more conversations about anti-blackness and more anti-racist trainings.”

Racial justice climate

Individual respondents spoke of their own experiences with racism and anti-Blackness at their organizations. Some respondents spoke of feelings as if their organizations did not value their lived experience as a Black person. Other respondents spoke of the nuances of anti-Blackness, including how white supremacy is perpetuated by white women. Examples of qualitative comments are below:

- “...are only at the precipice of understanding how white women maintain white supremacy, especially in the non-profit space. I don't know that upper leadership has even thought about how anti-black racism is perpetuated in our work, especially within the medical clinic.”
- “I think we allocate resources and invest in partnerships to address anti-Black racism and oppression, however, I think this is done most comprehensively through individual programs or initiatives. I think we could benefit from having an overarching organizational strategy for how we will make this commitment & investment, so that it is integrated throughout our work...”
- “Racial justice efforts have been noticeably increased since BLM movement/George Floyd murder.”
- “I see our organization as having single initiatives or committees, rather than embed racial justice throughout all of our work. This is an area for improvement.”
- “The upper management staff is either blind to or ignores the underlined racist tones they present to their Black/African American consumers and staff.”
- “They've jumped on the bandwagon with just about every other agency in addressing racial justice”
- “Anti-Black racism has become a more prominent goal only in the last year.”
- “There is a lack of cultural sensitivity to our African American staff and our need. There is not a lot of equity; although it is said to be.”
- “I do think more needs to be done in terms of creating a black affinity space that is cross generational and supportive of all black staff regardless of gender presentation.”

Existence of racial justice training and the quality and content of trainings

80% of respondents claimed their organizations offer or are preparing to offer racial justice training to staff, however, the qualitative results reveal these trainings occur far too infrequently (if at all). Further, qualitative data reveal some organizations have failed to retain Black consultants to deliver racial justice trainings and have instead retained consultants who fundamentally lack the lived experience of Blackness in the United States. Examples of qualitative comments are below:

- “The agency provides an abundance of training opportunities to increase awareness and growth, but I can't speak to how well they address accountability.”

- “Would have liked an option for indicating that our org has engaged in actions in the past, but that I am not sure we have plans to do so in the future...”
- “It would be great if our organization provided continuous racial justice trainings for staff and board members and included racial justice as a framework incorporated in and through the work that we do.”
- “We are in the process of integrating racial justice and equity training into existing training systems such as New Hire Orientation and required annual trainings.”
- “The staff participated in a DEI training in 2020 that was eye opening and educational. While we still follow guidance from this training, we should make more of an effort to provide continuous education to staff.”
- “Training around racial justice are workshops that we have been a part of in the past but are planning to reengage with, particularly since new staff have joined. We would also like to include this in trainings for advocates and community members, as well. As with the previous section, sustainability continues to be an area where growth is needed.”
- “This area is one where we are committed to being more intentional about our staff’s ongoing education in these areas. It can be a delicate balance for a staff that is majority Black—balancing and knowledge, skill building and avoiding traumatization”
- “RE: Training and opportunities for continuous learning.. we do offer but it's not executed well”
- "I think we've acknowledged the need to provide ongoing training to staff and board members but have not yet put it in action. I also think that we are intentional to engage community in our work but have opportunities to institutionalize this and routinize this so it is a regular part of our operations.”
- “The efficacy of these efforts vs. their existence are two different questions.”
- “We aren't fully connected to folks doing the work to facilitate a training. We did a racial justice training in 2018 that left staff of color feeling left out because the facilitator was White and then were asked to identify our own facilitator which felt well-intentioned but also unjust because it's 2023 and we never identified someone. Our org is going through a lot of internal transition but this is one loose thread that I think it will unravel our other attempts to solidify our collective understanding for community if we don't come to an alignment as staff.”
- “We have done some trainings with staff and our Board with regards to racial justice, but it is not clear to me how much that will continue. Will new staff be provided with DEI training? Will the Board continue to receive this training? I know there is personal commitment from leadership around this topic, but I don't know if there is a low plan.”

Lack of racial diversity (not consistent across organizations)

Examples of qualitative comments are below:

- “Despite having a racially diverse staff, we have a small number of black staff and even fewer volunteers, compared to our membership. Especially not many black women or black queer people.”

- “I've only recently started (first week), but I think that the quality of services to Black and Brown communities would improve if there were more Black people, Latinx people, Indigenous people, hired at our office, (the office seems to be overwhelmingly white). I think that people have the best knowledge and info on their own communities. The reality is that the office is mostly white though so we should be able to provide the best services we can to Black and Brown communities, so I think extra trainings on anti racism, specific oppression different groups face, subconscious biases etc, would be helpful...”
- “...We have room to grow in hiring providers who reflect those we serve, especially for medical services and at certain sites. There is a particular lack of Black medical providers at our clinics...”

Inconsistent mentoring

44% of respondents believe their organizations are in a state of inaction with regards to providing continuous mentoring opportunities for staff. The qualitative results reveal that when mentoring does occur at participating organizations, it is often siloed to particular teams who provide mentoring. These results are indicative of a patchwork approach to offering mentoring at our organizations and this is an inequitable reality that does not afford benefits to all Black staff at our organizations.

