



IN FOCUS

From Our CAB Chairs

Kimbrae, PHACS CAB Chair:

A Community Advisory Board
(CAB) Newsletter Published by:

The Pediatric HIV/AIDS Cohort
Study (PHACS) CAB

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Hello to my fellow CAB and PHACS family,

I would like to start off by saying how truly honored I felt to have been nominated for the CAB Chair position. I promise to do my utmost best and to live up to the legacy that I inherited. I would like to thank all of my previous CAB Chairs in setting a standard. I will do my best to match that standard and try to do well so that the next person in this position will have the foundation and groundwork to excel past our accomplishments.

For all those who know me, this will not be a shock. For those who do not know me, I want to tell you that I am an open book. I will try my best to mean what I say and do what I mean. If at any time you feel that I have hurt you or your voice is not being heard, please reach out to me and I will do my best to make things right. Thank you so much. I definitely look forward to working with each and every one of you.



Exzavia, PHACS CAB Vice Chair



I would like to take time to say thank you to everyone for electing me CAB Vice Chair for another two years. I'm very grateful.

I thought about the newsletter and looking back into 2020. Wow, it was a challenging year. We all had to endure and overcome many fears, but I am so thankful that we can continue on our journey. COVID-19 affected so many of us. Let's take the time to be thankful that we made it through the year.

I look forward to what 2021 has for us. PHACS and the Health Education and Community Core (HECC) have always been an amazing family, helping us to figure out what's important for the families and communities we serve. Let's continue to let our voices be heard. Thanks again for allowing me to be a part of something that has touched the lives of many.

REFLECTING BACK LOOKING FORWARD

CAB Members shared their experiences reflecting on the past and looking forward to the future:

“

My healing comes from taking in information to assist other people as well as myself. Years ago, I was really interested in this, but now I see a difference. Now I'm doing things to help make changes in my life such as health. I wish my sister was alive to help out.

”

“

I feel like I wouldn't be the person I am today if not for my past. I've been through a lot, but I'm "me" because of it. I'm thankful for that.

I'm looking forward to seeing who I grow to be in the future.

”

“

HIV is a part of my past that felt dark, but for the future it has become a light into me, flourishing into who I was intended to be.

”

PLANTING SEEDS



I'm sure 40 years ago that the first researchers, doctors, nurses, clinical staff and the beginning of which has now led to PHACS would have never foreseen this brown-eyed Texas girl standing up and picking up their torch to fight from the seedlings they left behind.

When I first was diagnosed with "V" for virus I felt like the first picture: murky water. I felt like I would never survive or climb out of it. Mostly you see lily pads. To the unknowing eye, these lily pads look like nothing.



But just like the might of the Potomac River, the water lilies are growing strong and healthy.

*Sometimes it's the
murky water that makes
the most beautiful,
strongest flower.*



Continue to plant seeds around the globe. You never know what new flower will grow behind you, just like your seeds did for me.

Submitted by: Kimbrae

I have progressed from a small little seed to a beautiful strong lily. I hope the seeds I plant right now will spark a fire for those who come behind me.

I know it gets hard, and sometimes you think you're back in that murky water, but once that flower breaks through nothing can stop you. So please keep letting your petals show.

MOUNTAIN

In his poem, *The Mountain*, Robert Frost tells of asking a local resident about the mountain—the best way to climb it and what would be found at the top. The man admits he has never climbed the mountain, adding, “I’ve always meant to go look for myself, but you know how it is: ‘It doesn’t seem so much to climb a mountain you’ve worked around the foot of all your life.’”

It’s so easy to cling to places that are familiar and safe, refusing to risk anything new. Such clinging is a far greater risk related to living:

we never stand in awe before mountain beauty...

we reject the possibility of new ways of seeing...

we miss the ongoing mystery of creation...

we become victims of our own complacency.

There are mountains to climb, roads to travel, dreams to pursue, an earth to cherish, people to meet, get to know, and love, and a multitude of other opportunities that invite our attention.

All of it means moving from where we are!
Namaste!



