



The 18th
Annual
Women
as the Face
of AIDS
Summit

MAY 8, 2023



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Call for Workshop Submissions

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Monday, May 8, 2023
11 am – 6 pm

Iris House: A Center for Women Living with HIV, Inc., is now accepting Workshop Proposals Abstracts for our annual Women as the Face of AIDS Summit, taking place both in-person and virtually (hybrid) on Monday, May 8, 2023. The summit will provide educational and networking opportunities for people living with HIV and AIDS, healthcare providers, mental health professionals working in AIDS service organizations, community-based organizations, government agencies, and medical facilities. This year's hybrid summit will reach women and providers from across the U.S. and around the world.

The 2023 Summit's theme is "**Reframing HIV. Refresh, Reflect & Renew**" and we are so excited about the opportunities it will present. The scale of the human immunodeficiency virus (HIV/AIDS epidemic) has exceeded all expectations since its identification 40 years ago. Globally, an estimated 36 million people are currently living with HIV (with women and girls accounting for about 48% of all new infections in 2019), and nearly half have perished, with most in sub-Saharan Africa.

Examples of the impact of HIV/AIDS in Africa, Asia, Latin America, the Caribbean, North America, South America, and Central America provide insight into the demographics, modes of exposure, treatment and prevention options, and economic effect of the endemic on the global community. The epidemic in each region of the world is influenced by a myriad of intersectional factors associated with the spread of HIV/AIDS and various responses that have evolved to address it. These influences are important in developing HIV/AIDS policies and programs to effectively address the global pandemic.

The spread of HIV and its impact on social capital, population structure, and economic growth has been greater than anticipated. Responding to HIV/AIDS on a scale proportionate with the epidemic is a global imperative and steady social mobilization is necessary to combat one of the most serious crises facing human development. This year's summit will attempt to address the local, domestic, and global implications of the virus and how we need to reframe, refresh, reflect, and renew the impact of and response to HIV.

Workshop Presentations will showcase 60-minute presentations that will reflect one of the five conference tracks. We invite a wide range of presentation styles -- lecture, Q&A, panel, hands-on participation, and more -- and hope to offer a diverse collection of topics within each track. This year's format will offer opportunities to present on five themes, each drawing on the impact women have had in Ending the Epidemic and how women must reframe, refresh, reflect, and renew innovative HIV/AIDS programs and services.

Track 1 – *Surviving and Thriving with HIV/AIDS*: A 2017 study in the journal [AIDS](#) found that the additional life expectancy for people with HIV at age 20 during the early monotherapy era was 11.8 years. However, that number rose to 54.9 years for the most recent combination antiretroviral era. This brings the average life expectancy to more than 20 years additionally, or 74.9 years. Researchers also concluded that people with HIV with higher education had a similar life expectancy to the general population.

Because people with HIV are living much longer, they are starting to face the same health issues as other older adults. In fact, differentiating Alzheimer's disease from HIV-associated neurocognitive disorders is becoming an emerging issue in the population of older adults living with HIV. Even with the advances in antiretroviral therapy, people living with HIV may experience long-term side effects of either the therapy or HIV itself. Conditions common in long-standing HIV infection include: cardiovascular disease; lung disease; certain cancers; HIV-associated neurocognitive disorders; and liver disease, including hepatitis B and hepatitis C. HIV also appears to increase chronic inflammation in the body, putting a person at risk of certain health conditions. However, more research is necessary to better understand this. Antiretroviral medications have links to both short- and long-term side effects. Most side effects are manageable but can become serious. Long-term effects from antiretrovirals can include: kidney failure; liver failure; heart disease; type 2 diabetes; high cholesterol; lipodystrophy, or changes in how the body stores fat; osteoporosis; or neuropathy.

Further, there are also many long-term survivors of HIV including those who were prenatally or perinatally infected. What are the needs for persons aging with HIV? What is the impact to long-term care and comorbidities for those who are long-term survivors? How are programs meeting the needs of this population?

Track 2 – *Social Determinants of Health (housing, food insecurity, mental health, substance use, etc.)*: As defined by the World Health Organization, Social Determinants of Health (SDoH) are “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels” The SDoH also determine access and quality of medical care.

Medical care is estimated to account for 10-20 percent of the modifiable contributors to healthy outcomes for a population. The other 80 to 90 percent are broadly called the SDoH: health-related behaviors, socioeconomic factors, and environmental factors. For people living with HIV, what are the current SDoH of health? Are they being addressed? If so, how and by who?