Examples of qualitative comments are below:

- “As a leader of a department, I do this with my staff, but I'm not sure if other departments/teams are doing this. My sense is they do not. But I could be wrong.”
- “I don't believe mentorships and connections to wellness resources have been considered but further guidance would be needed.”
- “Our onboarding needs work across the board. Our recruiting seems to strongly prefer work experience over lived experience, particularly in entry-level roles, which creates barriers to entry. We need to have more intentional effort around culture of mentorship and making sure new hires have what they need to be successful in their roles.”

Inconsistent application of language justice

Examples of qualitative comments are below:

- “There are plans underway to translate paperwork into languages that will make information more accessible to migrant (POC) communities.”
- “I answered unsure because not all of our site or resources are translated into spanish... I also wonder about other languages.”
- I haven't ever seen anything from [redacted] translated into another language. I know we have Spanish speaking clients and bilingual English/Spanish speaking staff but it seems like that effort is only to fulfill grant requirements not as an attempt at inclusivity”
- “...Particularly around language, an area that we struggle with is language justice, particularly for folks with whom English is not their first language...”

Salary and wage justice

Examples of qualitative comments are below:

- "...I don't believe there is anything in our strategic plan around wage equity or economic justice."
- "The salary ranges also do not support any individual being able to sustain their lifestyle equitably..."
- "our pay equity is abysmal..."
- "...a number of staff members were not fairly compensated for their position..."
- "For the question about providing livable wages, I believe we do provide livable wages, but I'm not sure the reason we do it is to engage in economic justice."

Culture of care and wellness for Black staff

51% of respondents across participating organizations believe their organizations are in a state of inaction in providing emotional wellness resources for Black staff to create an atmosphere of communal care. Half of those respondents reported being unsure of their organization's wellness offerings to Black staff. The quantitative data is well supported by qualitative responses, which revealed that creating an atmosphere conducive to the holistic wellbeing of Black staff has not been prioritized in a meaningful way for organizations.

Examples of qualitative comments are below:

- "the question about emotional and wellness resources really underscored a need in our org"
- "I don't believe mentorships and connections to wellness resources have been considered but further guidance would be needed."
- "We just changed our benefits to include access to free virtual mental health visits with no number of visits cap, as well as a health insurance option that for our lowest paid staff is free. In addition, we changed our EAP provider which has an easier to use platform. Some items on this section, like hiring and org culture, are in planning stages or have had deadlines extended to account for HR capacity issues."
- "This is an area where things are in practice that center staff holistic wellness that need to be better captured in policy to ensure that they are sustained."
- "We provide emotional health services and/or connections to wellness resources for staff who work on racial justice issues, particularly Black staff and staff of color, to cultivate an atmosphere of communal care in our organization. " Black staff yes, the rest of us who are minorities, no."
- "Not certain what policies would look like that center PLWHIV. But definitely desire for policies to be inclusive and considerate of wellness needs of all staff (without "othering" staff who are living with HIV)"

APPENDIX 3: AGGREGATED SCORES BY CATEGORY

Rediness Step	Data collection and use	Partnerships	Education and awareness	Workforce strengthening	Direct service	Policies and procedures
Inaction	43%	35%	28%	28%	14%	33%
Action	57%	65%	72%	72%	86%	67%

APPENDIX 4: AGGREGATED PERCENTAGE SCORES FOR EACH READINESS STEP

Readiness Step	Data collection and use	Partnerships	Education and awareness	Workforce strengthening	Direct service	Policies and procedures
Unsure	33%	23%	20%	12%	7%	20%
Pre-contemplation	5%	5%	4%	8%	2%	6%
Contemplation	5%	7%	5%	8%	5%	6%
Preparation	6%	8%	7%	12%	5%	9%
Action	31%	39%	39%	39%	49%	36%
Maintenance	20%	17%	26%	21%	31%	22%

Research Letters

AIDS 2024, 38:1087–1093

Progress towards achieving national goals for improved quality of life among cis-gender Black women with HIV

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Data from the CDC's Medical Monitoring Project indicate that the United States is on track to meet one of five National HIV/AIDS Strategy (NHAS) Quality of Life goals among cisgender Black women, specifically, hunger/food insecurity. Substantial work needs to be done to improve self-rated health and to decrease unmet need for mental health services. Enhanced and coordinated action are necessary to reach all Quality of Life goals in this NHAS priority population.

Some Black/African American women (hereafter referred to as Black women) in the United States experience high rates of HIV and face challenges to optimal health because of social and structural determinants of health like homelessness and poverty [1,2]. Social and structural determinants of health place Black women at higher risk for adverse HIV treatment outcomes. For example, only 62% of Black women are estimated to have achieved sustained viral suppression (compared with 70% of white women) [2] and Black women are more likely to die prematurely because of HIV compared with both men and women of any race or ethnicity [3]. Recognizing this inequity, the National HIV/AIDS Strategy (NHAS) 2022–2025 identified cis-gender Black women as a priority population for HIV prevention and treatment efforts.

