



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.

HIV/AIDS



Section Newsletter

Volume 1, Issue 2

Co-editors: Dawn Slowinski & Vanessa Griffith

June 2021

A Message from our HIV/AIDS Section Chair

As we continue to navigate challenging times, we are grateful that so much progress has been made since our last newsletter. While we have made progress in COVID-19 in the US, there are some countries that continue to be severely affected. For example, India and Brazil have had major challenges with high mortality, morbidity, and variants. COVID vaccinations have been approved for emergency use, which has helped in fighting the COVID-19 pandemic in the US. However, we see that racial/ethnic disparities continue to exist in vaccination rates at the national level with communities of color being less likely to be vaccinated. This lower likelihood of being vaccinated can be due to a variety of reasons such as access to vaccination sites, including transportation barriers. The racial/ethnic disparities that we see in COVID-19 morbidity, mortality and vaccination rates, while they are new with respect to the illness, are not novel with respect to history. These are the same racial/ethnic disparities that we see in HIV/AIDS, for example, with communities of color having the highest incidence and prevalence rates. The disparities in HIV/AIDS also extend to sexual and gender minority communities including gay and bisexual men, and transgender women.

With the COVID-19 pandemic continuing to affect us, this may impact HIV-related goals such as ending the HIV epidemic, as resources may be diverted to fighting the pandemic. This may also impact outcomes such as HIV testing, linkage to and engagement in HIV care, adherence to ART and viral suppression. So, we continue to applaud those who are fighting on the front lines and behind the scenes with respect to the COVID-19 pandemic. Simultaneously, we continue to advocate for populations living with and at risk for HIV. We call for continued HIV testing and integrated HIV care.

As the year continues, the HIV/AIDS Section Leadership continues to work on putting the Fellowship and Mentorship programs in place. We are also in the process of scheduling our next HIV, law and policy workgroup meeting. We are also excited to see the 2021 HIV/AIDS scientific program for the APHA annual meeting. We are encouraging everyone, especially students and early career professionals to submit research and other accomplishments to the newsletter, which can aid with professional development by highlighting your work. Please do not hesitate to reach out to me or to any of our leaders if there are questions about our programs.

As we continue to progress, let us be kind to one another. Let us be the players that help other team members on and off the field. And, finally, let us continue to gain and impart knowledge and experience that has helped us along the way.

Yours truly,

Monique J. Brown, PhD, MPH

Chair, HIV/AIDS Section, APHA

Assistant Professor, Department of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina

Faculty Affiliate, South Carolina SmartState Center for Healthcare Quality, Rural and Minority Health Research Center, Office for the Study of Aging, Arnold School of Public Health, University of South Carolina

Member Spotlight

Stephanie Marhefka is a professor, Assistant Dean for Research at the University of South Florida (USF)'s College of Public Health, and the feature member of this month's Member Spotlight. Here, she describes her research in HIV/AIDS and tobacco cessation, how she infuses her research into her administrative role, the motivations behind her work in HIV/AIDS, how being a member of our section has influenced her, and the advice she has for new members on how to maximize their membership.

1. Describe the research you are conducting in the field of HIV/AIDS.

My work in the field of HIV/AIDS, which has spanned over 20 years, primarily involves improving the care and treatment of people with HIV. Since 2010, I have been working to increasing access to effective interventions for adults with HIV. When I came to Florida in 2007 for a faculty position at USF, I was sought my niche in HIV research. In 2009, while at a meeting involving nurses working with mothers who were pregnant and living with HIV, I heard a discussion regarding what to do when mothers who had not disclosed their HIV status to their partners. One person responded: 'Well, you refer them to Healthy Relationships.' Healthy Relations was a Centers for Disease Control and Prevention-designated Effective Behavioral Intervention, part of project was designed to bring science-based individual, group, and community-level HIV prevention interventions to community-based service providers and state and local health departments—largely in urban environments. When she made this remark, I thought, 'That's nice if you live in an urban environment. But what about people who don't live in these urban environments and, thus, cannot receive the appropriate interventions? Surely there must be a way to make these evidence-based programs available to those who live in remote locations.' That moment at the perinatal HIV nurses meeting inspired my subsequent work in HIV-related e-health.

