Ending the HIV Epidemic (EHE) Regional Learning Collaborative

Alameda, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, and San Francisco Counties

Session 8: Sustaining Our HIV Workforce

Tuesday, May 18, 2021
10-11:30 a.m. PST

CHIPTS
Center for HIV Identification, Prevention and Treatment Services

Session Agenda

- **Presentations**
  - ***Tenesha J. Lewis, Sr. Manager of Training & Capacity Building, Black AIDS Institute***
  - ***Aunsha Hall-Everett, Capacity Building Manager, California Prevention Training Center***
  - ***Dr. Ernelyn J. Navarro, Manager of Community Programs & Services, St. Mary Health Center***
- **Panel Discussion**
- **Open Q&A**

THE AAHU MODEL:

BUILDING & STRENGTHENING THE HIV WORKFORCE

TENESHA J. LEWIS, MPH

SENIOR MANAGER

TRAINING & CAPACITY BUILDING

BLACK AIDS INSTITUTE

OBJECTIVES

- To Discuss the State of HIV Among Black Americans
- To Highlight Strategies for Addressing HIV Disparities Among Black Americans
- To Explore the African American HIV University Model at BAI

THE BLACK AIDS INSTITUTE

Mission: To stop the HIV/AIDS epidemic in Black communities by engaging and mobilizing Black institutions and individuals to confront HIV.

BAI

THE STATE OF HIV AMONG BLACK AMERICANS

THE GOOD NEWS

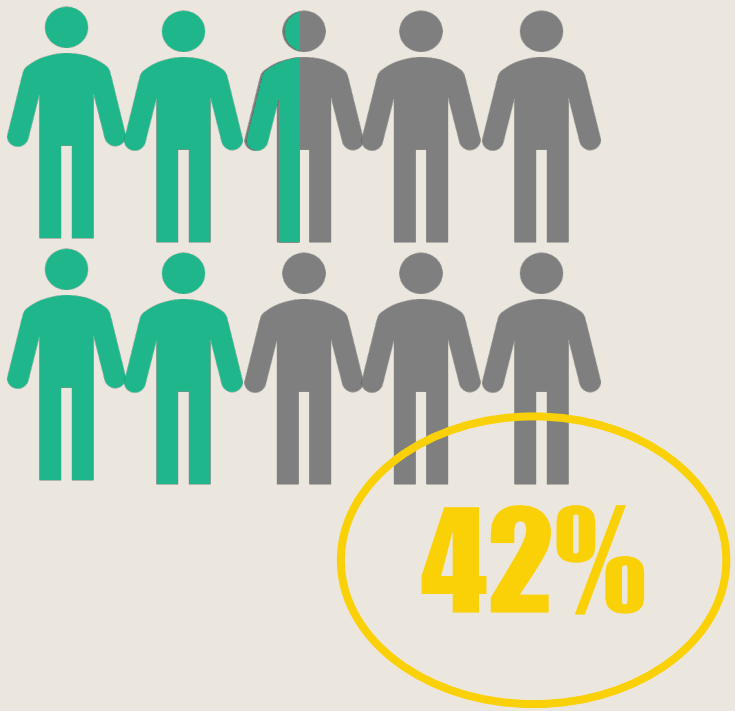
Today’s medicines help to prevent the transmission of HIV and reduce its progression. With medical adherence, many people living with HIV (PLWH) can expect lives as long as people who do not live with the virus, and risk of transmission is often ≤1%.

HOWEVER...

HIV DISPROPORTIONALITY AMONG BLACK AMERICANS

% US POPULATION

% PLWH

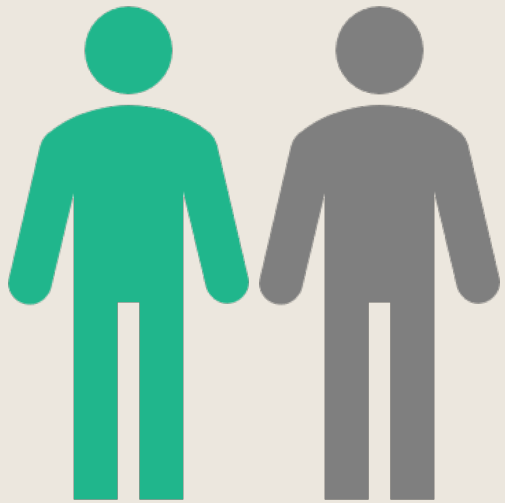


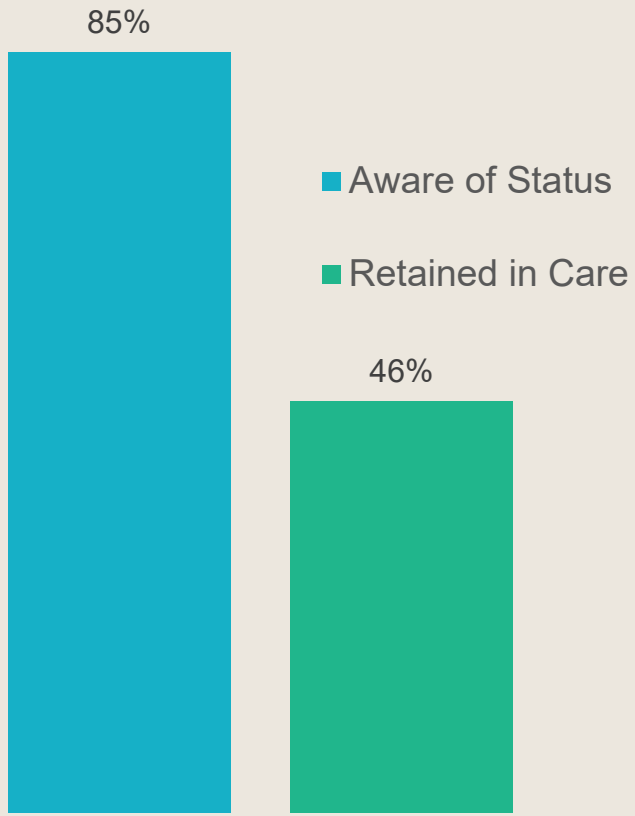
% NEW DIAGNOSES

Source: Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1)

HIV DISPROPORTIONALITY AMONG BLACK AMERICANS

- Approximately 1 out of every 2 Black Americans identifying as a gay/bisexual man is estimated to acquire HIV during his/their lifetime.
- Of Black PLWH, nearly 9 out of 10 are aware of their status, but just under half (46%) are retained in care.





Source: Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2010–2016. HIV Surveillance Supplemental Report 2019;24(No. 1)

EXPLORING THE SOCIAL DETERMINANTS OF HEALTH

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
HENRY J KAISER FAMILY FOUNDATION

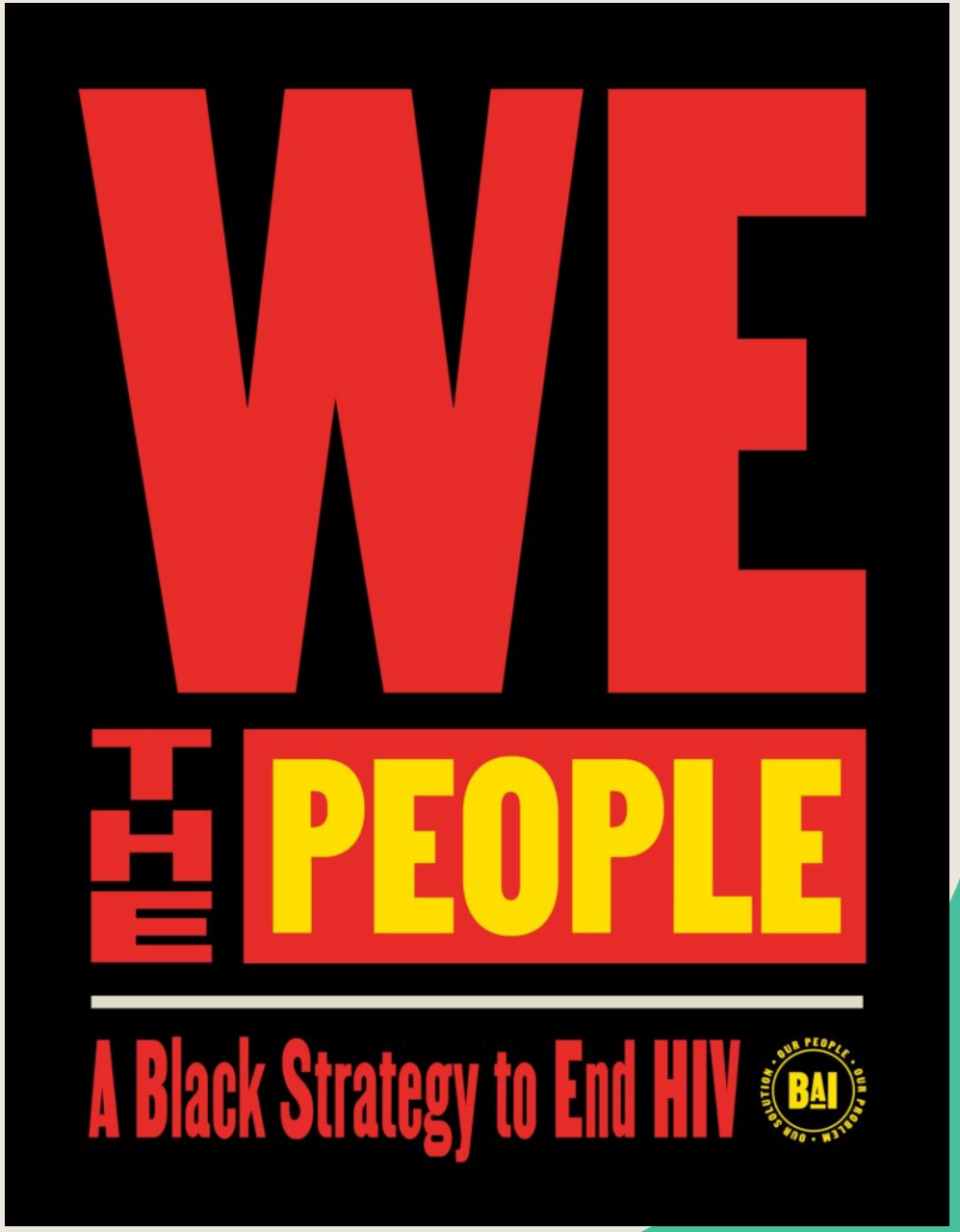
THE BAI RESPONSE

1.Dismantle anti-Black practices, systems, and institutions that endanger the health and well-being of Black people and undermine an effective and equitable response to HIV in Black America.