An effective way to reduce health inequities is a comprehensive approach that addresses the whole person and not solely their medical needs [4]. Although innovations in HIV treatment have resulted in longer life expectancy for people with HIV [5], their quality of life is equally important. In 2022, five indicators focused on Quality of Life (QOL) from the Centers for Disease Control and Prevention's (CDC) Medical Monitoring Project (MMP) were added to the NHAS with specific goals to achieve for each indicator by 2025 [6]. We evaluated whether existing trends in these indicators are sufficient to meet NHAS goals for cis-gender Black women with HIV (CgBWH), with the understanding that estimates for 2020 and 2021 may have been affected by the COVID-19 pandemic.

We used data from the 2017–2021 cycles of the Medical Monitoring Project, an annual probability sample of US

adults with diagnosed HIV [7]. Among 2917 CgBWH, we calculated annual weighted percentages and 95% confidence intervals (CIs) for QOL indicators from baseline (2017 or 2018, depending on the indicator, see Figure for definitions) to 2021. For each indicator, we calculated the following: the estimated annual percentage change (EAPC) and associated test for significance ($P < 0.05$) based on trends from baseline to 2021; projected annual estimates for 2022–2024 to meet NHAS 2025 goals, assuming linear relationships between indicator 2021 values and NHAS goals; and the EAPC needed from 2021 to 2025 to meet NHAS 2025 goals (i.e. the change needed each year to meet the goals). We compared the EAPCs and CIs calculated from baseline to 2021 (#1) with that for 2021–2025 (#3) for each indicator to determine whether existing rates of change are sufficient to meet NHAS goals.

Trends for QOL indicators are presented in the Figure 1. The EAPC from baseline to 2021 indicates that three indicators – unemployment (EAPC: -3.0% , $P < 0.001$), hunger/food insecurity (EAPC: -13.4% , $P < 0.001$), and unstable housing/homelessness (EAPC: -6.8% , $P < 0.001$) – improved significantly. However, there was no significant change for unmet need for mental health services (EAPC: -0.2% , $P < 0.45$), and self-rated good or better health significantly worsened (EAPC: -3.2% , $P < 0.001$). The EAPC for 2021 to 2025 needed to reach the NHAS goal for hunger/food insecurity is well above the upper CI of the 'baseline to 2021 EAPC' (-6.2 compared with EAPC CI: -13.7 to -13.0), suggesting the United States is on track to meet this goal. However, the EAPCs needed to reach goals for unmet need for mental health services, unemployment, and unstable housing/homelessness are appreciably below the lower bounds of the CIs of the baseline to 2021 EAPCs, indicating that goals may only be met if progress substantially accelerates (-18.5% compared with EAPC CI: -0.8 to 0.3 ; -12.7% compared with EAPC CI: -3.4 to -2.6 ; -13.4% compared with EAPC CI: -7.3 to -6.3 ; respectively). Moreover, the EAPC needed to meet goals for good or better self-rated health would require a reversal of the current trend and substantial improvement (12.5 compared with EAPC CI: -3.5 to -2.9).

Comparisons of baseline–2021 and 2021–2025 EAPCs demonstrate that if existing trends continue, the United States will likely meet the NHAS goal for decreasing hunger/food insecurity among CgBWH. Continuation of national initiatives that can address these needs among CgBWH is crucial. These include the Community Food