Submitted by: Joe

MEET THE PHACS mPIs

A TEAM SCIENCE APPROACH

The new PHACS award includes leadership by four (4) multiple Principal Investigators (mPIs):

Paige Williams, PhD

Ellen Chadwick, MD

Jennifer Jao, MD

Sonia Hernandez-Diaz, MD, DrPH

We asked the mPIs about this team science structure of leadership and why it's important for PHACS:

With growth also comes the potential for growing pains, inertia, and the creation of a vast machinery that can be difficult for any one person at the helm to effectively manage and steer. As PHACS enters into its next stage of development, a team approach to leadership is not only natural but also critical to cast vision and operationalize the scientific agenda, much like rotating pillars of construction. Together the mPI's span a wide breadth of scientific and administrative expertise including study conduct and cohort design, clinical HIV care, HIV comorbidities, epidemiology, biostatistics, and translational science. Let's face it, one person cannot be all things to everyone in an organization as large as PHACS has become, and partitioning roles between mPI's according to each PI's innate strengths is not only healthy for a sizeable organization, but also an instinctive path for the expansion of PHACS.

DR. PAIGE WILLIAMS

Tell us a little bit about yourself. How did you come to work on PHACS?

I joined the biostatistics department at Harvard in 1991 and began to work on HIV related clinical trials through the ACTG (AIDS Clinical Trials Group). This was before any pediatric HIV network had even been formed in the U.S.; eventually the ACTG split into the ACTG and PACTG (Pediatric Clinical Trials Group), which later renamed itself as the IMPAACT group. After 10 years of working on large-scale clinical trials for prevention and treatment of opportunistic infections in adults, I had an opportunity to switch gears and in 2003 began working on HIV-related research in children with the PACTG. This was so exciting and I loved it immediately! My primary role was as the lead statistician on PACTG 219C, a long-term observational study of children with HIV who were born to mothers with HIV. In this role I worked very closely with George Seage, who was the lead epidemiologist on PACTG 219C, and I got to know Russ Van Dyke, Lynne Mofenson, and Kay Malee.

(Continued on [page 6](#))



MEET THE PHACS mPis

A TEAM SCIENCE APPROACH

**DR. PAIGE
WILLIAMS
CONTINUED**

Tell us a little bit about yourself. How did you come to work on PHACS? (*Continued*)

Russ and George and I later developed the IMPAACT P1074 study which continued to follow adolescents and young adults with HIV, and I served as co-chair of this protocol. As these two observational studies wound down, the NICHD issued an RFA to develop a new network called PHACS and I worked with George to develop the original application for the Data and Operations Center portion of this new network, coordinating closely with Russ Van Dyke as he developed the parallel proposal for the PHACS Clinical Coordinating Center. The PHACS network and particularly the SMARTT study has become the central passion of my research career.

What is your vision for these next 4 years of PHACS?

PHACS has been so successful over the last 15 years, but there are clearly new areas of research that need to be tackled. I would really like to see PHACS honor its newly developed mission statement to conduct high-impact scientific research that will have lasting benefits for women, children, and young adults living with or exposed to HIV and more broadly to families affected by HIV. I have confidence that our network can do this by building on the existing studies like AMP Up and SMARTT and developing new innovative research projects like the TERBO BRAIN study, as well as continuing to mentor the next generation of scientists working in this area.

How do you want PHACS to incorporate community voices under this new award? What does the role of the community mean to you?

I'm excited to see how PHACS has embraced the community's input into their research agenda, and I also feel like we can attribute much of our past success to the close relationship we've had with our CAB and PUG. I actually think this is one of the key things that sets us apart from many other research networks, and we can serve as a model for other groups. As we learn how to really listen openly to our community, our science and research success can only get better because it will be centered on the priorities that matter to those most affected by HIV.

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MEET THE PHACS mPIs

A TEAM SCIENCE APPROACH

Tell us a little bit about yourself. How did you come to work on PHACS?

After years of working primarily in the International Maternal, Pediatric, Adolescent AIDS Clinical Trials (IMPAACT) Network with many of the same investigators in PHACS, I was recruited to take over from Dr. Ken Rich, upon his retirement. I was already aware of the important science performed by PHACS, but when I attended my first PHACS meeting, I was immediately struck by the collegial spirit of the group from the leadership to the site coordinators/staff to the statisticians/epidemiologists to the CAB members and Westat staff -- and I was hooked! I feel very fortunate to have been brought into such a talented group of scientists, clinicians, and community members who are so dedicated to our participants and moving the field of HIV forward.