Roughly ten years before that turning point, I had a professor who had been conducting research related to video-conferencing based family therapy related to pediatric epilepsy. After the perinatal nurses meeting, I called that professor, Dr. Robert Glueckauf, to see if my idea of delivering programs to people with HIV over videoconferencing might have potential. The short answer was 'yes' and so I ran with it.

I seek to understand opportunities afforded to us by technology as well as the potential inequities that may arise as a result of technology-based interventions. While I love technology, we need to understand the populations we serve and determine how technology serves them. The proliferation of technology-based programs can have a positive impact, however, there are people who do not have the required technology and people who have the required technology but will not use it out of fear of unintentionally revealing their HIV status online. They are worried about their privacy. We must discover how to meet the needs of these populations

during this digital age.

2. Describe your recent work involving the intersection between HIV and tobacco use.

People with HIV are dying more from tobacco use than from HIV. The National Institutes of Health (NIH) recently introduced some initiatives designed to compel researchers to address this disturbing health trend. Not only are people with HIV more likely to smoke, but they have a much harder time quitting. The reasons for this are not entirely clear. We do know many people with HIV have struggled with other substances in the past; some have been able to renounce other substances, and now tobacco is their last vice. They may not wish to relinquish it.

Another challenge is getting HIV care providers to promote tobacco cessation among their patients. I learned from my colleague, Dr. Jonathan Shuter, an interesting perspective to share with these HIV care providers when it comes to addressing tobacco cessation with their patients: 'You invest all this time and effort trying to help your patients get and remain undetectable. Yet they walk out of your office, light up their cigarettes and are slowly killing themselves. You are working so hard trying to manage their HIV infection and the cigarette smoking is working against you the entire time.' Indeed, it is an uphill battle.

Unfortunately, the science behind HIV and smoking cessation is in its infancy. We lack evidence-based programs for people with HIV that are associated with long-term cessation. There is much work to be done.

Building on my prior work, in 2019, Dr. Shuter and I received a National Cancer Institute grant to test a 12-session video-conferencing delivered group-based smoking cessation program tailored to people with HIV. We previously pilot tested the program with 8 sessions and realized some participants needed more support to get quit and stay quit. We have several years left in this trial, so stay tuned for the results.

3. How do you bring the work that you have in HIV/AIDS into your administrative role as an Assistant Dean for Research and what implications would that have for those who are interested in HIV-related work?

My role as an Assistant Dean, which I absolutely enjoy, was an unexpected opportunity. My main responsibility is to support our faculty in succeeding in research process and hone their skills in grant writing and grant management. It is extremely exciting to be able to help early career investigators who have great ideas but do not understand the funding culture and the many unwritten rules. It is fun to mentor someone who has great potential but does not know yet how to make it work. This role has enabled me to help grow the research for our faculty overall, including in the area of HIV. I have worked with some faculty who wanted to conduct HIV-related work, but they do not have an 'in' or they do not know how to get started. In this role, I am able to bring people into the HIV research arena.

I encourage anyone who is interested in stepping into a leadership role to seek opportunities. I first led committees in our department and ultimately our college research committee. Through that and my scholarship, I was seen as a leader in research, and was eventually offered the role of Assistant Dean for Research.

4. What motivates you to conduct the work you do in the field of HIV/AIDS?

My work in HIV/AIDS began during my studies in clinical and health psychology in Gainesville, FL, where I worked in a clinic for children who had acquired HIV perinatally. Those kids captured my heart. Shortly before then, studies had shown the promise of highly active antiretroviral therapy for increasing life expectancy for these children. They now had prospects for a full life. But they also had many needs.

There was so much we did not know in terms of resolving the behavioral challenges of multi-drug regimens with complex instructions and side effects. Some adolescents rebelled by not taking their medications. Often, this was but one of many challenges families faced. During that time, I began to understand the social determinants of health. Multigenerational substance use, poverty, structural racism, and unmet mental health needs were pervasive. HIV was not always the primary concern for these families.

After serving this population, I saw opportunities to make things better for them through research. Throughout my career in HIV, my inspiration has come from two main sources: first, my experience with these children and with many people with HIV I have come to know, and secondly, my cousin Brian who died from AIDS in the early nineties when I was in high school. The significance of his death hit me when the movie *Philadelphia* came out. I then realized how wrong things were in the world. Because of judgment and stigma, my family failed to provide Brian with the love and compassion he deserved. I could not change Brian's experience, but I could work to make a difference for others with HIV.