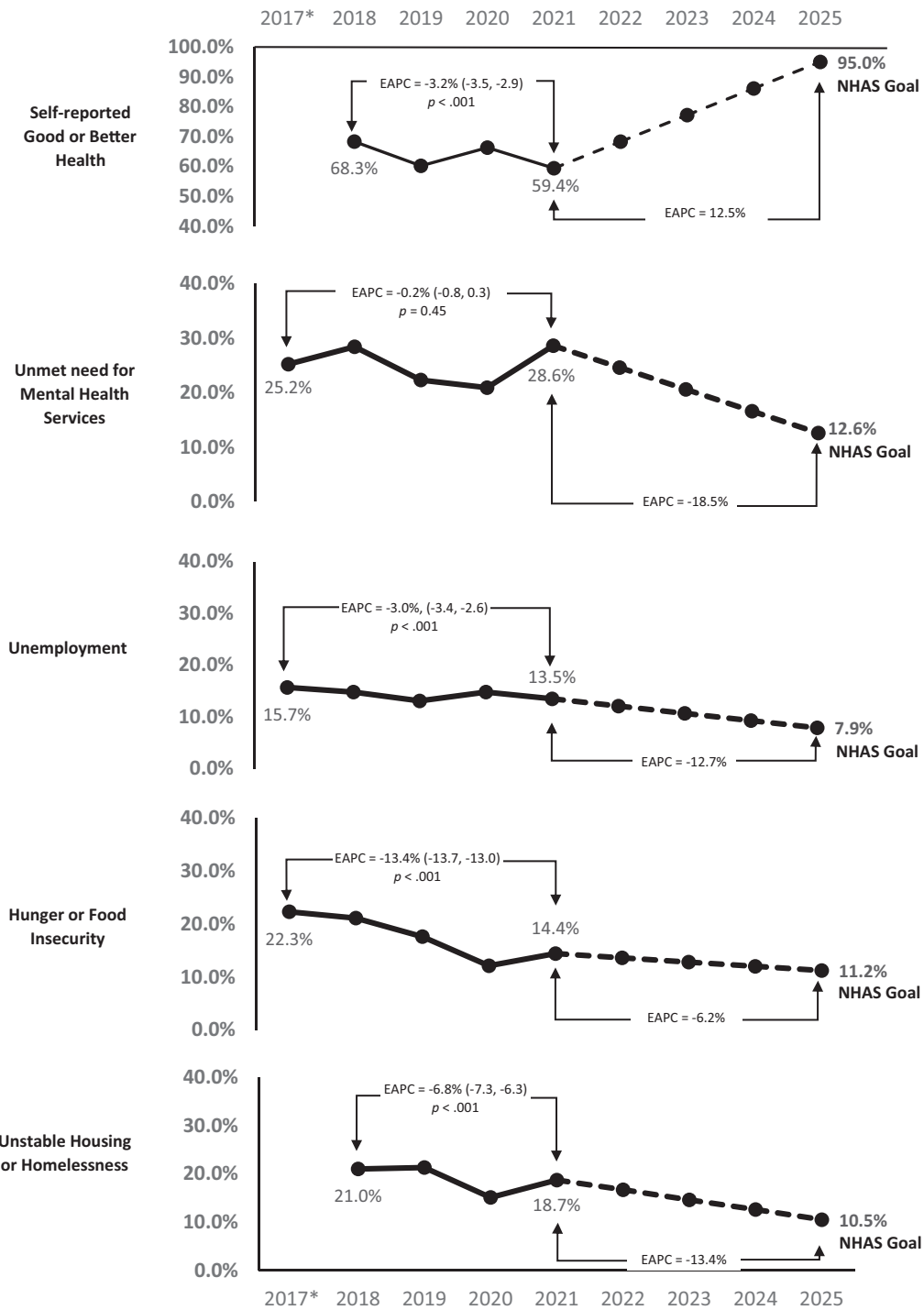


Fig. 1. Trends in National HIV/AIDS Strategy (NHAS) quality of life indicators among cisgender Black women with HIV and estimated annual percent change needed to achieve NHAS 2025 goals (N = 2,917). Note: EAPC, estimated annual percent change; EAPC is a measure of relative annual percent change that was calculated using Poisson regression models. *Data collection for self-reported good or better health and homelessness/unstable housing began in 2018. ^aGood or better self-rated health defined as rating one’s health as good, very good, or excellent (as opposed to poor or fair) at the time of interview. ^bUnmet need for mental health services defined as needing, but not receiving, services from a mental health professional among those who indicated needing mental health services (i.e., receiving or needing but not receiving) during the past 12 months. ^cUnemployed persons included those who reported being unemployed at the time of the interview, and did not include persons who were unable to work. ^dHunger/food insecurity defined as going without food due to lack of money during the past 12 months. ^eUnstable housing or homelessness defined as experiencing unstable housing (i.e., moving in with others due to financial issues, moving two or more times, or being evicted at any time) or homelessness (living on the street, in a shelter, in a single-room–occupancy hotel, or in a car at any time) during the past 12 months.

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Projects Competitive Grant Program (CFPCGP) [8], the Gus Schumacher Nutrition Incentive Program (GusNIP) [9], and the Expanded Food and Nutrition Education Program (EFNEP) [10] sponsored by the National Institute of Food and Agriculture (NIFA) at the US Department of Agriculture. Governmental and nongovernmental COVID-19-related food assistance programs may also have contributed to recent declines in hunger/food insecurity among CgBWH; as these are scaled back, continued monitoring of hunger/food insecurity will be important if NHAS goals are to be met in this area.

Alternatively, while we saw significant decreases in unemployment and unstable housing/homelessness from baseline to 2021, the EAPCs needed to reach NHAS goals for these indicators require more rapid improvement than that achieved thus far. Housing-related COVID-19 assistance programs such as the federal eviction moratorium may have contributed to recent declines in unstable housing/homelessness among CgBWH. Ensuring these gains are not lost as these initiatives end is of utmost importance. The Department of Housing and Urban Development's Housing Opportunities for People with AIDS (HOPWA) Program is the only federal housing program specifically for people with HIV and provides crucial assistance to CgBWH to address their housing needs. However, a recent analysis [11] found that housing assistance funds may not be adequate to address local needs. Ensuring that CgBWH continue to receive high-quality housing assistance is crucial for accelerating progress towards NHAS housing goals.

To meet the NHAS goals for CgBWH, organizations at the local, community, and national level will need to significantly impact factors like persistent low, stagnant, and declining wages that perpetuate the racial wage gap and the affordable housing crisis. Initiatives such as the Government Alliance on Race and Equity (GARE) [12] highlight the importance of prioritizing issues of race, equity and implicit bias, in policy and in practice, within governmental agencies, educational institutions, and provider organizations. However, more is needed if we are to reach the NHAS QOL goals for CgBWH. In particular, we found the magnitude of change needed to reach goals for self-rated good or better health and unmet needs for mental health services is substantial and will require enhanced and coordinated action to achieve. Strategies that may increase self-rated health and reduce unmet needs for mental health services among CgBWH include treating comorbidities – particularly among older CgBWH, enhanced screening and treatment for mental health disorders, and the development, adaptation, and scale-up of effective interventions to increase viral suppression (see The CDC Compendium of Effective Interventions [13]). In conclusion, we urge a national call-to-action on behalf of CgBWH to improve their health and QOL, and equitably achieve NHAS goals.

