



UNC CFAR NEWSLETTER

SPRINGING INTO GREATNESS

Director's Corner

Lucky To Be A CFAR



There are many reasons to feel fortunate to be a CFAR. One of those reasons comes around every Spring. The CFAR program is co-funded by 11 NIH institutes. Each Spring a subset of these institutes decide to stimulate research in their specific area of interest by making competitive supplements available to early stage investigators (ESIs) who are members of a CFAR. Thus, there comes a moment each Spring when our CFAR Administrative Core sends out an email asking for ESIs to self-identify as being interested in a specific supplement topic. Sometimes there is an obvious link to one of our ESIs and if that is the case, we will also reach out to them directly. Typically, we are limited in the number of applications we can submit so we conduct a quick internal review process to select applicants with the most compelling/ competitive ideas. An invariant feature of these supplements from announcement to submission is a very short timeline. Each step is on an accelerated pace where we ask for preproposal, decide on which to move forward, put the applicants on tight writing timelines (and identify mentors), collect anywhere from 2-8 completed applications, and submit to NIH. In years past we were able to submit a PDF to our program officer by email, however now they have to be submitted individually through the normal grant portal. All of this brings new meaning to March Madness. My own index finger gets tired from hitting the Certify button so many times, but that is a small burden compared to the effort put out by the heart and soul of the Admin. Core Prema Menezes and Lauren Su. The amount of all the “stuff” that goes with a grant does not go down in proportion with the size of the grant.

In recent years the ESI supplements have been joined with End-the-Epidemic (EHE) supplement opportunities for investigators at any level. However, the research activities are heavily tilted toward implementation science and have to be carried out in the EHE jurisdictions, which for us have focused on Mecklenburg County and South Carolina. Many of you will know about our Carolinas United to End HIV (CUE-HIV) research interest group involving public health officials in both of these EHE jurisdictions. We will save a more detailed look at that story for another article. Suffice it to say the EHE supplements add to our March Madness. In the following pages we are pleased to provide brief summaries and updates from Drs. Tonia Poteat, Courtney Bonner, and Lisa Hightow-Weidman on three of the EHE supplements awarded to the UNC CFAR.

We all wish we would get funded for every submission, and we always have those hopes for each supplement we submit. There are lots of strong investigators and strong CFARs out there so we are always competing with the best. We get our fair share funded and it is exciting to help a new research project and investigator get started. The newsletter is a wonderful place to tell the stories of these ESI investigators and of the EHE collaborations we have helped to form across the state and across states. Please be on the lookout for those stories in future editions.

Ronald Swanstrom,
UNC CFAR Co-Director

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Transforming the Carolinas

Tonia Poteat

CFAR EHE Supplement Awardee

Transgender people of color face a disproportionate burden of HIV with prevalence estimates as high as 44% among Black transgender women. Transforming the Carolinas is a collaborative research project designed to address this disparity. The project grew from the Carolinas United to End HIV (CUE-HIV) Research Interest group. Led by Dr. Tonia Poteat, this collective of researchers, community leaders, healthcare providers, and public health practitioners has leveraged funding from CFAR Ending the HIV Epidemic



supplements to understand and address HIV inequities among transgender people of color in NC and South Carolina. The 2019 supplement entitled, “Transforming the Carolinas: Preparing to End the Epidemic for Transgender People of Color

in the Carolinas” focused on understanding the specific needs of transgender people in the Carolinas. In partnership with Equality NC, the team conducted an analysis of statewide and municipal laws and policies that impact access to HIV prevention and care for transgender people. They also interviewed key informant and surveyed transgender adults to identify community priorities for intervention. Focus group discussions were used to map out community assets available to address these priorities. Based on findings from these data, the team sought and received funding for “Transforming the Carolinas 2.0” – a project that leverages the strengths of the community health worker (CHW) model to address barriers to engagement in HIV services by transgender people of color in NC and SC. A cadre of transgender adults in both states are currently completing CHW training that includes newly developed specialty modules on HIV and work-

ing with gender diverse clients. Once trained, these specialized community health workers will have the skills and resources to educate and support their communities in HIV prevention and care efforts

Implementing PrEP into Non-Title X Settings to Reduce HIV Disparities among African American Women in the Atlanta MSA

Courtney Bonner

CFAR EHE Supplement Awardee

More than 80% of HIV cases among African American women in the Atlanta MSA are acquired through heterosexual sex. Consequently, African American women who



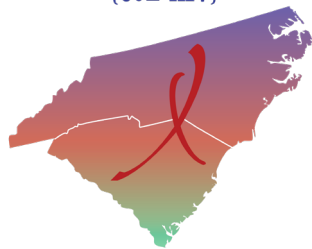
live in Atlanta and engage in condom less sex are ideal candidates for pre-exposure prophylaxis (PrEP), yet, they account for less than 2% of PrEP users nationally. Sexual and reproductive healthcare providers are positioned to increase PrEP uptake among women. However, low provider knowledge; concerns about adherence, and confusion about PrEP eligibility are PrEP implementation barriers. Provider training is necessary to address these barriers. This project will adapt the content of a PrEP Training to address the provision of PrEP among African American women; program the adapted training for online delivery; and assess the training’s feasibility, acceptability, usability, and preliminary impact on PrEP knowledge, self-efficacy to prescribe PrEP and provision of PrEP through pretesting with sexual and reproductive healthcare providers who serve African American.