**DR. ELLEN
CHADWICK**



What is your vision for these next 4 years of PHACS?

I hope to continue to address issues that expand our understanding of factors that affect short- and long-term outcomes in people living with or affected by HIV. I want us to find ways to improve those outcomes. I am excited about our new projects within SMARTT and AMP UP/AMP Up Lite as well as our new protocols which tackle important issues. These include the health of women of reproductive age living with HIV and cognitive, emotional and brain development of youth living with HIV or HIV exposure. Finally, it is our responsibility to train and mentor young investigators to continue the great work of PHACS into the future.

How do you want PHACS to incorporate community voices under this new award? What does the role of the community mean to you?

Our community members are critical to keeping us focused on what is important and moving in the right direction with our research. We want CAB members to provide insight to our working groups and to share the valuable perspective of what is important to the community. We are blessed to have such a committed CAB as essential partners in our fight against HIV.

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MEET THE PHACS ^{mPIs} A TEAM SCIENCE APPROACH

**DR.
JENNIFER
JAO**



Tell us a little bit about yourself. How did you come to work on PHACS?

I remember over a decade ago when I first met Russ Van Dyke and Mitch Geffner, who helped me to write a proposal to analyze pregnancy and birth outcomes of women with perinatally acquired HIV, combining data from PHACS and IMPAACT. I was an Infectious Disease fellow, insecure about my career trajectory but eager to participate in any project that involved maternal and child HIV. I will always remember Russ and Mitch's mentorship and the generosity of the PHACS community to include me and develop me as a physician and scientist.

What is your vision for these next 4 years of PHACS?

I would like to see PHACS become the leading voice for innovative science at the intersection of pediatric and women's health in the context of HIV in the U.S. and worldwide. I envision PHACS capitalizing on its platform to tackle questions which seek to optimize the health of women and children living with or affected by HIV. I would also like to see PHACS foster new collaborations with other large research networks and develop young investigators.

How do you want PHACS to incorporate community voices under this new award? What does the role of the community mean to you?

The role of the community is paramount to the PHACS mission, helping us to center our scientific questions and translate our findings for participants, patients and other stakeholders. I believe we need a steady stream of iterative input from our PHACS community advisory board as the landscape of HIV care changes through the decades to come.

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MEET THE PHACS mPIs

A TEAM SCIENCE APPROACH

Tell us a little bit about yourself. How did you come to work on PHACS?

My research focuses on the safety of medications during pregnancy. I had a particular interest on generating valid evidence on drugs that women need to take during pregnancy, such as HIV medications. In 2005, George Seage invited me to join PHACS. I collaborated with the group in those early years. After a ten-year gap, I am both happy to be back and sad George is not at the end of the corridor.

I am a Professor of Epidemiology at the Harvard T.H. Chan School of Public Health. My main area of interest is in drug safety studies. My work focuses on studies in pregnant women and children. Examples of my work include comparing the safety of different types of drugs for pregnant women and children using data from pregnancy registries (a study that collects health information from women who take prescription medicines or vaccines when they are pregnant) and large healthcare databases. Some of my recent work includes the application of the Target Trial framework to the study of COVID-19 vaccine effects in pregnancy.

I am Past-President of the International Society for Pharmacoepidemiology and the Society for Perinatal and Pediatric Epidemiology Research. I also served as a Special Government Employee for the FDA Drug Safety and Risk Management Advisory Committee (current Chair), as a member of the NICHD Pregnancy & Neonatology (PN) Study Section, and as member of the Teratogenic Information Services (TERIS) Advisory Board. Through my service to public health institutions I have contributed to making research results into policies and general public health recommendations.

**DR. SONIA
HERNANDEZ
-DIAZ**



What is your vision for these next 4 years of PHACS?

I would like PHACS to take full advantage of its unique position in infrastructure, brainpower and experience. My vision for the next 4 years is for PHACS to contribute valid evidence to answer scientifically and clinically relevant questions. This goal requires three steps:

- 1) Identify crucial gaps of information for patients, families, clinicians, and public health authorities.
- 2) Respond to those questions using solid methods.
- 3) Communicate the information effectively to inform guidelines and clinical practice.

All the above is in the context of HIV now, but with an eye on what living with HIV will be ten years from now. Ultimately, I would like PHACS to improve the lives of families living with HIV.