Acknowledgements

We acknowledge local Medical Monitoring Project staff, health departments, and participants, without whom this research would not be possible.

Author contributions: J.L.R. designed the study and analysis, and wrote and critically reviewed the article; Y. T., led the analysis and critically reviewed the article; X.A. Y. contributed to the analysis and critically reviewed the article; K.K.B. contributed to the design of the study and critically reviewed the article; K.A.B. contributed to the design of the study, contributed to writing, and critically reviewed the article; L.B. contributed to the design of the study, contributed to writing, and critically reviewed the article.

CDC disclaimer: the findings and conclusions in this report are those of the authors and do not represent the official position of the Centers for Disease Control and Prevention.

Funding for the Medical Monitoring Project is provided by a cooperative agreement (PS20-2005) from the Centers for Disease Control and Prevention.

Conflicts of interest

There are no conflicts of interest.

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Received: 17 October 2023; revised: 23 January 2024; accepted: 12 February 2024.

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DOI:10.1097/QAD.0000000000003875

Proteomics discovery in children and young adults with HIV identifies fibrosis, inflammatory, and immune biomarkers associated with myocardial impairment

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People with HIV are at increased risk of cardiac dysfunction; however, limited tools are available to identify patients at highest risk for future cardiac disease. We performed proteomic profiling using plasma samples from children and young adults with perinatally acquired HIV without clinical cardiac disease, comparing samples from participants

with and without an abnormal myocardial performance index (MPI). We identified four proteins independently associated with subclinical cardiac dysfunction: ST2, CA1, EN-RAGE, and VSIG2.

Introduction

People with long-standing exposure to both HIV and antiretroviral therapy (ART) are at a significantly increased risk of developing cardiovascular disease and cardiac dysfunction [1,2]. However, no robust options are currently available for identifying which persons with HIV (PWH) are at the highest risk of future cardiovascular disease [3,4]. We, therefore, performed proteomic profiling in biospecimens from children and young adults with HIV without clinical cardiac disease, comparing those with and without evidence of subclinical cardiac dysfunction, as evidenced by an abnormal myocardial performance index (MPI). MPI incorporates both systolic and diastolic components and has been shown to be prognostic for the development of clinical heart failure and with mortality in children and adults [5–8].

Methods

The study population was part of the Pediatric HIV Echo Study (PHES; NCT03228966), a cohort of children and young adults with perinatally acquired HIV on ART who were enrolled in Eldoret, Kenya in a cross-sectional study [9]. From the cohort of participants with frozen plasma available, we randomly selected 88 individuals among those with an MPI greater than 0.5 and an ejection fraction greater than 50% by transthoracic echocardiography (cases) and an additional 88 controls with a normal MPI for a total of 176 case samples. All study procedures, including use of associated residual plasma samples, were approved by the ethical review boards of Moi University (Eldoret, Kenya) and Duke University (Durham, North Carolina, USA). Proteomic profiling was performed on frozen plasma samples using the Olink Platform (Olink Proteomics, Uppsala, Sweden) [10]. For the current study, four Olink Target panels (Cardiovascular II and III, Inflammation, and Cardiometabolic) were performed.

Basic logistic regression with Benjamini–Hochberg False Discovery Rate (FDR) adjustment for multiple comparisons was used to assess the association between individual proteins and case–control status. Significant individual proteins were then assessed in multivariate logistic regression models with adjustment for age, sex, body surface area (BSA), and most recent HIV viral load. To assess whether proteins in this model improved prognostic discrimination compared with clinical factors, we compared predictive models consisting of age, sex, BSA, and viral load with and without the identified proteins, using

Understanding Implicit Bias: Insights & Innovations

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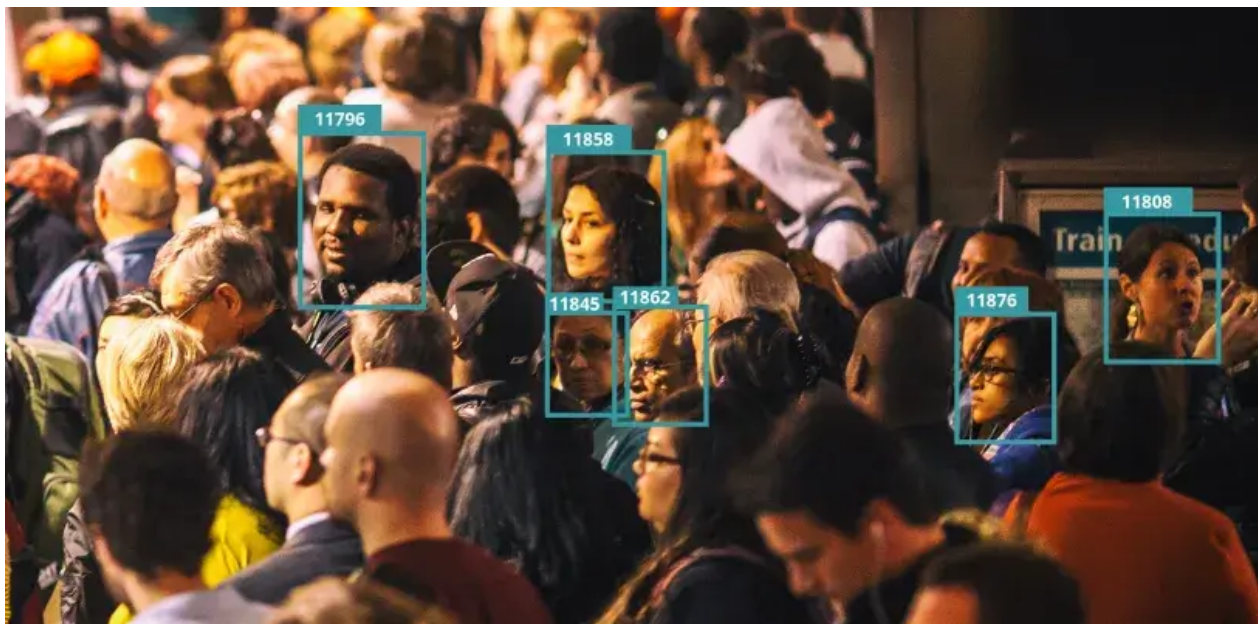