2.Invest in Black communities through resources and services that address the fullness, richness, potential, and expertise of Black people and mitigate social and structural factors that worsen health outcomes in Black communities.

3.Ensure universal access to and robust utilization of health care that is high-quality, comprehensive, and affordable, as well as culturally, and gender-affirming. This enables Black people to live healthy lives in our fullest dignity.

4.Build the capacity and motivation of Black communities to be the change agents for ending HIV.

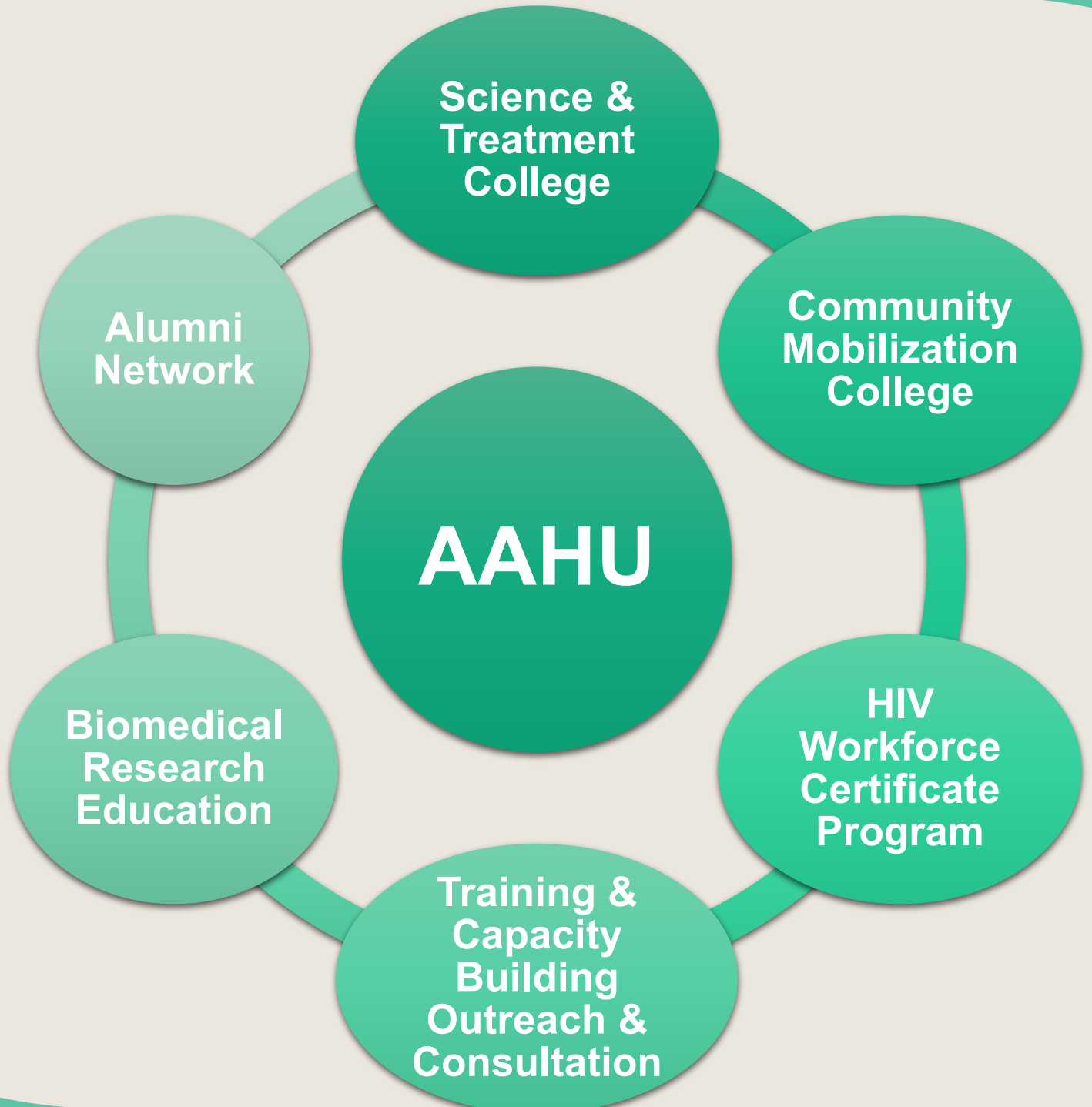


blackaids.org/we-the-people

THE AAHU MODEL

THE AFRICAN AMERICAN HIV UNIVERSITY

The African American HIV University (AAHU) is the Black AIDS Institute's comprehensive training and leadership development initiative, designed to increase knowledge, decrease stigma, and strengthen workforce capacity and engagement, ultimately to address and end the HIV/AIDS epidemic in Black American communities.


Science & Treatment College
Community Mobilization College
HIV Workforce Certificate Program
Training & Capacity Building Outreach & Consultation
Biomedical Research Education
Alumni Network
AAHU

THE STC & CMC: AAHU'S FLAGSHIP PROGRAMS

- Science & Treatment College (STC), Community Mobilization College (CMC)
- Year-long cohorts to develop & build capacity in HIV workforce
- Content delivered in a hybrid (synchronous and asynchronous) manner
- Scholars meet virtually at the beginning and end of each module
  - Orientation & initial coursework for the module, group discussion
  - Synthesizing module information, Q&A, mini learning checkpoint
- Asynchronous material includes:
  - Didactic sessions given by BAI staff experts and/or Scientific Advisory Committee members
  - Individual assignments for completion and submission by the end of the module term
  - Biweekly discussion board prompts for group learning
- Graduation Outcomes
  - Scholars design and present a brief program plan for a community HIV prevention initiative (STC)
  - Scholars design and present a brief needs assessment and detailed logic model for community mobilization around an HIV-related issue (CMC)

SCIENCE & TREATMENT COLLEGE

- Module 1: Foundational Knowledge
- Module 2: HIV & Public Health
- Module 3: HIV Pathology, Prevention, and Treatment
- Module 4: Leadership Development & Capacity-Building

COMMUNITY MOBILIZATION COLLEGE

- Module 1: HIV/AIDS in Black America
- Module 2: Community Mobilization
- Module 3: Needs Assessments
- Module 4: Logic Modeling

AAHU COHORT APPLICATIONS

- **HIV Cert. Pilot:** Open
- **STC & CMC:** Open Summer 2021
- Subscribe to receive BAI email updates on blackaids.org

TRAINING & CAPACITY BUILDING CONSULTATION

FACILITATION

BAI offers group facilitation for organizations, health departments, and communities looking to work through a difficult topic, come to a consensus, or plan for action.

1 FOCUS GROUPS

Focus groups are ideal to receive opinions, suggestions, and reactions before an initiative is made available to the larger public.

2 FOCUSED CONVERSATIONS

BAI is skilled in facilitating targeted conversations that efficiently move from initial responses to a topic to interpretations and conclusions with clear next steps. This is an ideal tool for discussing difficult topics or navigating a complex idea in a short period of time and with everyone's input taken into account.

3 CONSENSUS WORKSHOPS

The goal of a consensus workshop is to have a group come to a consensus, or general agreement, about a topic. This workshop begins with a focused question and allows for brainstorming. Later, the group organizes ideas into clusters, identifying core ideas from each cluster and determining next steps to move the ideas forward.

4 ACTION PLANNING WORKSHOPS

For groups with a general idea or initiative in mind, this workshop uses a series of steps to create a focused, actionable timeline for planning and implementation.

5 STRATEGIC PLANNING WORKSHOPS

The strategic planning process begins with a group's development of a shared vision and identification of any barriers to progress. The group is then guided into the development of strategic actions and a plan to implement the strategies.

TECHNICAL ASSISTANCE

BAI provides guided assistance in various aspects of the planning and engagement processes within communities.

1 STRATEGIC PLANNING

Planning strategies include: HIV/AIDS prevention programs; programs to address systemic injustice; connecting with Black, Latinx, LGBTQIA+, and MSM communities; and reducing stigma in communities of color.

2 PROGRAM PLANNING AND EVALUATION

BAI coordinates a group's planning and/or evaluation method(s), assisting with the design of the overall process, as well as the actionable steps to see the process through to completion.