How do you want PHACS to incorporate community voices under this new award? What does the role of the community mean to you?

I think PHACS is a two-way street with the community. I think community voices are essential to identify the relevant questions. Also, the communication of results needs to go back to the community. The sharing of information goes both ways; they contribute to the data for the study and to the research questions, and the products of the analyses needs to go back to them in a useful way.



EDUARDO VERGARA

Hello PHACS! I am a study coordinator at Site 25 located at the Harvard T.H. Chan School of Public Health in Boston, MA. I recently joined PHACS and have learned so much from this large network.

I had a fun journey with my professional career before coming to work with PHACS. It started with obtaining my Masters in Public Health from the University of Massachusetts – Amherst in 2017. My first job after grad school was working as a LGBTQ Health Coordinator in Western Massachusetts. In that role, it was my responsibility to look into outreach efforts for people that were at risk for sexually

transmitted infections (STI). This ranged from people who would engage in condom-less sex, to injection drug users. With my team, we would travel throughout

Western Massachusetts to where we may find these folks. Going to clubs, bars, and adult entertainment spaces would bring us to many people that qualified. In case you are wondering, yes, we would also perform STI tests and blood draws in these spaces with music blasting and people having fun in the background. After 2 years, I decided to move to Boston, where I found my next job. I was a case manager for folks on the mental health spectrum. I already had enough experience working with people of many walks of life, so I wanted to bring more focus to the mental health world. That opportunity opened my eyes to how important Social Workers are. They are like heroes without capes for everything that they provide for folks who can't advocate for themselves. I have so many tear-jerking stories that came from that experience that I will never forget. Finally, through the same agency, I was offered a job working with the Housing Court of Boston. As a housing preservation specialist, it was my duty to help people that were impacted by the pandemic. Many people lost their jobs or work hours due to the pandemic. This meant that people would fall behind in their rent, which did not help them at all. My job was to connect those folks to resources to pay off their back-rent. Even though it would be a long and tedious process per application, the relief and joy in people's eyes would make it all worthwhile. Seeing that the housing court job was a temporary contracted job, I began to seek out opportunities to bring me back to my passion, public health. I

screamed of excitement and disbelief when I got the first invite to an interview with PHACS. As you can probably tell by now, I had more than enough to talk about and mention during my interview for why I was the candidate they wanted for the job. Thankfully it all worked out and I started as the study coordinator on April 2021.

As you probably know by now, PHACS is a huge network of many moving and important pieces. It was overwhelming to see and learn about how each piece of the puzzle was just as important as the next. As the AMP-Up Lite & PACT study coordinator, I have the privilege of assisting with the projects in many capacities — whether it is following up with participants and their surveys, or making sure that we are following the guidelines of the protocol. Thankfully there are so many amazing people in PHACS that are always willing to lend a hand or chat more about what they do. It makes it feel like a family the way that everyone looks out for each other.

Outside of my professional life, I tend to have many hobbies like everyone else. At this point, I have collected so many streaming services that I get stuck on what I should watch next. Recently I finished binging "Love, Victor" on Hulu. Now I am binging "Manifest" on Netflix. The pandemic also brought me to hike/bike more often, learn how to cook more, and be more in tune with my emotions. Things I am looking forward to this summer are spending long-lost time with friends, dancing, and maybe joining a softball league.

PHACS MEMBER PROFILES



MANDY FLORES

Hey PHACS team!

My name is Amanda "Mandy" Flores. I am the Digital Health Communications Specialist here at PHACS. I am a recent member of PHACS, joining the Boston team at the Harvard T.H. Chan School in April 2021. My position here is rather new as well, but I hope in the coming months you will become familiar with my work

as a member of the HECC.

As the DHCS, my work involves creating content across many mediums; short day-in-the-life videos to a cooking series with life advice, podcasts, and coloring pages. I have been working with wonderful people at the HECC, CAB, and PUG to brainstorm and create projects that will engage all members of our PHACS community, from the participants and coordinators to clinicians and epidemiologists. As the projects begin rolling out in late 2021, I hope they will excite and empower our community, showcasing the dedication and resilience of the PHACS family.