IMAGE: Facial recognition technology identifies human faces on a BART (Bay Area Rapid Transit) platform during evening rush hour in San Francisco, California. Photograph © 2012 by Thomas Hawk. Image published under a Creative Commons Attribution-NonCommercial 2.0 Generic (CC BY-NC 2.0 DEED) license. Image modified.

How do we counter implicit bias in its individual and systemic manifestations?

In the Winter 2024 issue of *Dædalus*, leading scholars, scientists, and policymakers examine the science behind implicit bias—the residue of stereotyped associations and social patterns that exists outside our conscious



awareness but reinforces inequality in the world. “Understanding Implicit Bias: Insights & Innovations” features research and perspectives from a range of areas, including antidiscrimination law, early education, neuroscience, policing, social psychology, and workforce.

Stemming from a workshop convened by the National Academies of Sciences, Engineering, and Medicine, the issue highlights the work of those conducting research and leading interventions, as well as those with deep experience navigating issues of diversity, discrimination, and antiracism. Each provides models to help us understand the individual-level and structural causes of persistent inequalities.

IMAGE: *Facial recognition technology identifies human faces on a BART (Bay Area Rapid Transit) platform during evening rush hour in San Francisco, California. Photograph © 2012 by Thomas Hawk. Image published under a Creative Commons Attribution-NonCommercial 2.0 Generic (CC BY-NC 2.0 DEED) license. Image modified.*

[Preface: Recognizing Implicit Bias in the Scientific & Legal Communities](#) [\(/publication/preface-recognizing-implicit-bias-scientific-legal-communities\)](#)

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[Introduction: Implicit Bias in the Context of Structural Racism](#) [\(/publication/introduction-implicit-bias-context-structural-racism\)](#)

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[Seeing the Unseen](#) [\(/publication/seeing-](#)

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The Case for Data Visibility (</publication/case-data-visibility>)

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The Science of Implicit Race Bias: Evidence from the Implicit Association Test (</publication/science-implicit-race-bias-evidence-implicit-association-test>)

Beginning in the mid-1980s, scientific psychology underwent a revolution—the *implicit revolution*—that led to the development of methods to capture implicit bias: attitudes, stereotypes, and identities that operate without full conscious awareness or conscious control. This essay focuses on a single notable thread of discoveries from the Race Attitude Implicit Association Test (RA-IAT) by providing 1) the historical origins of the research, 2) signature and replicated empirical results for construct validation, 3) further validation from research in sociocognitive development, neuroscience, and computer science, 4) new validation from robust association between regional levels of race bias and socially significant outcomes, and 5) evidence for both short- and long-term attitude change. As such, the essay provides the first comprehensive repository of research on implicit race bias using the RA-IAT. Together, the evidence lays bare the hollowness of current-day actions to rectify disadvantage experienced by Black Americans at individual, institutional, and societal levels.

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The Implicit Association Test

(/publication/implicit-association-test)

Among the general public and behavioral scientists alike, the Implicit Association Test (IAT) is the best known and most widely used tool for demonstrating implicit bias: the unintentional impact of social group information on behavior. More than forty million IATs have been completed at the Project Implicit research website. These public datasets are the most comprehensive documentation of IAT and self-reported bias scores in existence. In this essay, we describe the IAT procedure, summarize key findings using the IAT to document the pervasiveness and correlates of implicit bias, and discuss various ways to interpret IAT scores. We also highlight the most common uses of the IAT. Finally, we discuss unanswered questions and future directions for the IAT specifically, and implicit bias research more generally.

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Young Children & Implicit Racial Biases

(/publication/young-children-implicit-racial-biases)

Children are not born harboring racial biases, but they are born learning. Young children, even infants, learn from the “mere observation” of other people’s behavior. Nonverbal signals of racial biases are abundant in children’s everyday social environments. Studies show that preschool children acquire social group biases when they observe other people’s social interactions and nonverbal behaviors. These new findings have implications for child development and educational equity. Even before kindergarten, racial biases are caught even when not explicitly taught, suggesting the need for practical actions for parents, teachers, and others concerned about the transmission of racial bias across generations.

