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**2024 Summit  
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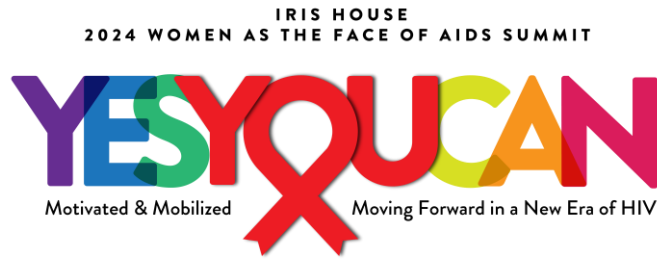
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**Call for Workshop Submissions**



**Monday, May 6, 2024  
11 am – 6 pm**

Iris House: A Center for Women Living with HIV, Inc., is now accepting Workshop Proposal Abstracts for our annual Women as the Face of AIDS Summit, taking place both in-person and virtually (hybrid) on Monday, May 6, 2024. The summit will provide educational and networking opportunities for people living with HIV/AIDS, healthcare providers, mental health professionals working in AIDS service organizations, community-based organizations, government agencies, and medical facilities, reaching women and providers in the U.S. and around the world.

The 2024 Summit theme is **“Motivated & Mobilized: Moving Forward in a New Era of HIV”** and we are so excited about the opportunities it will present. The scale of the human immunodeficiency virus (HIV) epidemic has exceeded all expectations since its identification 40 years ago. Globally, an estimated 39 million people are currently living with HIV (UNAIDS, 2022). Women and girls account for about 53% of all people living with HIV. Still, in 2022, women and girls accounted for 46% of all new HIV infections worldwide.

In sub-Saharan Africa, adolescent girls and young women accounted for more than 77% of new infections among young people aged 15-24 years in 2022 (UNAIDS). Further, in sub-Saharan Africa adolescent girls and young women (aged 15-24 years) were more than three times as likely to acquire HIV than their male peers in 2022 (UNAIDS). The epidemic is influenced by a myriad of intersectional factors associated with the spread of HIV and various responses that have evolved to address it. These influences are important to develop HIV/AIDS policies and programs that effectively address the global pandemic.

This year’s summit will attempt to address the local, domestic, and global implications of the virus and how we need to motivate and mobilize key constituencies in order to move forward in this new era of HIV.

**Workshop Presentations** will showcase 60-minute presentations that will reflect one of the four 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 four themes, each drawing on the impact women have had in Ending the Epidemic and how we must motivate and mobilize key constituencies in order to move forward in this new era of HIV.

### **Track 1 – Sexuality, Intimacy, and Aging for Women Living with HIV**

Equity was never included from the beginning in regards to HIV, leaving enormous disparities in research, healthcare, and service delivery for women and girls. Women were omitted from early clinical trials. People of color were left out of healthcare delivery. Moreover, women of color were not even a factor in the original research and service delivery approaches. How has this changed? How must it improve?

People with HIV are living much longer and facing 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: heart disease; lung disease; certain cancers; neurocognitive disorders; kidney disease; osteoporosis; diabetes; lipodystrophy; neuropathy; and liver disease. HIV also appears to increase chronic inflammation in the body, putting a person at risk for certain health conditions.

Further, women living with HIV have sexual and intimate relationships. What are the relationship needs of women aging with HIV? How can we motivate women to continue to have full sexual lives while aging and despite living with HIV? What is the impact to long-term care and comorbidities for those who are long-term survivors? How must programs meet the needs of these populations?

### **Track 2 – Substance Use and Behavioral Health**

Substance use, or the use of recreational drugs and alcohol, including the misuse of prescription drugs and over-the-counter medicines, can lead to unsafe behaviors that increase the chance of contracting HIV or passing it on to others. These behaviors include having sex without a condom and sharing needles.

Drug and alcohol use can weaken the immune system and damage the liver. Most people with HIV take a combination of daily HIV medicines and substance use can make it hard to stick to a daily HIV treatment regimen. Skipping HIV medicines allows HIV to multiply and damage the immune system. Further, drug interactions between HIV medicines and recreational drugs can increase the risk of dangerous side effects.

Preventing HIV transmission among people who use drugs remains an urgent public health issue. Harm reduction strategies aim to lessen harms associated with drug use and related behaviors that increase the risk of HIV infection. Further, improved mental health is key to reducing HIV transmission. Research has shown that many people receiving treatment for substance use disorders stop or reduce their drug use and related behaviors, including unsafe sex. NIH is working to develop interventions that reduce the risk of drug use-associated and sexual transmission of HIV among drug users. How can our community amplify this?

### **Track 3 – Stigma, Shame, & Spirituality**

It is important to differentiate religion from spirituality, particularly with respect to those living with HIV, who have often faced stigmatization by institutionalized religion. Definitions of each have evolved in the research literature, but religious activity is often identified as a behavioral reflection of internal spiritual beliefs, while spirituality may refer to subjective transcendent experiences that give everyday life a sense of deeper meaning. Research has found that spirituality can uniquely predict health and well-being outcomes in people living with HIV/AIDS.

Healthcare and social service providers can improve their practice approaches with patients living with HIV by considering ways to assess and identify how spirituality serves as a basis for giving meaning to the patient's experience of HIV. Yet, many avenues exist that can serve this role, including community-based organizations, local and regional leadership, and houses of worship. How do we continue to combat the stigma that exists in communities, especially communities of color? How do we ensure PLWH live without shame? How can our community infuse these avenues with spirituality?

## **Track 4 - Leadership Development – the Next Era of Leaders in the Movement**

The original leaders of the HIV/AIDS movement have worked in the field for nearly 40 years. Many have passed on and others have burned out. Who is the next generation of leadership in the evolution of HIV/AIDS? The issues today are very different from those that preceded them, including research, treatment, and service delivery. Many young people have expressed that HIV/AIDS is not as high a priority as the challenges of climate change, the environment, housing, employment, domestic abuse, substance use, etc. What are leaders and organizations doing to groom the next generation of leaders in the HIV/AIDS movement? With enormous technological advances in recent years, how does social media play into today's leadership? Are we adequately grooming and developing the next generation of HIV/AIDS leaders?

We are excited about our tracks this year and hope that you will consider presentations that force us to think deeply about the way we tackle these issues while remaining open to understanding our own strengths and shortcomings. We encourage you to find ways to address the needs and challenges of women, people of color, LGBT+ populations, youth, seniors, etc., in your submission.

Abstracts must be submitted online to: <https://www.surveymonkey.com/r/2024IHSummit>

no later than: **5PM, Friday, March 1, 2024**

The following information is required for submission:

**NAME AND TITLE OF PRESENTER AND ORGANIZATION**  
**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 the outcomes you hope from your audience.

**METHODS:** Briefly describe the information you will present and the methods or strategies used in the program.

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

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

All selected presentations using visual displays at the Summit (i.e., PowerPoint) will be required to submit those no later than Monday, April 29, 2024. 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 submissions are due to Iris House (to:

<https://www.surveymonkey.com/r/2024IHSummit>) by 5PM on Friday, March 1, 2024. **Selection:** Workshop faculty will be notified no later than 5PM on Friday, March 29, 2023.

**If you have questions, please contact:** Kim Richardson, [krichardson@irishouse.org](mailto:krichardson@irishouse.org) or (646) 548-0100, x 221

**Honorarium and Reimbursement:** The committee regrets 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. Workshop panelists will receive breakfast and lunch at the Summit.