5. How has your membership in the HIV/AIDS Section influenced your work?

The HIV/AIDS section is an incredibly special place; I have been a member since 2001. I received tremendous mentorship through the personal and professional relationships that I developed via my membership in the APHA and the HIV/AIDS section. As a member, I learned about different approaches to addressing HIV-related challenges. Moreover, in the HIV/AIDS section, everyone shares my passion. I find it invigorating.

Most people who participate in the section do so because they are passionate about the work we do. I have enjoyed working with other leaders within the section. I was the Secretary for a

number of years and participated in the strategic planning committee, which turned out to be an amazing experience. Not only did I get to know many people, I honed a critical skill; a skill I brought to my position as Assistant Dean. I noticed our faculty needed some guidance with their research interests; they needed a cohesive plan. To this end, I developed a personal research strategic planning tool, a byproduct of the experience I gained as a member of the HIV/AIDS section. Later, I served as section Chair and Governing Counselor. I appreciate the opportunities to build my leadership skills, which have helped advance my career.

6. What advice would you give to a new member of the HIV/AIDS Section about how to take advantage of their membership?

When you are new to any section, it can be overwhelming and intimidating. My advice to new members is to fight that fear, commit yourself to attend the meetings and conferences, and give yourself some professional goals (e.g., introduce yourself to the section, obtain at least three business cards, establish contact with X number of people). You will not be disappointed. The people in this section are your peers. They care about the same things that you do. Get to know them.

Typically, at the annual meeting we have a dedicated session specifically geared toward trainees and those new to the section. As part of the session, participants engage in a round table introductory discussion, is extremely helpful because participants are among others who are also learning to navigate the meeting and section for the first time. In addition, the leaders are eager to welcome you and facilitate introductions. The social event is another excellent avenue to network with others. Outside of the meeting, I encourage new members to become involved in quarterly calls, volunteer to plan meetings, review abstracts, or assist with the social. Figure out what feels right for you. I personally enjoyed my time as Secretary; I liked the observer role and learned a lot when I watched and listened. All the while, I built personal and professional relationships. I recommend you find a strategy that pushes you beyond your comfort zone so that you can get the most out of your experience as a member.



Please Donate to the HIV/AIDS Section Enrichment Fund!

Throughout the year, we received multiple donations to our section enrichment fund from our own section members, and I'm happy to report that both our operating and enrichment funds are in good condition for the first time in many years. Nonetheless, it is crucial we continue to solicit donations if we wish to create new opportunities, and improve existing ones, for our section members. While we plan to ramp up our monetary asks from outside vendors and organizations in the upcoming year, our first line of support comes from members just like you.

Many of you already make donations to various worthy organizations throughout the year. On behalf of the HIV/AIDS Section Leadership, we would ask you to consider adding the HIV/AIDS Section to your yearly donations. Perhaps you need to spend another \$20, \$50, or \$100 to claim against your taxes. Perhaps you have an extra \$50 left over from your tax return. Whatever the reason, please consider supporting us by clicking here https://secure.apha.org/imis/APHA/Fundraising/Single_Gift.aspx?ItemId=DONAT_HIV_ENRIC to give to our section enrichment fund. To give you an idea of how your money will be spent, some ideas we are considering implementing in the coming months to enrich our members' experience with the section include the following:

- ◆ Scholarships, especially for those who may not have institutional support to attend APHA annual meetings
- ◆ Mentorship and fellowship opportunities

Please give as little or as much as you feel comfortable giving. We, the Newsletter Team, have started the ball rolling by donating shortly before this publication, and we are asking all of you to give what you can. If every one of our 888 members gave just \$5, we would have **\$4,440** to support the enrichment activities outlined above and plenty more!

Again, you can click here https://secure.apha.org/imis/APHA/Fundraising/Single_Gift.aspx?ItemId=DONAT_HIV_ENRIC to donate directly to the HIV/AIDS section.