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Uncovering Implicit Racial Bias in the Brain: The Past, Present & Future ([/publication/uncovering-implicit-racial-bias- brain-past-present-future](#))

Neuroscience is a fantastic tool for peeking inside our minds and unpacking the component processes that drive social group biases. Brain research is vital for studying racial bias because neuroscientists can investigate these questions without asking people how they think and feel, as some individuals may be unaware or reluctant to report it. For the past twenty-five years, neuroscientists have diligently mapped implicit racial bias's neural foundations. As with any new approach, the emergence of neuroscience in studying implicit racial bias has elicited excitement and skepticism: excitement about connecting social biases to biological machinery, and skepticism that neuroscience may provide little to our understanding of social injustice. In this essay, I dive into what we have learned about implicit racial bias from the brain and the limitations of our current approach. I conclude by discussing what is on the horizon for neuroscience research on racial bias and social injustice.

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Implicit Bias as a Cognitive Manifestation of Systemic Racism ([/publication/implicit-bias- cognitive-manifestation-systemic-racism](#))

Explicitly prejudiced attitudes against Black Americans have declined gradually since the 1960s. Yet racial disparities and racial discrimination remain significant problems in the United States. How could discrimination and disparate outcomes remain constant even while racial prejudice decreased? Two prominent explanations have emerged to explain these puzzling trends. Sociologists have proposed that disparities and discrimination are perpetuated by systemic racism, or the policies, practices, and societal structures that disadvantage some racial groups compared with others. Simultaneously, psychologists have proposed that implicit biases may sustain discrimination even in the absence of explicit prejudice. In this essay, we explore newly discovered connections

between systemic racism and implicit bias, how they challenge traditional views to reorient our understanding of implicit bias, and how they shed new light on strategies to reduce bias.

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“When the Cruiser Lights Come On”: Using the Science of Bias & Culture to Combat Racial Disparities in Policing
(/publication/when-cruiser-lights-come-using-science-bias-culture-combat-racial-disparities-policing)

In this essay, we highlight the interplay between individuals’ psychological processes and sociocultural systems in producing and maintaining racial bias. We use a conceptual tool we call the *culture cycle* to map these dynamics, and illustrate them with research and in-depth examples from our work reducing racial disparities in routine policing in Oakland, California. We feature the most common police encounter—the vehicle stop—and highlight evidence-based interventions we developed both to reduce the frequency of vehicle stops and mitigate racial disparities in stops. Throughout, we draw on our expertise in the social psychology of bias, culture, and inequality, as well as our experiences building research-driven partnerships with public- and private-sector leaders, to inform organizational and societal change.

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Disrupting the Effects of Implicit Bias: The Case of Discretion & Policing (/publication/disrupting-effects-implicit-bias-case-discretion-policing)

Police departments tend to address operational challenges with training approaches, and implicit bias in policing is no exception. However, psychological scientists have found that implicit biases are very difficult to reduce in any lasting, meaningful way. Because they are difficult to change, and nearly impossible for the decision-maker to recognize, training to raise awareness or teach corrective strategies is unlikely to succeed. Recent empirical assessments of implicit bias trainings have shown, at best, no effect on racial disparities in officers' actions in the field. In the absence of effective training, a promising near-term approach for reducing racial disparities in policing is to reduce the frequency of actions most vulnerable to the influence of bias. Specifically, actions that allow relatively high discretion are most likely to be subject to bias-driven errors. Several cases across different policing domains reveal that when discretion is constrained in stop-and-search decisions, the impact of racial bias on searches markedly declines.

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Roles for Implicit Bias Science in Antidiscrimination Law (/publication/roles-implicit-bias-science-antidiscrimination-law)

Declining scholarly interest in intentional discrimination may be due to rapid growth of interest in systemic biases and implicit biases. Systemic biases are produced by organizational personnel doing their assigned jobs, but nevertheless causing adverse impacts to members of protected classes as identified in civil rights laws. Implicit biases are culturally formed stereotypes and attitudes that cause selective harms to protected classes while operating mostly outside of conscious awareness. Both are far more pervasive and responsible for much greater adversity than caused by overt, explicit bias, such as hate speech. Scientific developments may eventually influence jurisprudence to reduce effects of

systemic and implicit biases, but likely not rapidly. We conclude by describing possibilities for executive leadership in both public and private sectors to ameliorate discrimination faster and more effectively than is presently likely via courts and legislation.

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Little Things Matter a Lot: The Significance of Implicit Bias, Practically & Legally (/publication/little-things-matter-lot-significance-implicit-bias-practically-legally).

Skeptics point out that measures of implicit bias can only weakly predict discrimination. And it is true that under current technologies, the degree of correlation between implicit bias (for example, as measured by the Implicit Association Test) and discriminatory judgment and behavior is small to moderate. In this essay, I argue that these little effects nevertheless matter a lot, in two different senses. First, in terms of practical significance, small burdens can accumulate over time to produce a large impact in a person's life. When these impacts are integrated not only over time but double integrated over large populations, these little things become even more practically significant. Second, in terms of legal significance, an upgraded model of discrimination that incorporates implicit bias has started to reshape antidiscrimination law. This transformation reflects a commitment to "behavioral realism": a belief that the law should reflect more accurate models of human thinking and behavior.