3 COMMUNITY NEEDS ASSESSMENT

BAI guides departments and organizations through the 6 steps of assessing community needs. Together, they will determine the purpose and scope of the assessment; conduct a literature search; gather and analyze data; as well as identify health problem risk factors.

4 GRASSROOTS ORGANIZATION

To end the HIV epidemic, communities must be fully empowered to organize and advocate for their needs. BAI guides groups into building coalitions, forming campaigns, and utilizing existing resources to achieve necessary outcomes.

5 RECRUITMENT FOR BEHAVIORAL INTERVENTIONS

Together with BAI, departments and organizations plan recruitment strategies to attract priority populations, such as Black same-gender loving (SGL) men and Black women, to services and retain them throughout care.

TRAINING & CAPACITY BUILDING CONSULTATION

TRAINING

BAI's trainings are for individuals and groups looking to better understand and engage disenfranchised communities across the United States; we apply an unapologetically-Black lens to each session and move from general knowledge to action steps.

1 PROGRAM PLANNING

In this training, participants learn the important process of planning for change. Participants learn how to create a program rationale, develop a planning committee, assess community needs, identify an appropriate framework/model, as well as create goals and SMART objectives.

2 PROGRAM IMPLEMENTATION

This training is the basis of putting a program plan into action. Participants learn to coordinate resources, market the program to the priority population, and create a logic model to visualize the link among all program activities and desired outcomes.

3 PROGRAM MONITORING & EVALUATION

In this training, participants learn the CDC-identified framework for program evaluation, as well as how to select and implement an evaluation design. Topics include data collection, analysis, and interpretation, as well as how to disseminate findings to audiences of various backgrounds and literacy levels.

4 PUBLIC HEALTH INFORMATION DISSEMINATION

Information dissemination training equips participants with the skills to create and distribute written and graphically-designed materials to priority communities in a manner that is culturally relevant and appropriate to various backgrounds and literacy levels. Participants learn to create infographics from dense research content, as well as to optimize social media, radio, and television for dissemination to the public.

5 CREATING COMMUNITY NEEDS ASSESSMENTS

In this training, participants learn the 6 steps of assessing community needs. Topics include: determining the purpose and scope of the assessment; conducting a literature search; gathering and analyzing data; identifying health problem risk factors; and identifying the program's focus.

6 RACIAL EQUITY AND ADVOCACY WORKSHOP SERIES

Training workshops in this series revolve around creating a foundation of understanding about race, implicit/explicit bias, discrimination, and systemic effects on health and wellness outcomes. By the end of this training series, participants are able to differentiate among implicit bias, explicit bias, and discrimination; identify types and outcomes of structural/systemic racism; and strategize next steps in advocating for equitable wellness.

7 MEDICAL MISTRUST IN THE ERA OF HIV/AIDS AND COVID-19

Black Americans' general mistrust of biomedicine is deeply rooted in White supremacy and centuries of overt efforts to justify medical mistreatment. Immediate action is needed to finally stem the negative health effects and mistrust arising from the perpetual oppression and exploitation of Black bodies. This training outlines the history of medical mistreatment among Black Americans, reviews the ways this history continues to exacerbate mistrust, and explores opportunities to erode that mistrust for better uptake of HIV/AIDS and COVID-19 prevention and intervention strategies in Black communities.

8 PREP IMPLEMENTATION (e.g., Among Black Communities, Among Black Women)

Become a PrEP champion by learning organization-specific strategies to increase knowledge and uptake of PrEP in Black communities, to include among MSM and Black women. This training is ideal for organizational staff, as well as community educators and advocates.

9 HIV CRIMINALIZATION AND MASS INCARCERATION

Mass incarceration disproportionately affects Black Americans in the United States. It also drives the HIV epidemic in Black communities, due to community disruption and lack of care upon release. Participants in this training learn how discriminatory criminalization laws affect Black Americans living with HIV, as well as how to become community advocates to battle mass incarceration's effects on HIV care and retention.

10 GENDER, SEX, AND SEXUALITY

This training discusses how gender, sex, and sexuality intersect with race and other aspects of identity. Participants are able to describe strategies to create HIV prevention and care programs that acknowledge and address disparities caused by intersecting oppressions.

11 STIGMA

Participants are able to better understand stigma and ways to measure it as a barrier to care. Topics include limiting organizational stigma and providing a higher quality of client care to your clients.

Wrap-up & Takeaway

WRAP-UP & TAKEAWAY

- Black Americans are impacted disproportionately by HIV
- Social and structural efforts must accompany biomedicine
- BAI connects with stakeholders/partners, trains community members, and builds workforce capacity with its We the People strategy and AAHU model
- The application process for the HIV certificate program pilot is now open.
- AAHU cohorts' applications available Summer 2021
- Training & capacity building consultations available for EHE-funded jurisdictions, health departments, and community organizations

Contact: TeneshaL@blackaids.org

HIV Certificate Pilot: MayaM@blackaids.org

Follow us online @BlackAIDS

THANK YOU!

The Organizational Fit Club

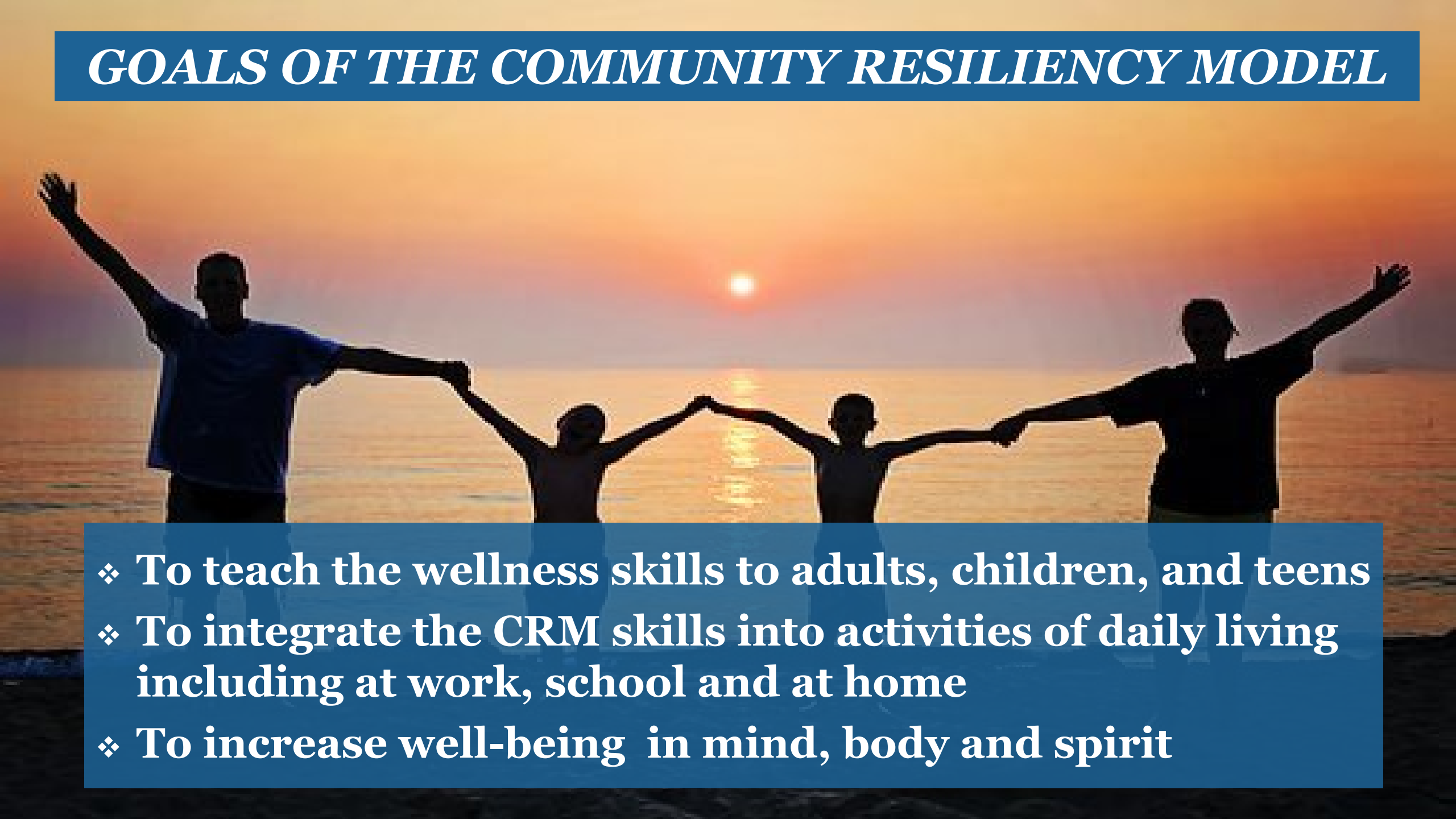
Presented by Aunsha Hall-Everett:

https://prezi.com/view/LRBtp4rdM1IzDl9wvHts/

EMBEDDING COMMUNITY RESILIENCY MODEL®: CRM GUIDES IN HIV COMMUNITIES

Ernelyn J. Navarro, DM, LCSW, BCC, CDWF
Certified Community Resiliency Model® Teacher
Manager, Community Programs & Services, St. Mary Medical Center

GOALS OF THE COMMUNITY RESILIENCY MODEL



- **To teach the wellness skills to adults, children, and teens**
- **To integrate the CRM skills into activities of daily living including at work, school and at home**
- **To increase well-being in mind, body and spirit**

"Resiliency is an individual's and community's ability to identify and use individual and collective strengths in living fully with compassion in the present moment, and to thrive while managing the activities of daily living." ***~Miller-Karas (2020)***

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Learning the wellness skills helps people realize:

- ***Many reactions to stress and trauma cannot be "talked away" but they can be "sensed away."***
- People learn their symptoms are about ***biology not*** mental weakness
- This concept can result in a sense of RELIEF and greater feeling of well being.