There are a variety of other options to raise money for our section activities. You can:

1. Donate a small amount of money yourselves -a little can go a long way! If you wish to give a small amount monthly, there is a link at the top of the page to give a recurring gift as well.
2. Ask your university departments or organizations if they would be willing to donate. They can either donate generally to enrichment, or they can make a memorial gift. We are always willing to provide additional awards or scholarships to young researchers in tribute or in memory of a current or former HIV/AIDS Section member.
3. Help us solicit donations from community partners who share our section's goals. Make sure that the organization falls in line with APHA's Solicitation & Donations Policies and that any non-earmarked donations are written out in general terms (e.g., for annual meeting business purposes instead of for 2021 annual meeting purposes), or else we are limited to the specific year and/or purpose written down.
4. If you are unable to donate yourselves right now but you have ideas for fundraising, please send them to us!
5. Finally, if you do choose to pass along this fundraising need to colleagues, friends, or other concerned parties, please make sure to pass along our specific link (https://secure.apha.org/imis/APHA/Fundraising/Single_Gift.aspx?ItemId=DONAT_HIV_ENRIC). The APHA website can be a bit confusing in terms of earmarking donations for sections or other causes, and we want to make sure the money goes directly to our section.

Thank you for all that you do for the HIV/AIDS Section!



Upcoming Conferences and Events

January

15-16 *National African American MSM Leadership Conference on Health Disparities and Social Justice*

27-28 *4th HIV Research for Prevention (HIVR4P)*

February

2 *International AIDS Society (IAS) COVID-19 Conference: Prevention*

3-4 *4th HIV Research for Prevention (HIVR4P)*

March

6-10 *Conference on Retroviruses and Opportunistic Infections (CROI)*

10-13 *Society of Adolescent Health and Medicine (SAHM) Annual Meeting*

18-21 *National Hispanic Medical Association 24th Annual Conference*

April

8-10 *2021 American Conference for the Treatment of HIV (ACTHIV)*

12-16 *Society for Behavioral Medicine Annual Meeting*

May

13-14 *2021 Conference on Adolescent Health*

20-22 *National LGBTQ Health Conference*

June

1-4 *Society for Prevention Research Annual Meeting*

2-5 *Symposium on Data Science & Statistics*

15-20 *2021 AANP National Conference*

July

14-17 *Sexual Diversity and the City— STI and HIV World Congress*

18– 21 *11th International AIDS Society Conference on HIV Science (IAS)*

August

12-15 *American Psychological Association Annual Convention*

19-21 *Philadelphia Trans Wellness Conference*

September

9 –12 *US Conference on HIV/AIDS (USCHA)*

12-14 *2021 American College of Clinical Pharmacology (ACCP) Annual Meeting*

22-25 *39th GLMA Annual Conference on LGBTQ Health*

22-25 *Emergency Nurses Association (ENA) Annual Meeting*

28 *American Academy of Family Physicians Annual Meeting*

29–Oct 3 *Infectious Diseases Society of America: (IDSA)*

October

6-9 *American Academy of Nursing Annual Meeting and Conference*

23-27 *2021 American Public Health Association (APHA) Meeting*

December

8-11 *Pri-Med East 2021*

13-17 *10th International Workshop on HIV Persistence during Therapy*



Awards, Presentation, and Publications

Awards:

Congratulations to Jeffrey Goodman, MPH - Adjunct Professor Department of Health Sciences/Public Health Programs (BSPH & MPH) at the College of Health and Human Development in California State University, Northridge (CSUN) who was awarded the Society for Public Health Education's (SOPHE) 2021 Presidential Citation for Service.

Publications:

Aibekova L, Bexeitova A, Aldabergenova A, Hortelano G, Ge Z, Yi F, Shao Y, DeHovitz J, Vermund SH, Ali S. Transmission of HIV and HCV within Former Soviet Union Countries. *Can J Gastroenterol Hepatol.* 2020 Jul 15;2020:9701920. doi:10.1155/2020/9701920. PMID: 32733822; PMCID: PMC7378597.

Asabor EN, Vermund SH. **Confronting structural racism in the prevention and control of tuberculosis in the United States.** *Clin Infect Dis.* 2020 Nov 26;ciaa1763. doi: 10.1093/cid/ciaa1763. Epub ahead of print. PMID: 33242078.