An Integrated Technology- Based “Status-Neutral” Approach to Engage YMSM/YTGW in the Prevention and Care Continuum in North and South Carolina

Lisa B Hightow-Weidman
CFAR EHE Supplement Awardee

In the U.S., young men who have sex with men and transgender women (YMSM/TGW) are disproportionately impacted by HIV, particularly people of color. North

CAROLINAS UNITED TO END HIV
(CUE-HIV)



DIAGNOSE | TREAT | PROTECT | RESPOND

Carolina (NC) and South Carolina (SC) were identified as areas for accelerated intervention by the US Ending the Epidemic initiative. Acknowledging the long-standing HIV prevention efforts in place across multiple sectors, we investigated the barriers and promising pathways for providing research-tested digital health interventions to diverse networks of partner organizations with an associated stigma-informed recruitment campaign. From 14 key informant interviews with community stakeholders and 3 focus groups of YMSM/TGW (n=24), we identified general and regional barriers to HIV prevention, including social effects of pervasive systemic racism, discrimination against gender and sexual minorities and community level trauma. The FG participants (mean age 20.5 years old, 52% White, 22% living with HIV, 9% taking a PrEP, 70% have had an HIV test) shared their feedback on current HIV prevention campaigns, noting that many of the images reinforce negative stereotypes of HIV’s association with being a black man and/or

being a gay man. Strategies to improve access and uptake to prevention resources included general sexual health education, removing silos of HIV funding and medicalization, increased representation to generate safe spaces for youth, and cultivating relationships among local partners to help youth navigate the systems. Many were receptive to the idea of integrating these lessons into a digital health intervention, but with concerns about youth’s access to personal cell phones and internet.

The intervention would also need to be implemented by trusted community members and a stigma-informed recruitment campaign. Overall, the findings from this planning phase could inform the development of an HIV prevention intervention and campaign aimed at reducing intersectional stigma at the individual, provider, and community level, but requires youth engagement in each step of the process to ensure accurate representation and relevancy.

Presidential Advisory Council for HIV/AIDS (PACHA) Meeting

Niasha Fray

The 70th Full Council Meeting of the Presidential Advisory Council for HIV/AIDS (PACHA) was held on March 8-9, 2021. On day one, PACHA released their Resolution on Assuring Equity and Justice in Ending the HIV Epidemic. Day 2 day featured a panel discussion on Meeting the Needs of Women facilitated by PACHA Member Laura Platero, J.D. The Panelists included Angeli Achrekar, DrPH, MPH Acting U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy Department of State – U.S. President’s Emergency Plan for AIDS Relief (PEPFAR); Tori Cooper, MPH Director of Community Engagement Transgender Justice Initiative Human Rights Campaign; Niasha A. Fray, MA, MSPH Program Director Duke Office of Durham and Community Affairs Research and Advancement Unit.

Niasha Fray spoke from her experience as a former researcher at UNC-CH Center for AIDS Research (2006-2012), a consecutive six-year

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invited lecturer on HIV/AIDS in the African American community for the HIV/AIDS Course (PUBH 420/720), as well as her many years of health disparities research, community engagement, and strategic planning among multi-sector collaboratives for community and population health improvement.

Ms. Fray began her comments by addressing the question, “What does Health Equity mean to you?” She replied with the sentiment that we have to stop reporting growth and success in areas like the economy and jobs only benefitting a minority group. Until all people benefit, the standard must be that our country is not at its best or maximizing our true potential for growth, innovation, prosperity, or health. She expanded on her answer by sharing her belief that we cannot achieve health equity without racial equity. All Lives cannot matter until Black Lives Matter. Finally, she shared that Health Equity means providing for people’s physical, mental, emotional, spiritual, economic, and biological health needs despite their diverse demographic identities. When it came to strategies to end the HIV Epidemic in the U.S., she described strategic leverage points in social marketing/media, economic justice, enacting universal healthcare, and transparency for trust, accountability, and effectiveness.

When addressing the question, “How can domestic HIV/AIDS programs better meet the needs of women and address the systemic barrier women face to achieve the goals of the President’s [Executive order Advancing Racial Equity and Support for Underserved Communities?](#)” she centered her comments on research¹ that survival differences by gender are explained in economic and power imbalances. She also referred to research findings¹ that HIV/AIDS are symptoms of larger public health problems, such as racism, poverty, homelessness, and violence.

To watch PACHA Council Meetings go to <https://www.hiv.gov/topics/pacha>.

Upcoming Events:

May 18: HIV Vaccine Awareness Day
#HVAD

May 19: National Asian & Pacific Islander
HIV/AIDS Awareness Day
#APIMay19

June 5: HIV Long-Term Survivors
Awareness Day
#HLTSAD

June 27: National HIV Testing Day
#HIVTestingDay

7th Annual National LGBTQ Health Conference Abstracts Submitted by Dr. Hightow- Weidman’s Group (CFAR EHE Supplement Awardee)

1. Vecchio, A., Muessig, K., Harrison, S.E., et al. Ending the HIV Epidemic: Creating a unified stigma-informed recruitment campaign to engage youth in HIV prevention.
2. Muessig, K., Harrison, S.E., Vecchio, A., et al. Ending the HIV Epidemic in the Carolinas: Building diverse organizational networks to design and deliver research-tested interventions at the community level.
3. Paton, M., Harrison, S.E., Muessig, K., et al. Social and Community Barriers to HIV Prevention among Sexual and Gender Minority Youth in the Rural Southern United States.



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