Learning and working with the CRM skills is a CHOICE.

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Community Resiliency Model can be used:

- across the lifespan
- across cultures
- with different literacy abilities

FACTS ABOUT CRM

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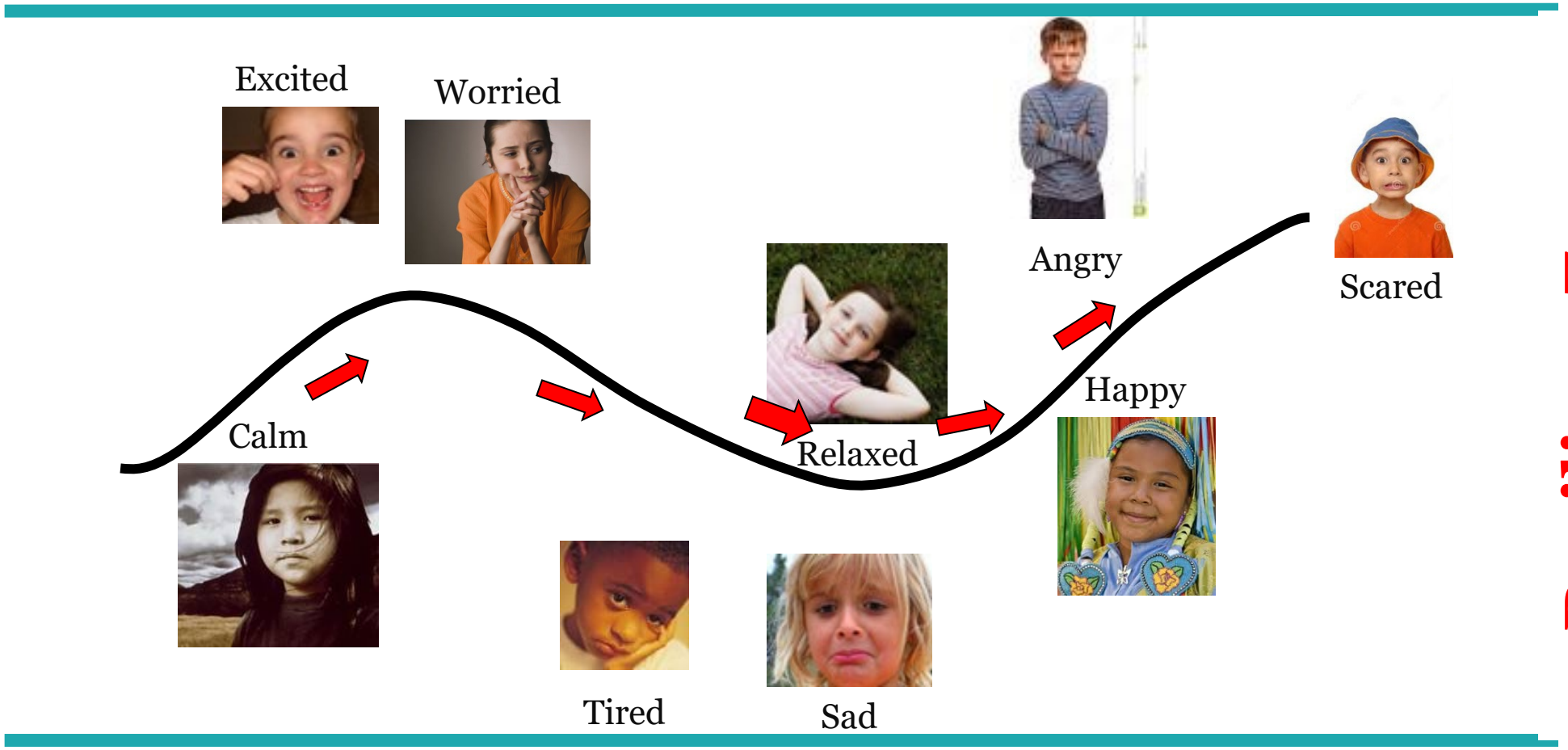
Canada
Iceland
Turkey
Serbia
Ukraine
23 States US
Ireland
England
Scotland
Germany
Italy
Israel
China
Japan
Haiti
Caribbean
Islands
Mexico
Guatemala
El Salvador
India
Nepal
Rwanda
Congo
Somalia
Sierra Leone
Uganda
Tanzania
Ivory Coast
South Africa
Kenya
Darfur
Philippines
Samoa
Through SEE Learning: 102 countries
Through TRI 39 countires

The Community Resiliency Model

A set of six wellness skills, can be used for self-care, restoring balance to mind, body and spirit for children and adults

Things happen in life and our thoughts, feelings and reactions move around in the RESILIENT (OK) ZONE



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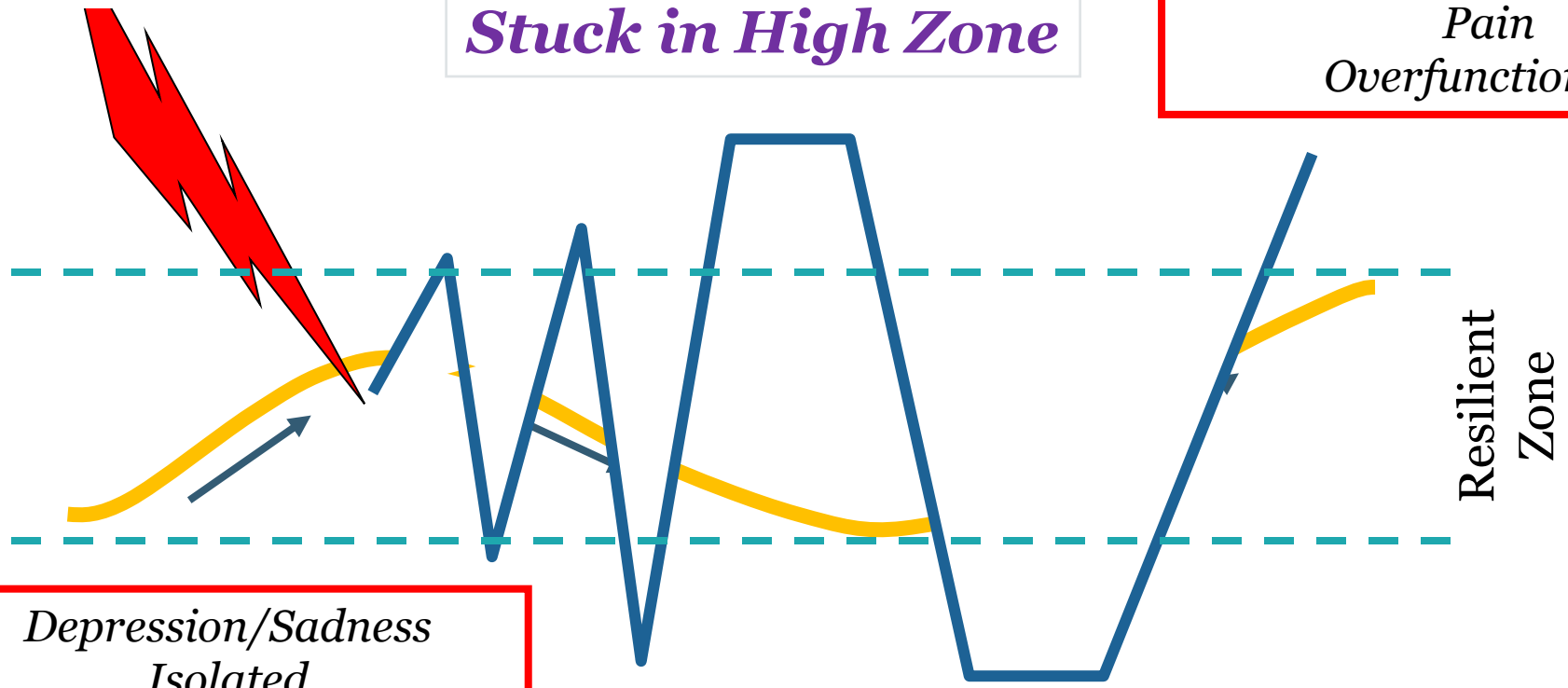
Traumatic/Stressful Event, Critical Incidents or Stressful/Traumatic Reminders