Audet CM, Ngobeni S, Mkansi M, Wafawanaka F, Aliyu MH, Vermund SH, Wagner RG. An unrecognized key population? Traditional treatment practices associated with HIV risk among traditional healers in rural South Africa. *AIDS.* 2020 Dec 1;34(15):2313-2317. doi: 10.1097/QAD.0000000000002710. PMID: 33048882; PMCID: PMC7674239.

Brault MA, Spiegelman D, Abdool Karim SS, Vermund SH. **Integrating and Interpreting Findings from the Latest Treatment as Prevention Trials.** *Curr HIV/AIDS Rep.* 2020 Jun;17(3):249-258. doi: 10.1007/s11904-020-00492-4. Erratum in: *Curr HIV/AIDS Rep.* 2020 Oct;17(5):577. PMID: 32297219; PMCID: PMC7260110.

Bravo MP, Peratikos MB, Muicha AS, Mahagaja E, Alvim MFS, Green AF, Wester CW, Vermund SH. Monitoring Pharmacy and Test Kit Stocks in Rural Mozambique: U.S. President's Emergency Plan for AIDS Relief Surveillance to Help Prevent Ministry of Health Shortages. *AIDS Res Hum Retroviruses.* 2020 May;36(5):415-426. doi: 10.1089/AID.2019.0057. Epub 2020 Mar 2. PMID: 31914787; PMCID: PMC7232670.

Chen Y, Gao Y, Zhou Y, Li X, Wang H, Polonsky TS, Vermund SH, Qian HZ, Qian F. Human Immunodeficiency Virus Infection and Incident Heart Failure: A Meta-Analysis of Prospective Studies. *J Acquir Immune Defic Syndr.* 2021 May 1;87(1):741-749. doi: 10.1097/QAI.0000000000002629. PMID: 33492019.

Davlidova S, Haley-Johnson Z, Nyhan K, Farooq A, Vermund SH, Ali S. **Prevalence of HIV, HCV and HBV in Central Asia and the Caucasus: A systematic review.** *Int J Infect Dis.* 2021 Mar;104:510-525. doi: 10.1016/j.ijid.2020.12.068. Epub 2020 Dec 29. PMID: 33385583.

Deng L, Zhang X, Gao Y, Turner D, Qian F, Lu H, Vermund SH, Zhang Y, Qian HZ. Association of HIV infection and cognitive impairment in older adults: A meta-analysis. *Ageing Res Rev.* 2021 Feb 26;68:101310. doi: 10.1016/j.arr.2021.101310. Epub ahead of print. PMID: 33640473.

DeShields RD, Lucas JP, Turner M, Amola K, Hunter V, Lykes S, Rompalo AM, Vermund SH, Fischer S, Haley DF. **Building Partnerships and Stakeholder Relationships for HIV Prevention: Longitudinal Cohort Study Focuses on Community Engagement.** *Prog Community Health Partnersh.* 2020;14(1):29-42. doi:10.1353/cpr.2020.0006. PMID: 32280121; PMCID: PMC7228022.

Graybill LA, Kasaro M, Freeborn K, Walker JS, Poole C, Powers KA, Mollan KR, Rosenberg NE, Vermund SH, Mutale W, Chi BH. Incident HIV among pregnant and breast-feeding women in sub-Saharan Africa: a systematic review and meta-analysis. *AIDS.* 2020 Apr 1;34(5):761-776. doi: 10.1097/QAD.0000000000002487. PMID: 32167990; PMCID: PMC7275092.

Hu Y, Ma J, Huang H, Vermund SH. **Coinfection With HIV and SARS-CoV-2 in Wuhan, China: A 12-Person Case Series.** *J Acquir Immune Defic Syndr.* 2020 Sep 1;85(1):1-5. doi: 10.1097/QAI.0000000000002424. PMID: 32568771; PMCID: PMC7446977.

Jiang H, Zhang X, Zhang C, Lu R, Zhou C, Ouyang L, Xing H, Vermund SH, Shao Y, Ruan Y, Wu G, Qian HZ. Trends of HIV, hepatitis C virus and syphilis seroprevalence among injection and non-injection drug users in southwestern China, 2010-2017. *AIDS Care.* 2020 Dec 21:1-6. doi:10.1080/09540121.2020.1856320. Epub ahead of print. PMID: 33345591.