Track 3 – *HIV Equity (research, healthcare, and service delivery)*: Equity was not included from the beginning, leaving enormous disparities in research, healthcare, and daily service delivery. Women were left out of clinical trials. People of color were omitted from healthcare delivery. Moreover, women of color were not even a factor in the original equation. How has this changed? How must it continue to improve?

Track 4 – The Role of Socioeconomic Status on the Mental Health of Women (with or without HIV): Based on the research, women have a greater amount of mental illness. Twice as many women as men attempt suicide. Anorexia and Bulimia are three times as likely in women as in men. Socioeconomic stressors exacerbate mental health challenges (regardless of HIV status). Women are twice as likely to suffer anxiety disorders and twice as many women as men develop depression (Central Clinical School Public Lecture).

Real life observation among clinicians demonstrate that this is especially true among women living with HIV/AIDS. Women with HIV experience twice as much depression than men and more than women without a positive diagnosis. Causes for depression include food deserts to nourish family properly, inability to pay for childcare with part-time or low-pay employment, stress of being the head of household or sole breadwinner, etc. COVID-19 has exacerbated these conditions with the addition of excessive grief in communities of color in which the mortality rates were higher during the onset of the pandemic.

What coping mechanisms, treatment options, and community or online resources are available specifically to women to balance life challenges and improve mental health wellness? What mental health services are available to women in lower socioeconomic status? Are psychotropic medications available to women with government assisted medical coverage (Medicaid, ADAP)? What is the status of mental health service payment waivers associated with COVID-19? Do part-time/lower paying jobs provide Employee Assisted Program (EAP) services with free counseling sessions? If not, how do women advocate for their employers to apply for or upgrade EAP services? What mental health challenges plague young persons that put them at greater risk for HIV? How are programs addressing HIV while addressing mental health challenges?

Track 5 – Next Generation of HIV/AIDS Leaders: The original leaders of the HIV/AIDS movement have been working in the field for over 30 years. Who is coming up in HIV/AIDS leadership? The issues today are very different from those that preceded them, including research, treatment, service delivery, and more. Many young people have expressed that HIV/AIDS is not as high a priority as the challenges of housing, employment, domestic abuse, substance use, etc. What are leaders and organizations doing to groom the next generation of leaders in the movement?

The first generation of HIV/AIDS leaders relied on their phones, meetings, and word of mouth to get their work done. With enormous technological advances, how does social media play into today's leadership (unlike past generations)? How are we grooming and developing the next generation of HIV/AIDS leaders?

We are excited about the format this year and hope that you will consider presentations that force us to deeply think about the way we tackle these issues while remaining open to understanding our own strengths and shortcomings.

As always, we encourage you to find ways to address the needs and challenges of women, LGBT+ populations, youth, seniors, etc., in your submission.

Abstracts must be submitted online to: <https://www.surveymonkey.com/r/IHSummit23> no later than:

5PM on Wednesday, March 1, 2023

The following information is required for submission:

NAME AND TITLE OF PRESENTER AND ORGANIZATION, if applicable.

INDICATE TRACK UNDER WHICH YOU'D LIKE TO BE CONSIDERED

TITLE: Title of Presentation

FORMAT: Lecture, Panel, Workshop

EXPECTED AUDIENCE: PLWHAs, Front Line CBO Staff, Medical Care Providers, Mental Health Professionals, Organizational Leaders, Policymakers, Community at Large, and Activists

OBJECTIVE: Describe the purpose of the workshop and what outcomes you hope from your audience at the Summit.

METHODS: Briefly describe the information you'll be presenting and the methods or strategies used in the program.

RESULTS: Describe the objective outcomes of the program, project, or study. Include quantifiable data, if possible.

TAKE-AWAYS: State the conclusions reached because of the program.

All selected presentations using visual displays at the Summit (e.g., a PowerPoint presentation) will be required to submit those by Friday, April 17, 2023. We ask this for logistical purposes and space preparation, not content review. If you are using material created by a third-party entity, we require you to credit them appropriately.

Submission Deadline: Workshop Abstract due to Iris House (to: : <https://www.surveymonkey.com/r/IHSummit23>) by 5PM on Wednesday, March 1, 2023.

Selection: Workshop faculty will be notified no later than 5PM on Friday, March 31, 2023.

If you have questions, please contact: Jason Osher, josher@irishouse.org or (646) 548-0100, x 222

Honorarium and Reimbursement

The committee regrets that it cannot offer honorariums or reimbursements for food and/or transportation costs for all presenters. If you are in need of transportation assistance, please indicate this at the end of your abstract submission. All workshop panelists will receive breakfast and lunch served at the Summit.