Edgy
Irritable
Mania
Anxiety & Panic
Angry outbursts
Pain
Overfunctioning



Depression/Sadness
Isolated
Exhaustion/Fatigue
Numbness
Underfunctioning

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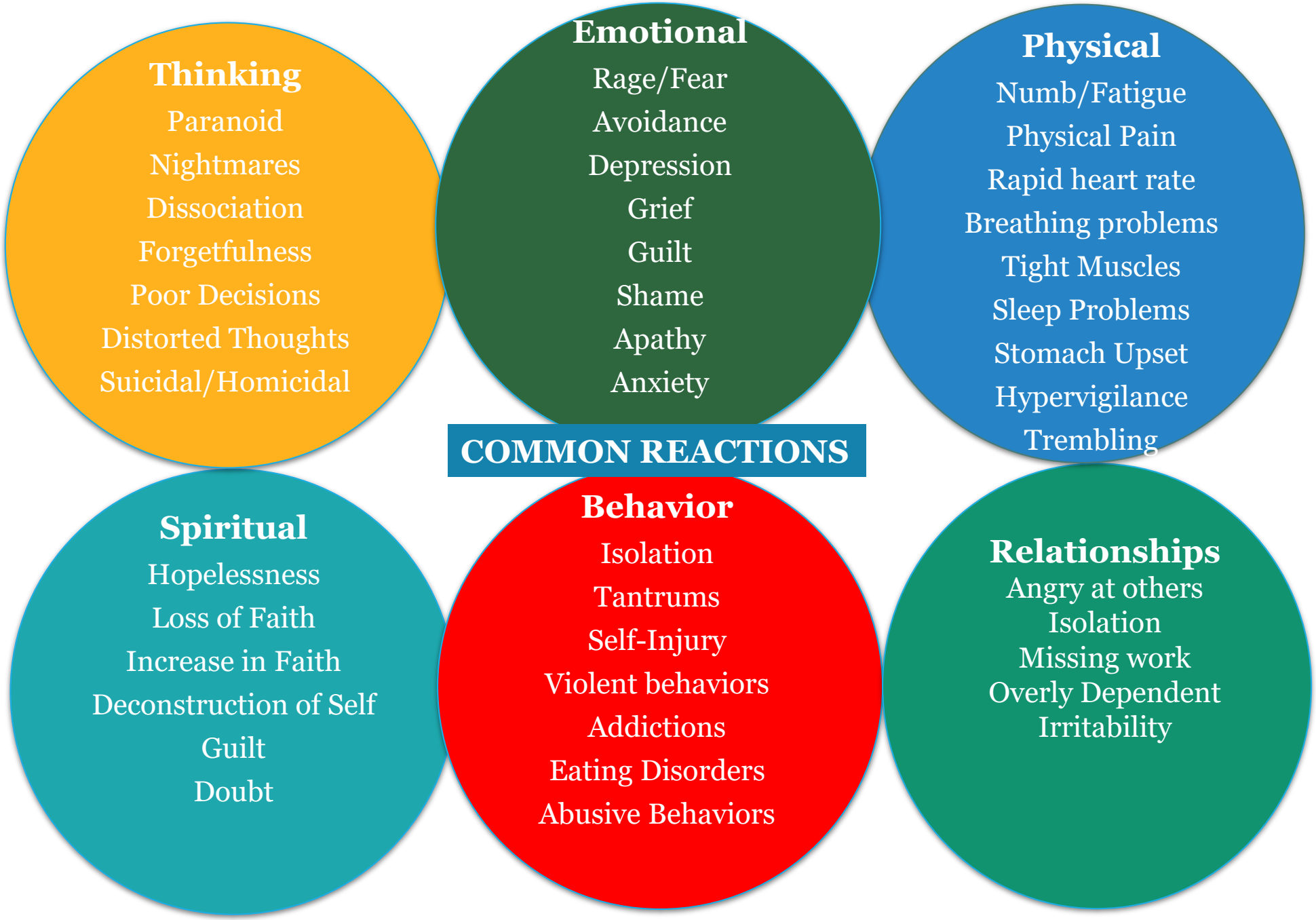
Graphic adapted from an original graphic of Peter Levine/Heller, original slide design by Genie Everett/Adapted by Elaine Miller-Karas



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POST TRAUMATIC RESILIENCY COMMON REACTIONS

- Resilience
- Strength and Courage
- Renewed Relationships
- Gratitude
- Advocate
- Appreciation of others & loved ones
- Hope & Faith

- Wisdom
- Compassion for self and others
- New Meanings
- Innovation
- Teamwork
- Forgiveness

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Perspective Shift

Conventional

- People are bad.
- People need to be punished.
- People just don't care.
- We need to stop making excuses for people.
- **What is wrong with you?**

Trauma-Informed

- People are suffering.
- People need an effective intervention.
- Many people care but lack understanding and skills.
- We need to learn how trauma impacts a child's and adult's development.
- **What happened to you?**

Resiliency-Informed

- People are resilient.
- People need our compassion as they learn new skills.
- Any person can learn self-regulation skills based on science
- We need to learn how skills of well-being can reduce suffering.
- **What is right with you? What are your strengths?**

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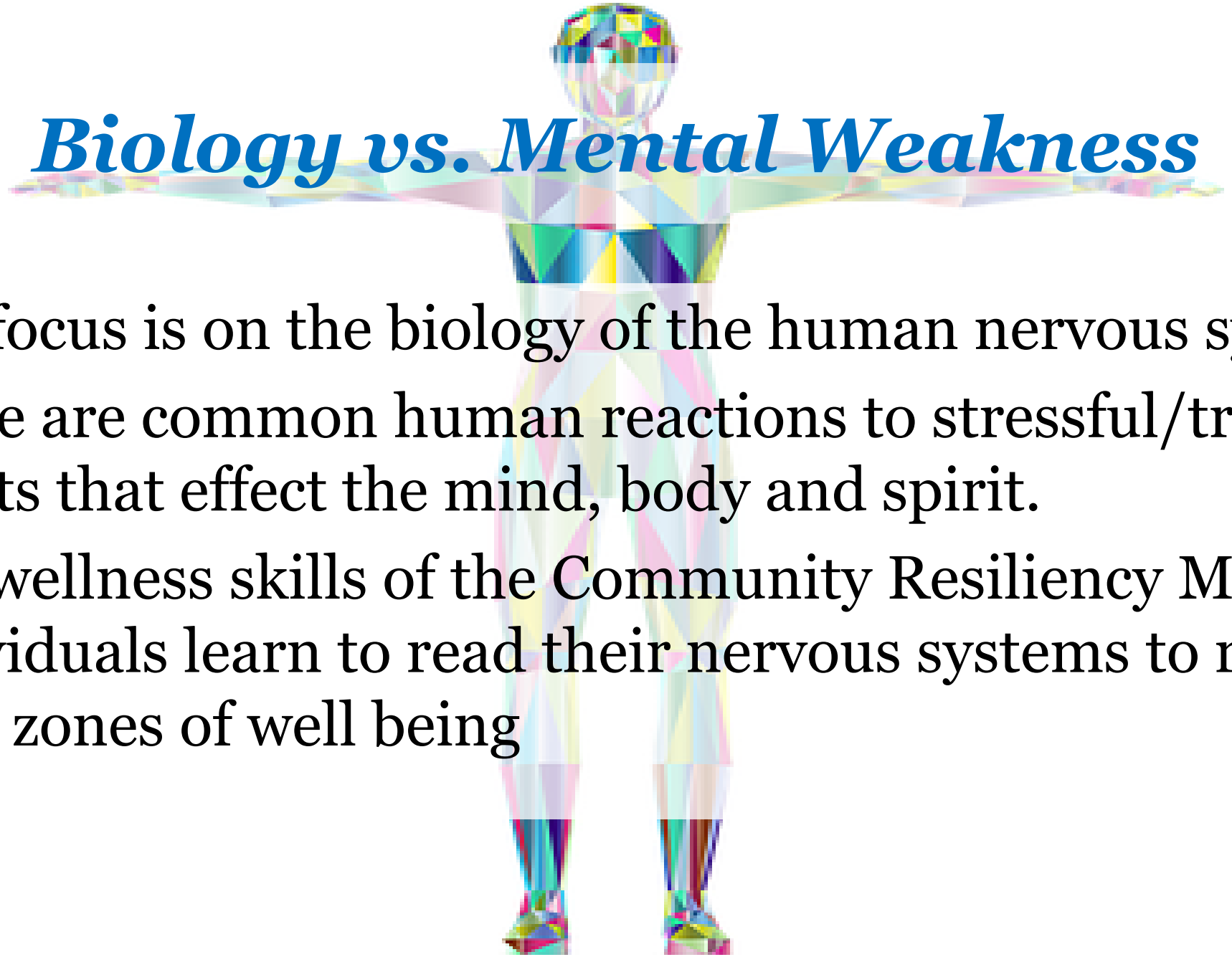
Biology vs. Mental Weakness



- The focus is on the biology of the human nervous system.
- There are common human reactions to stressful/traumatic events that effect the mind, body and spirit.
- The wellness skills of the Community Resiliency Model help individuals learn to read their nervous systems to return to their zones of well being

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POSITIVE

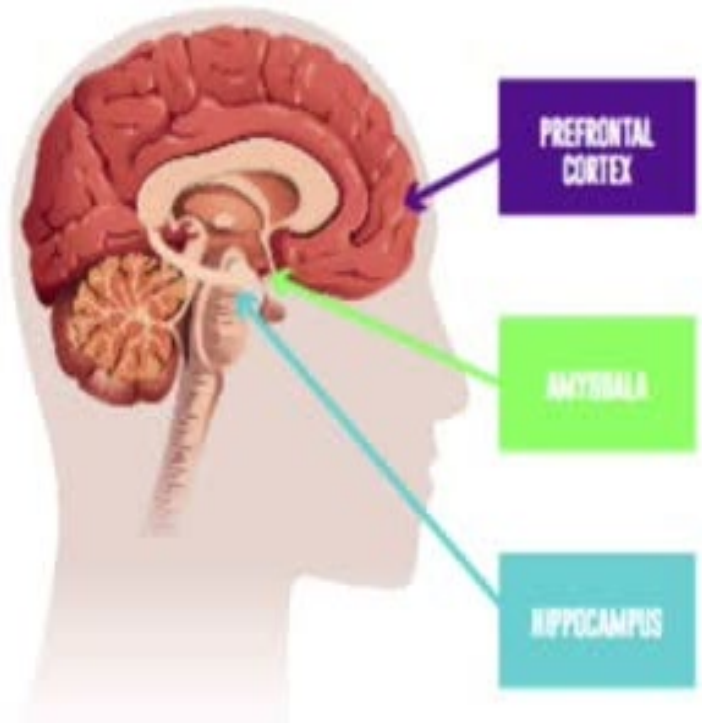
Brief increases in heart rate,
mild elevations in stress hormone levels.