Finding a home at PHACS was unexpected for me! Always a creative individual, I dabbled in photography, writing, pottery, and collage from a young age. As I grew older, I developed a passion for storytelling, ultimately lending itself to filmmaking. I pursued my passion for filmmaking at Emerson College, graduating with a BFA in Visual Media Arts. I focused my studies on directing, working on dozens of short films during my undergraduate years. After college, I worked on feature films, including a documentary examining the criminal justice system in America and a magical surrealist feature about climate change. I also worked in wedding videography, documenting nuptials with over two hundred guests.

Over time, I soon found I was pulled more and more towards creating art with a meaning. I really wanted to use my creativity to advocate for social change and create media that amplified the voices of others. Having juggled a chronic illness since adolescence, I understood firsthand how challenging navigating the health care system can be. I understood how building a community and

finding support can make all the difference in managing one's well-being. And so, when I discovered PHACS, the rest is sort of history.

In my free time, I love to read and write and of course watch lots of movies! My favorite place in the world is the beach. Year round, I love to travel to the many beaches around New England (except for December and February). I became a plant mother over the pandemic, and I am happy to report, my Monstera and Pilea are currently growing as we speak! I hope to pick up a musical instrument one day (the dream is the banjo) -- but you'll just have to stay tuned.

I look forward to collaborating and meeting with many of you in the future!

Before we depart -- I'll leave you with one of my short poems -- inspired by new beginnings:

*Life crumbles every November
But like the violet crocus bloom
Emerges from the spoil
Hopeful and tender*

PHACS MEMBER PROFILES



TRACY WOLBACH

Hello CAB Members! I am the Westat Project Director. Many of you are likely familiar with Westat, but for those of you who may be new to PHACS, Westat is a subcontractor to Harvard. Our team supports the PHACS network in several ways:

- Coordinating the development and maintenance of PHACS protocol documents;
- Clinical site monitoring; regulatory support and protocol registration activities;
- Planning and coordinating network meetings;
- Recruitment and support of the PHACS Community Advisory Board (CAB);
- Assistance with updating and maintaining the PHACS Manual of Network Policies and Procedures;
- Providing support to the Health Education and Community Core (HECC);
- Logistical and administrative support for conference calls;
- Maintenance of the PHACS website.

I joined PHACS in January 2021 when Julie Davidson, who had been the Westat Project Director for PHACS for over 10 years, was retiring from Westat. I was very excited to work on PHACS, as I had heard wonderful things about the network and its members from my co-workers!

I started my career at Westat, and in clinical research, in 2003 working on a cancer prevention study for NIH and two tuberculosis networks for the CDC. I also managed an Administrating Coordinating Center (ACC) for the NHLBI Global Health Initiative (GHI) network. This focused on the development of clinical research infrastructure and research training. It involved research on new or improved approaches, programs, and measures to prevent or treat chronic cardiovascular and pulmonary disease (CVPD). This study was conducted in Argentina, Bangladesh, China, Guatemala, India, Kenya, Mexico, Peru, South Africa, and Tunisia.

The first time I heard of HIV was as a child in the 1980s when one of my uncles was diagnosed with HIV and then AIDS. He was a fun -loving uncle who always took the time to speak to us kids at family gatherings and make us laugh with his silly jokes. I didn't know what HIV was at the time, and just knew that my uncle was very sick.

I was very fortunate that in my career at Westat, I received an opportunity to work on a pharmaceutical clinical trial that was conducting HIV clinical trials. I was very excited to work on a study where the study drug was showing great promise in treating HIV patients. Our client was implementing a study to enroll participants in whom multiple antiretroviral therapies had failed and they had limited treatment options. They found that when the study drug was combined with an

optimized background regimen (e.g. other anti-retroviral drugs), it significantly reduced the HIV-1 viral load and increased the CD4 count. I would often speak with the sites and hear stories from them about research participants they had been treating for years, had no other treatment options, and were often in despair about their health and future. Although they needed infusions every two weeks, I would often hear stories about how the study drug changed the participants' lives, many of them were non-detectable, and they now had hope and were leading full lives again. Hearing these stories made me realize how important clinical research is and how happy I was to help support the research that provided our client with the data for the FDA to approve this study drug (Trogarzo™) in March 2018.