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Retooling Career Systems to Fight Workplace Bias: Evidence from U.S. Corporations (/publication/retooling-career-systems-fight-workplace-bias-evidence-us-corporations)

The civil rights movement spurred U.S. companies and universities to implement antidiscrimination programs. Beginning in the early 1960s, employers adopted antibias training as their first line of defense against bigotry. Even then, there was substantial evidence that this approach was unlikely to lessen bias. In this essay, we discuss social science research on the effects of antibias training, as well as research on systemic approaches to reducing institutional discrimination based on insights from contact theory. As sociologist Samuel Stouffer and psychologist Gordon Allport, the progenitors of contact theory, might have predicted by the end of World War II, we find that interventions to change career systems to maximize intergroup contact can promote workplace equity.

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Implicit Bias versus Intentional Belief: When Morally Elevated Leadership Drives Transformational Change (/publication/implicit-bias-versus-intentional-belief-when-morally-elevated-leadership-drives)

The twenty-first century is witnessing rapid and deep change in the global economy. These changes require innovation-driven solutions and motivated, skilled workforces. The talents of every person will be required to support performance in every domain, and deliberate actions must be taken to address impediments to full engagement. Even with clear government policy and significant investments in encouraging representation and inclusion of diversity of race, sexual orientation, gender identity, and ability, progress continues to lag. This essay captures promising practices and recommendations for structural or systemic

change punctuated with stories of leadership driven by the belief that implementing strategies to disrupt the effects of implicit bias are important to develop diverse, fully engaged populations.

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[Mirror, Mirror, on the Wall, Who's the Fairest of Them All? \(/publication/mirror-mirror-wall-whos-fairest-them-all\)](#)

Debates in *AI* ethics often hinge on comparisons between *AI* and humans: which is more beneficial, which is more harmful, which is more biased, the human or the machine? These questions, however, are a red herring. They ignore what is most interesting and important about *AI* ethics: *AI* is a mirror. If a person standing in front of a mirror asked you, “Who is more beautiful, me or the person in the mirror?” the question would seem ridiculous. Sure, depending on the angle, lighting, and personal preferences of the beholder, the person or their reflection might appear more beautiful, but the question is moot. *AI* reflects patterns in our society, just and unjust, and the worldviews of its human creators, fair or biased. The question then is not which is fairer, the human or the machine, but what can we learn from this reflection of our society and how can we make *AI* fairer? This essay discusses the challenges to developing fairer *AI*, and how they stem from this reflective property.

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[Deprogramming Implicit Bias: The Case for Public Interest Technology \(/publication/deprogramming-implicit-bias-case-public-interest-technology\)](#)

New technologies have fundamentally transformed the systems that govern modern life, from criminal justice to health care, housing, and beyond. Algorithmic advancements promise greater efficiency and purported objectivity, but they risk perpetuating dangerous biases. In

response, the field of public interest technology has emerged to offer an interdisciplinary, human-centered, and equity-focused approach to technological innovation. This essay argues for the widespread adoption of public interest technology principles, including thinking critically about how and when technological solutions are deployed, adopting rigorous training to educate technologists on ethical and social context, and prioritizing the knowledge and experiences of communities facing the disproportionate harms or uneven benefits of technology. Tools being designed and deployed today will shape our collective future, and collaboration between philanthropy, government, storytellers, activists, and private-sector technologists is essential in ensuring that these new systems are as just as they are innovative.

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[Beyond Implicit Bias \(/publication/beyond-implicit-bias\)](#)

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<p>UPDATED: 05/03/24</p> <p>INTEGRATED PLANNING BODY (IP)</p> <p>Unless otherwise noted, ALL meetings will be held via Zoom or hybrid</p> <p>Z = Zoom (virtual only)</p>	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>	
				1	2 12 noon RW Steering Committee	3	4	
	5	6 2:00 p.m. RW HTBMN Special Wg #3 - Various Topics	7 6:00 p.m. <i>IP Youth Workgroup</i>	8 10:00 a.m. <i>IP Needing In Person Engagement Workgroup</i> 3:00 p.m. <i>IP Status Neutral Systems and Diagnose Committee</i> 6:00 p.m. Z <i>IP Leadership Team</i>	9 12 noon RW Planning Council CANCELLED 2:00 pm RW Comp HIV Planning with the IP Research, Data & Implementation and Monitoring, QA & Evaluation committees	10 12 noon <i>IP Treat Committee</i>	11	
May 2024	12	13 11:00 a.m. RW Operations	14 12 noon <i>IP Prevention and Policy Committee</i> 2:00 p.m. RW Quality Improvement	15 12 noon <i>IP Aging & HIV Workgroup</i>	16	17	18 National HIV Vaccine Awareness Day	
	19 National API HIV Awareness Day	20 11:00 a.m. RW Affected Community with the <i>IP Consumer & Community Engagement Workgroup</i>	21 12 noon <i>IP Education & Awareness Committee</i> 6:00 p.m. <i>IP Racial and Social Justice Workgroup</i>	22 1:00 p.m. <i>IP Respond Committee</i>	23 CANCELLED RW Priority & Allocations 2:00 pm <i>IP Housing Workgroup</i> 4:00 CPG	24	25	
	26	27 Memorial Day Holiday	28 7:00 p.m. RW Public Hearing	29 TENTATIVE 2:00 p.m. RW Quality Improvement	30	31		