TOLERABLE

Serious, temporary stress responses,
buffered by supportive relationships.

TOXIC

Prolonged activation of stress
response systems in the absence
of protective relationships.



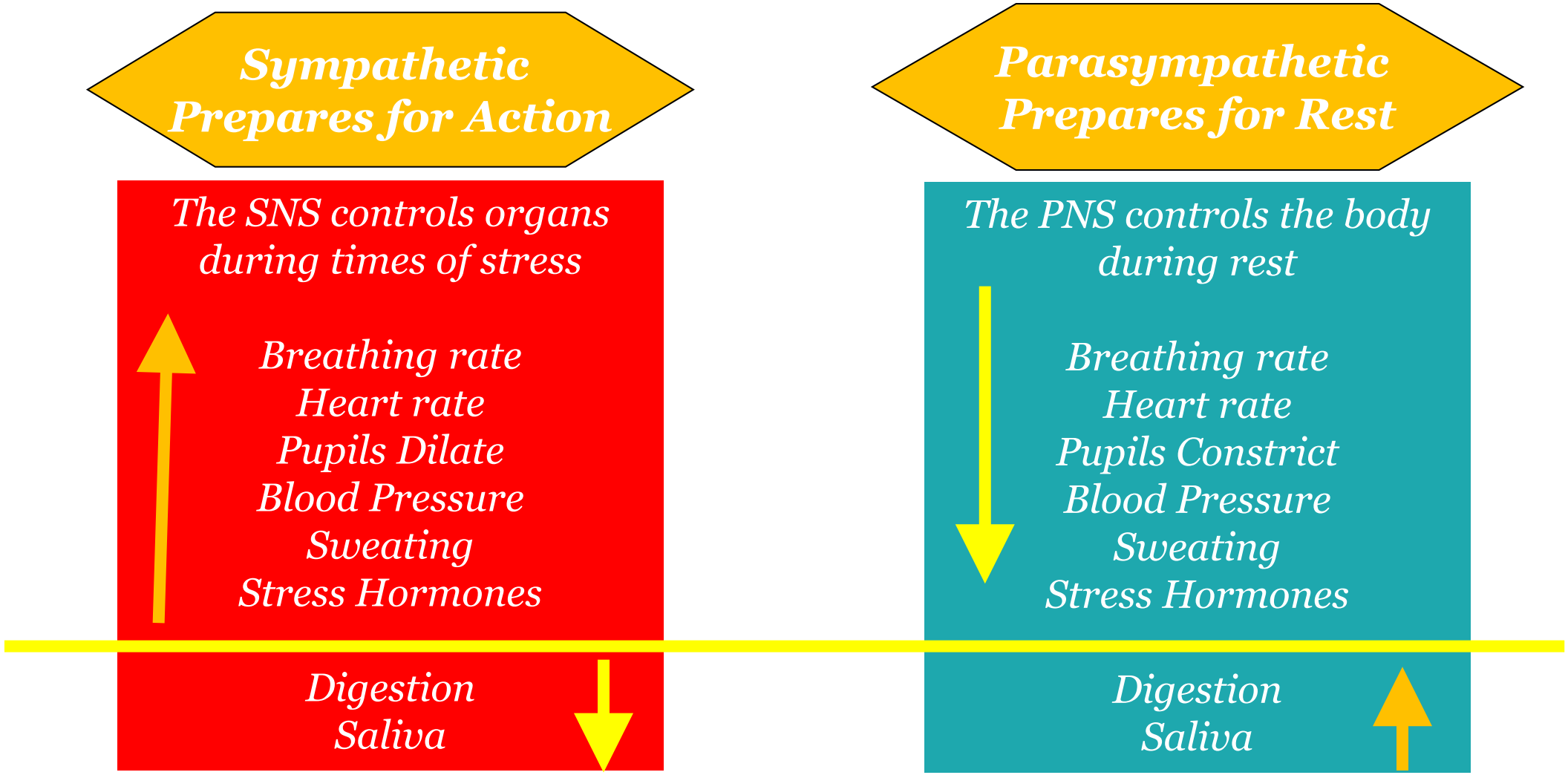
This is Your Brain on Toxic Stress

Amygdala:

Overactive / Oversensitive

Continual State of "Fight or Flight" Reactivity

Tracking the Autonomic Nervous System



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CRM uses observation and knowledge of patterns of the nervous system to help people learn to distinguish between sensations of distress and well being

The Skills of the Community Resiliency Model (CRM)

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Resiliency Building "Help Now!" Activities

from Community Resiliency Model (CRM)

Ten strategies to get into the Resilient Zone when you need *help now!*
because you're either too amped up (high zone) or too checked out (low zone)

HIGH ZONE hyped up, anxious, angry

RESILIENT ZONE calm, relaxed, alert

LOW ZONE shut down, numb, tired

The goal of doing these activities is to signal safety to the Survival Brain. The Survival Brain understands the language of sensation. That's why in some activities it's important to notice, or "track," your body sensations. Most of the time, 20 seconds of holding your attention on a positive or neutral sensation will reset your body to be in the Resilient Zone. The Survival Brain also understands "orienting", or really looking around the environment and coming to feel inside yourself that it's safe.

1. Walk

Feel the sensations in your body as it moves. Feel your feet pressing into the ground.

2. Push against a wall

Focus on the sensations of your muscles pushing.

3. Look for colors / shapes

Option 1: Name 6 or more colors you see.
Option 2: Name 6 or more shapes you see.
(Hint: You may repeat the same one if you see it in two places.)

4. Count backwards

Count backwards from 10 or 20 while walking around.

5. Drink a beverage

Feel the sensations in your mouth, throat and stomach.

6. Touch objects

What do the textures feel like?

7. Temperature

Notice the temperatures on different parts of your body.

8. Listen for sounds

Name all the sounds you can hear around you.

9. Notice

Look at everything around you and notice which objects catch your attention; name them.

10. Open Eyes

If you have a tendency to close your eyes, open them gently; keep them relaxed and soft.

by Heidi Hanson The Art of Healing Trauma Blog www.new-synapse.com

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CRM SKILL:

RESET NOW!
HELP NOW!

Apply your Resiliency Mask First: Learning Skills to Stay in Your Zone To Help Others

- When CRM skills are taught to caregivers/parents/teachers
  - They can model the skills & make better choices and respond with compassionate boundaries to challenging behaviors

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A COMMUNITY RESILIENCY MODEL® GUIDE

is a person who shares the wellness skills of the Community Resiliency Model with others

- Does not interpret or assume meaning.
- Asks open-ended questions.
- Gives the person time for sensations to develop.
- Is non-judgmental.
- Observes and stays one step behind and does not direct.

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1) How could you use CRM Skills in your community?

2) What steps would you need to take first to begin to use CRM Skills in your community?

3) What strengths does your community have that would support bringing CRM Skills to more people?

4) What challenges would you expect?

5) When can you start and with whom?

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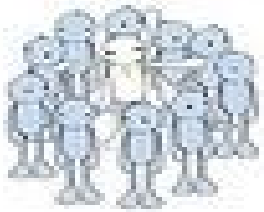
‘The Tipping Point’ by Malcolm Gladwell

POWER OF CONTEXT

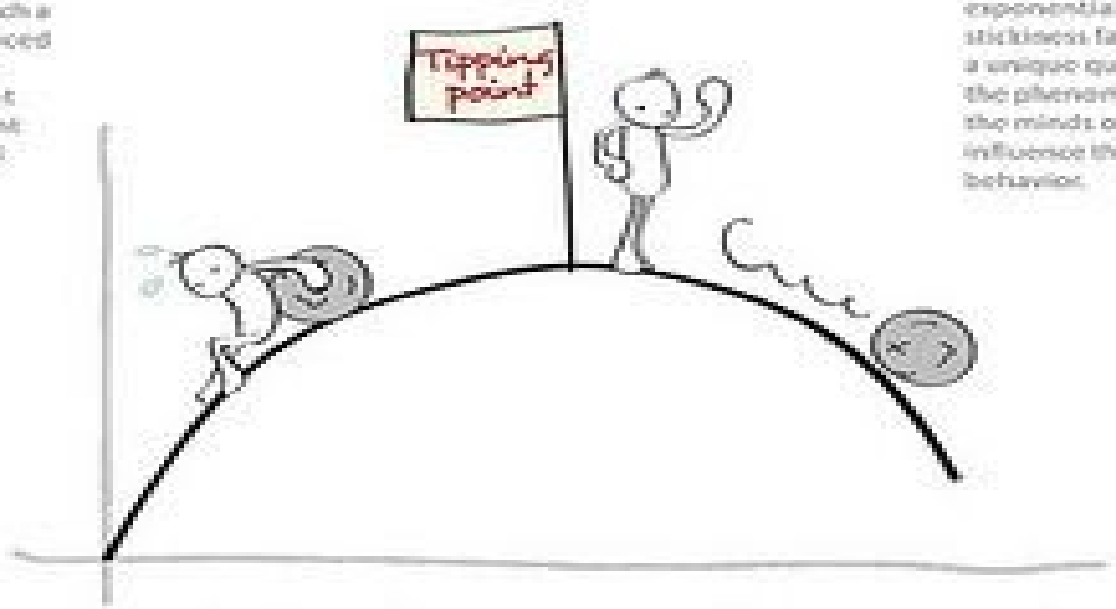
LAW OF 150

Groups of less than 150 members usually display a level of intimacy, interdependency, and efficiency that begins to dissipate markedly as soon as the group's size increases over 150.