Outside of work, I enjoy spending time with family and friends in the beautiful outdoors in the Denver, Colorado area! Although I am not a native Coloradan (any one who hears me talk for even a few minutes will hear my Midwest accent), I love the mountains, beautiful weather, and the snow that usually melts in a few days. : -) I love hiking in the mountains, traveling around the world (I was in Barcelona, Spain when the COVID pandemic began in January 2020), foodie tours, baseball, music by Pink, and meeting new people and hearing their stories. My entire family loves baseball and we all recently went to see our Milwaukee Brewers play a 4-game series against my hometown Colorado Rockies (we won 3 of the 4 games)! I was so pleased to join the PHACS network and to work with everyone, especially the CAB. I hope everyone enjoys a brighter 2021, and I look forward to meeting the CAB in May 2022 in person!

PHACS MEMBER PROFILES

The Health Education and Community Core (HECC) is in full swing! Since the January newsletter, the HECC has worked on setting up its infrastructure as a new Core, including establishing the first-ever Community Task Force made up of current study participants! We have also worked on a variety of research and creative activities. Some of our research activities include:

- Developed process and template for conducting capsule and Scientific Leadership Committee (SLC) concept sheet reviews;
- Facilitated Task Force involvement in all protocol teams;
- Completed 1 capsule review;
- Completed 3 concept sheet reviews;
- Addressed 7 research project queries (see below);
- Completed 7 protocol document reviews across all four main protocols.

Part of the HECC's mission is to identify and address information gaps in PHACS to support our participants, staff, clinicians, and researchers. The Project Queries listed above spanned a range of topics, including: feedback on a brochure for TERBO BRAIN; creating stills for a planned recruitment video for an AMP Up Hearing Grant; creating colorful new templates for poster and power point conference presentations; creating a designed welcome presentation/orientation for new PHACS staff; working to identify appropriate racial justice measures in PHACS; identifying possible new retention efforts for SMARTT and AMP Up; and finally, providing input to the AMP Up and HOPE surveys. We look forward to working on more of these in the future!

The HECC has also made significant changes to the PHACS website in order to showcase the new structure and activities of the PHACS Network. We created all-new content and a new site map to reflect our new Program Project structure for the public side of the website, and we are in the process of redesigning the protocol pages to make current protocol documents easier to access.

We are taking on more creative projects than ever now that we have additional in-house expertise. Please join us in welcoming the new Digital Health Communications Specialist, Mandy Flores ([Read more about Mandy on page 11](#))! In collaboration with several Task Force members, Mandy, Megan, Claire and the entire HECC have quite a few creative projects in the works including the following:

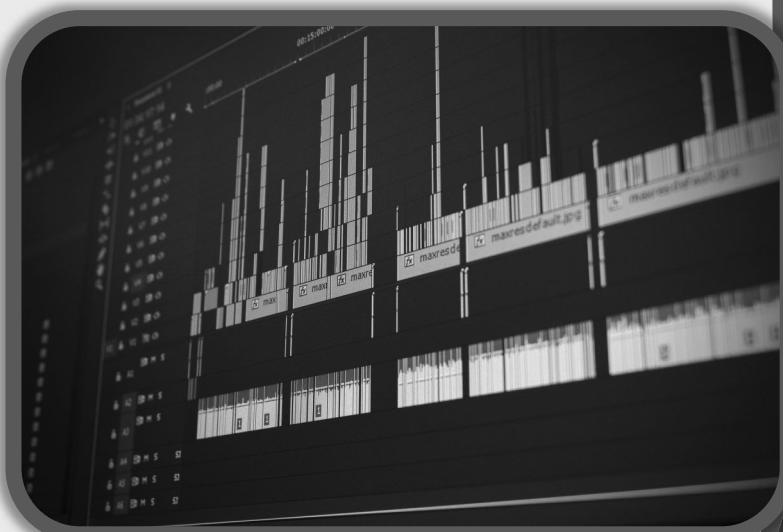
The Evolution of Pediatric HIV/AIDS 40th Anniversary Symposium

The first report on HIV/AIDS was on June 5, 1981. In honor of this important



anniversary, the HECC is planning to launch a multimedia project examining the evolution of pediatric HIV/AIDS over the last 40 years with historical, cultural, and personal lenses. This may include digital/short videos, photo series, poetry, and historical timelines.