Awards, Presentation, and Publications (continued)

Olatosi B, Vermund SH, Li X. **Power of Big Data in ending HIV.** *AIDS.* 2021 May 1;35(Suppl 1):S1-S5. doi: 10.1097/QAD.0000000000002888. PMID: 33867484.

Sun X, Wang C, Zhao K, Zhang L, Li M, Sun D, Shu W, Ruan Y, Zhang J, Vermund SH, Li D, Hu Y. **HIV Seroconversion and Types of Relationships Among Men Who Have Sex With Men: A Cohort Study in China.** *J Acquir Immune Defic Syndr.* 2020 Apr 1;83(4):365-372. doi: 10.1097/QAI.0000000000002264. PMID: 31913999; PMCID: PMC7055498.

Taggart T, Mayer KH, Vermund SH, Huang S, Hayashi K, Ransome Y. **Interaction of religion/spirituality with internalized HIV stigma, depression, alcohol use, and sexual risk among Black men who have sex with men: The six city HPTN 061 study.** *J Acquir Immune Defic Syndr.* 2021 Feb 23. doi:10.1097/QAI.0000000000002667. Epub ahead of print. PMID: 33633033.

Vermund SH, Febo I. **The Historic Elimination of Mother-to-Child HIV and Syphilis Transmission in Puerto Rico.** *P R Health Sci J.* 2021 Mar;40(1):3-5. PMID: 33876911.

Wang N, Huang B, Ruan Y, Amico KR, Vermund SH, Zheng S, Qian HZ. **Association between stigma towards HIV and MSM and intimate partner violence among newly HIV-diagnosed Chinese men who have sex with men.** *BMC Public Health.* 2020 Feb 10;20(1):204. doi: 10.1186/s12889-020-8259-y. PMID: 32039716; PMCID: PMC7008577.

Ye R, Liu C, Tan S, Li J, Simoni JM, Turner D, Nelson LE, Vermund SH, Wang N, Qian HZ. **Factors associated with past HIV testing among men who have sex with men attending university in China: a cross-sectional study.** *Sex Health.* 2021 Mar;18(1):58-63. doi: 10.1071/SH20088. PMID: 33639685.

Zhang C, Webb GF, Lou J, Shepherd BE, Qian HZ, Liu Y, Vermund SH. **Predicting the long-term impact of voluntary medical male circumcision on HIV incidence among men who have sex with men in Beijing, China.** *AIDS Care.* 2020 Mar;32(3):343-353. doi: 10.1080/09540121.2019.1679704. Epub 2019 Oct 16. PMID: 31619058; PMCID: PMC6981072.



Job Opportunities

- ◇ The International Association of Providers of AIDS Care (IAPAC) is seeking a Manager of Strategic Information at our DC office. This position supports a multinational initiative (Fast-Track Cities initiative) whose aim is to assist high HIV burden cities around the world to accelerate their local HIV responses and attain UN programmatic targets. More information and the application is available at <https://iapac.bamboohr.com/jobs/view.php?id=30>
- ◇ The University of Connecticut School of Medicine is recruiting a full-time Post-Doctoral Fellow in Addiction Health Services Research. The person filling this position will have recently completed or expect to soon complete their doctoral studies with a strong research record in health services research and/or implementation science with an emphasis on addiction treatment or a related field. This post-doctoral fellow will work on projects under the direction of Dr. Megan O'Grady, Assistant Professor of Public Health Sciences (<https://facultydirectory.uhc.edu/profile?profileId=O%27Grady-Megan>). The postdoctoral fellow will contribute to research and evaluation projects aimed at improving the system of care for substance use disorders. Some travel to New York City and New York State project sites may be required (once allowable in the future). Distinct interest and knowledge of substance use disorder intervention and treatment and implementation science frameworks/approaches is preferred. The position will be located within the school's Department of Public Health Sciences. Department faculty maintain vibrant extramural research and service programs that reflect extensive associations with national, state and regional health agencies (<https://health.uconn.edu/public-health-sciences/>). This is a full-time (12-month) position. The position can last for up to three years. Preference will be given for someone who can commit to at least 2 years. Expected start date would be on or after July 1st, 2021 (doctoral degree must be in hand by start date). Interested applicants should submit a cover letter, curriculum vitae and names of and contact information for 3 references to Megan O'Grady, Ph.D., Assistant Professor at ogrady@uhc.edu.