Environment

If the environment or historical moment in which a trend is introduced is not right, it is not as likely that the tipping point will be attained.



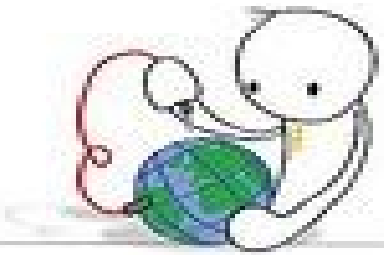
STICKYNESS FACTOR

A crucial factor that plays a key role in determining whether a trend will attain exponential popularity is "the stickiness factor." This refers to a unique quality that compels the phenomenon to "stick" in the minds of the public and influence their future behavior.

CRM®

LAW OF THE FEW

The attainment of the tipping point that transforms a phenomenon into an influential trend usually requires the intervention of a number of influential types of people.



CONNECTOR

Connects people to each other

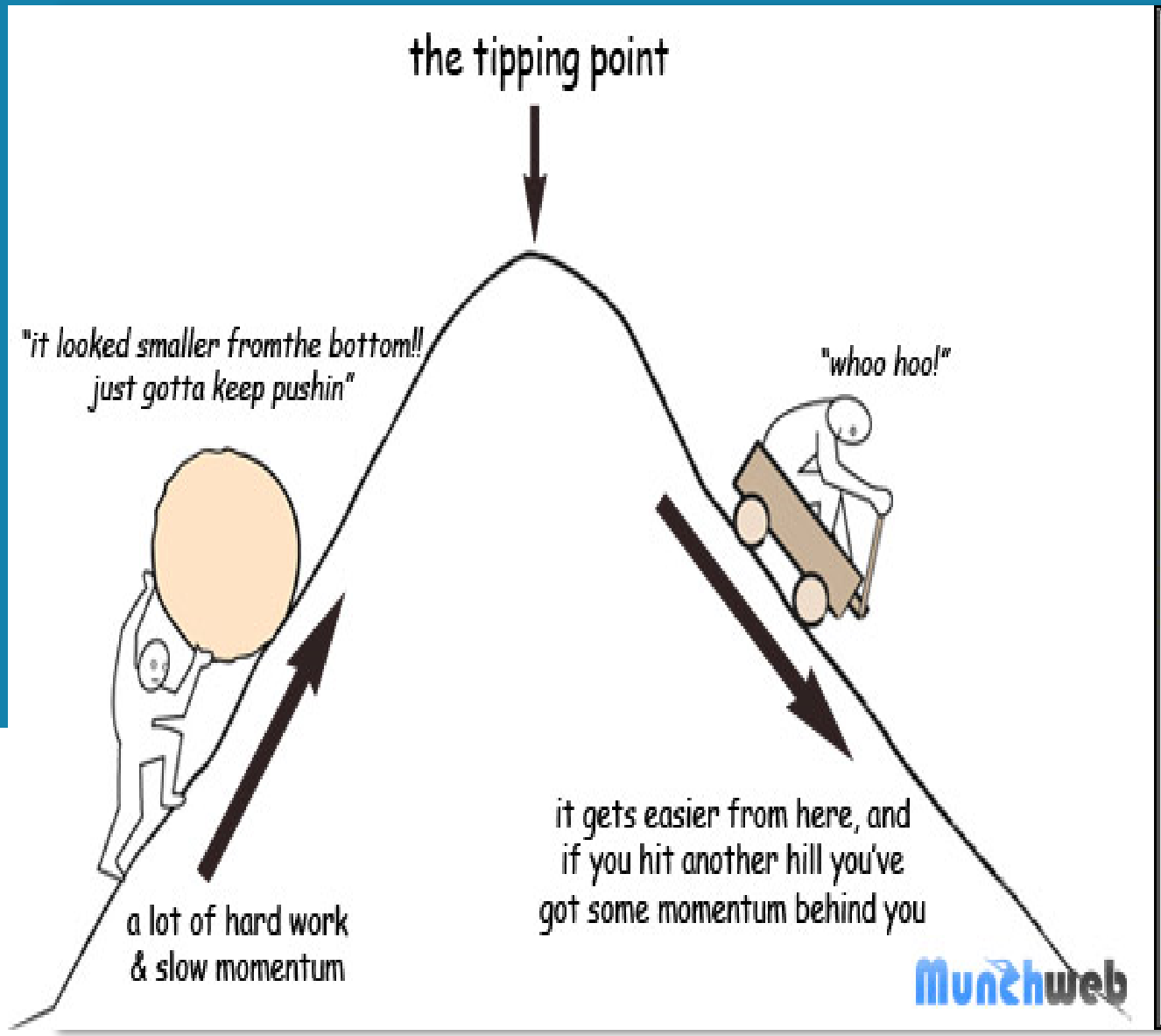
MAVEN

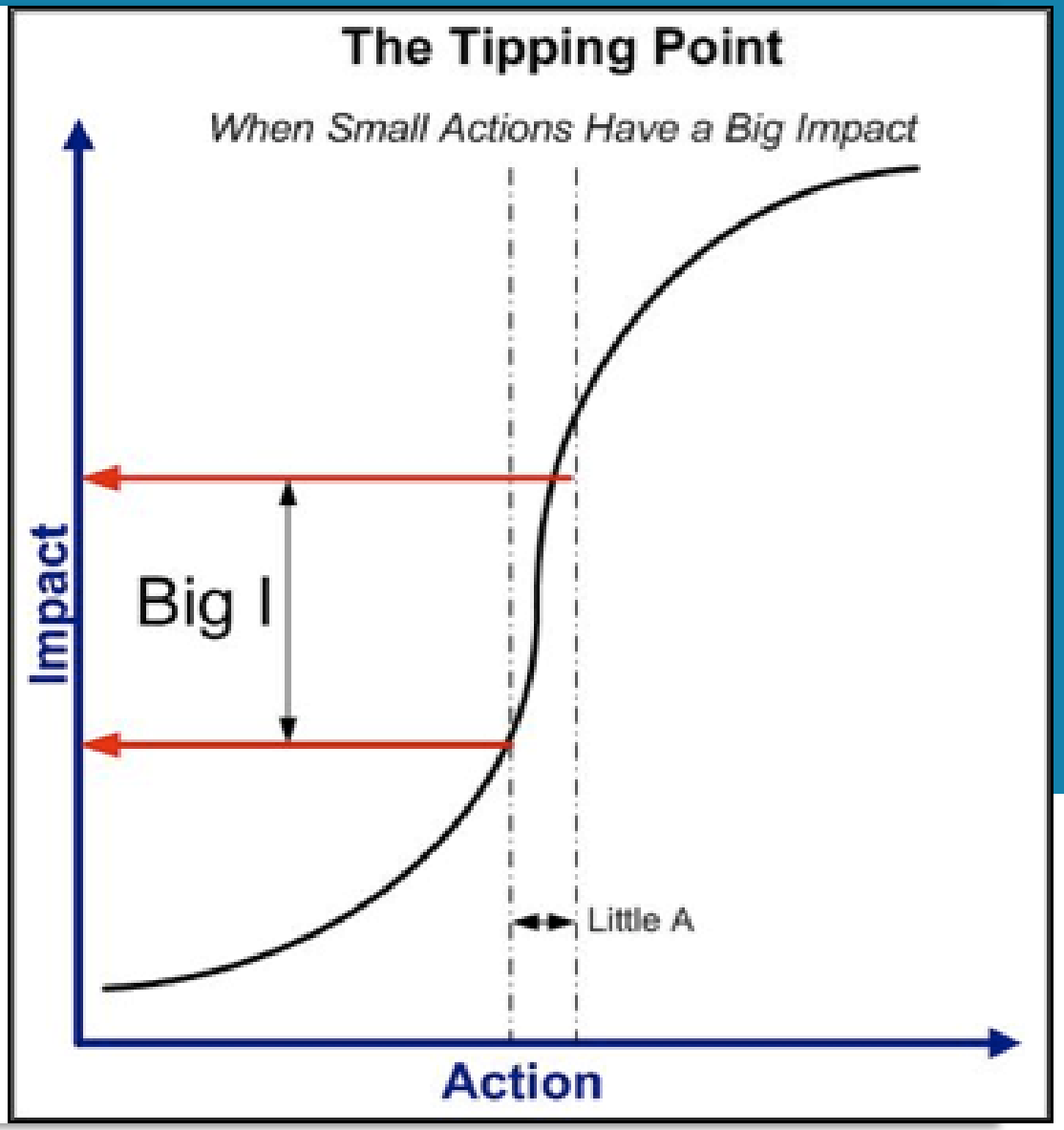
Help others to make informed decisions

SALESMAN

Is extremely persuasive in inducing others' buying decisions and behaviors through his unusual charisma

©GIDD consultancy / www.gidd.nl


the tipping point
"it looked smaller fromthe bottom!! just gotta keep pushin"
"whoo hoo!"
a lot of hard work & slow momentum
it gets easier from here, and if you hit another hill you've got some momentum behind you
Munchweb


The Tipping Point
When Small Actions Have a Big Impact
Impact
Big I
Little A
Action

STICKYNESS FACTOR

- A message that leave a deep impression that it is stuck in one's head
- Message memorable and irresistible
- Find the right stickiness for a target audience

CRM

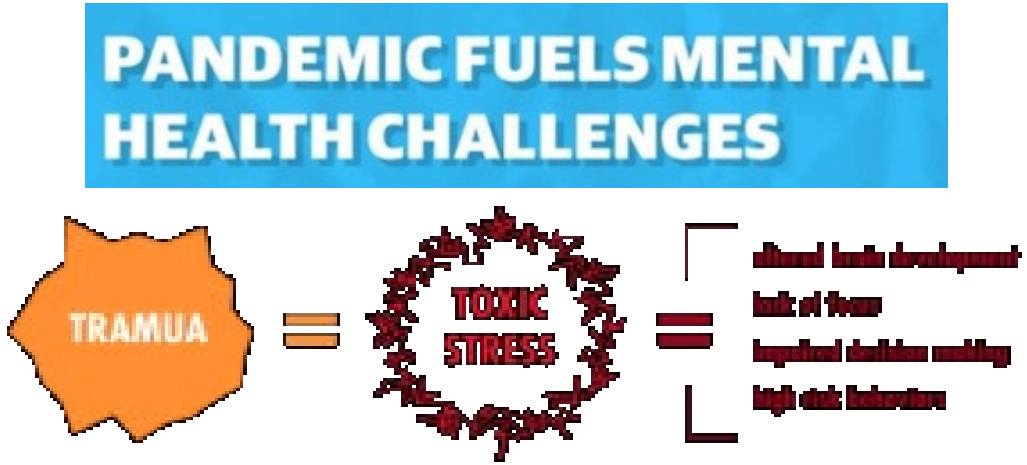
The Resilient Zone- "OK" Zone

About iChill

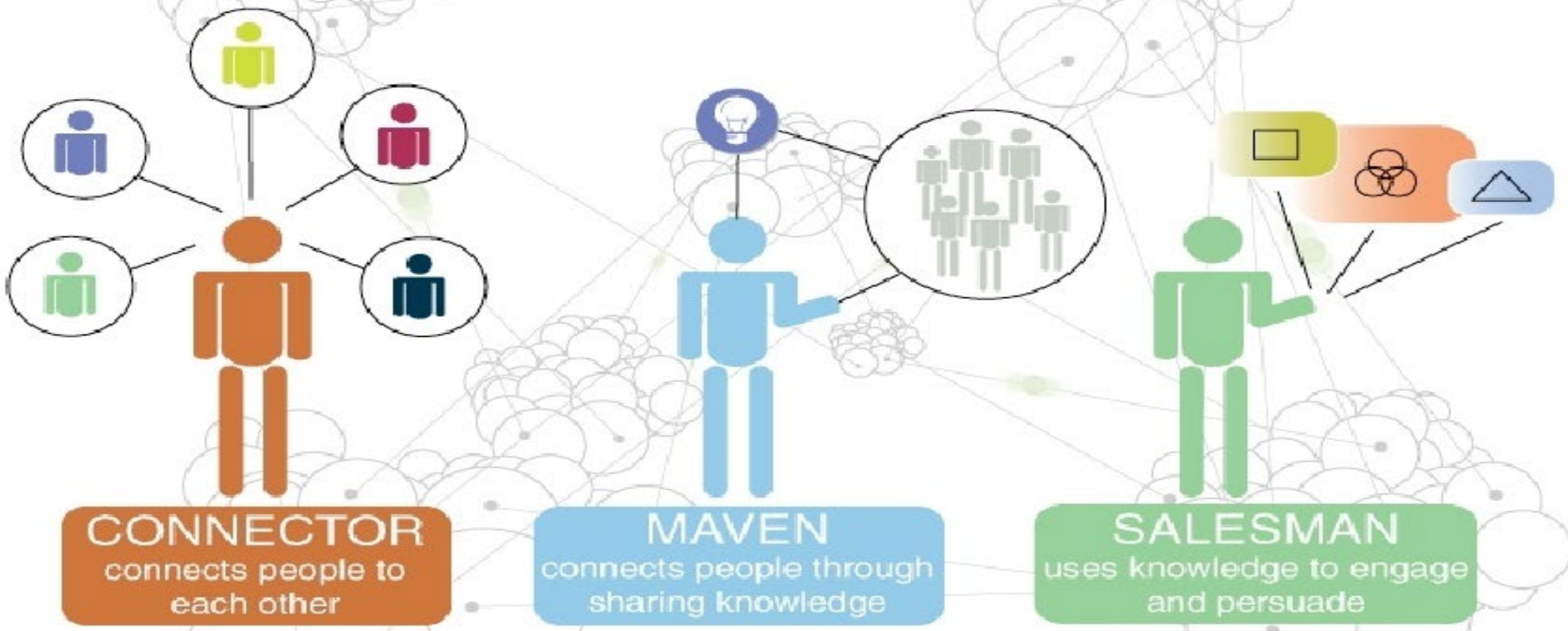
POWER OF CONTEXT

- **Change the Context to Change Behaviors**
  - *Consider the environment*
  - *Circumstances and Condition*
  - *Timing and Location of messages*

- **Rule of 150**
  - **Social groups to influence behavior**
  - *Keep the community tightly connected*



HIV COMMUNITY LINK



LAW OF THE FEW: | CRM® GUIDES

EXAMPLE POTENTIAL CRM® GUIDES

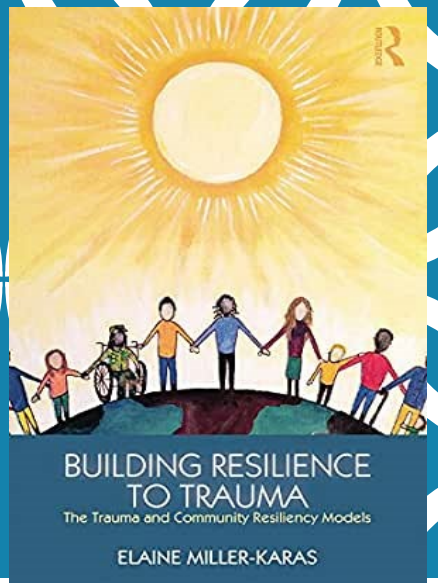
- Employee Health
- Clinical Educators
- Inpatient Clinical Social Workers
- Spiritual Health: Chaplains
- Palliative Care Nurses
- Team Leaders / Supervisors
- In-house Interpreter
- Outpatient Clinic: Behavioral Health, Outreach, CHW

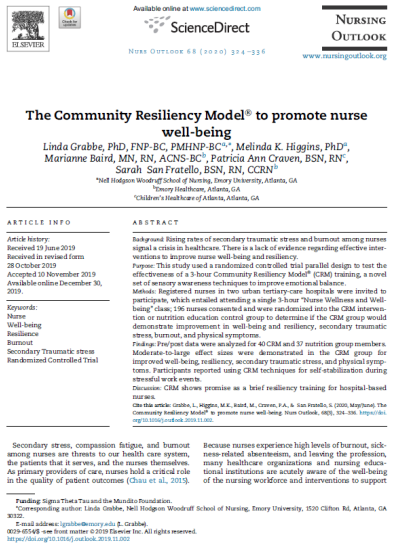
EXAMPLE COMMUNITY PARTNERS

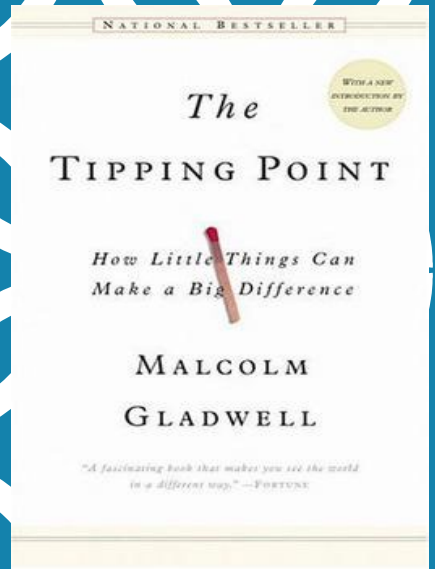
- Hospital Volunteers
- APU School of Nursing: Community Nursing Course assignment (optional)
- Local High School – Medical Academy Training program
- Local Breastfeeding Coalition
- Non-profit organizations
- CHW Apprenticeship Program
- High Desert Mental Health Summit (cancelled)

Trauma Resource Institute:
https://www.traumaresourceinstitute.com/

Webinar: Cultivating Our Best Selves in Response to COVID19:
https://youtu.be/mX3KTqFUA-E







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