(Continued on [page 14](#))





Through Your Eyes, The Voices of PHACS (Video Project)

"Through Your Eyes" will be a short video meant to illustrate the diversity of voices reflected in the PHACS communities' lived experiences, as well as the overall mission and values of the organization. Ultimately, the project will be a visual aid for the PHACS website (i.e., to educate visitors, drive website engagement, etc.), as well as available media for members to use at presentations/conferences.

Animations, Adapting PHACS Media

Mandy has designed six (6) PDF research summaries that were selected by the Publications Committee to highlight PHACS' research

over the past year. She is working on creating animations of some of those research summaries. The research summaries will act as physical companion pieces to the animations.

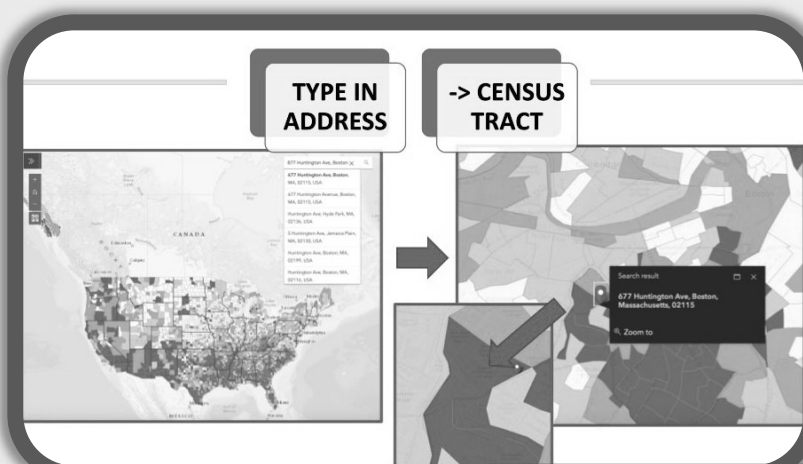
Since the January newsletter, the HECC Task Force has been busy reviewing concept sheets, a capsule, protocol documents, project queries, participating on protocol teams, attending project conference calls, and providing ideas/input about (and even leading!) creative projects.

The Task Force got together for their very first Virtual Retreat in June. The retreat took place on two separate days in order to accommodate everyone's schedules, with the same agenda each day. Megan

led the Task Force in reflecting on the Task Force work over the last several months and brainstorming ideas for how to continue to engage the Task Force in PHACS research and productions. Claire led a session, accompanied by Liz Salomon and Drs. Patel, Jacobson, Kacanek, to discuss geocoding and future PHACS/HOPE research on racism and health outcomes. Geocoding can tell us about disparities in the resources available to one community compared to another, and how those differences translate into quality of life—and help us advocate for the support communities need. Finally, Mandy reviewed ideas for creative projects in the works, and solicited volunteers for the next planning phase for these projects.

We look forward to working with the CAB and the PUG on these exciting HECC tasks. CAB and PUG members, thank you for everything you do for the community and for PHACS!

Submitted by: Megan and Claire



Visual representation of census tracts used for geocoding

CAB GLOSSARY

Data Analysis: Studying and interpreting a set of information. Studies like PHACS use data analysis to interpret what the data is telling us and produce study findings.

Clinical Endpoint: In a research trial, a clinical endpoint is like a sign. The sign could be a disease or symptom or outcome that tells researchers whether or not a treatment is safe and effective.

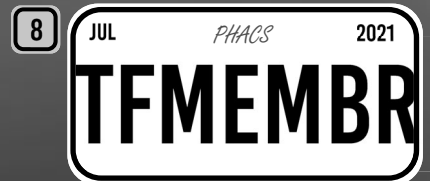
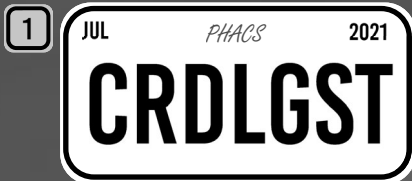
Concept Sheet: In PHACS, this is a brief proposal for a research study.

Open to Accrual: A study protocol is open to accrual when it's received the appropriate approvals, and when the clinical site(s) begin recruiting participants.

Scientific Consultant: A scientist who provides expertise in a specific area that may be used as part of the protocol team and/or to provide advice on a particular subject.

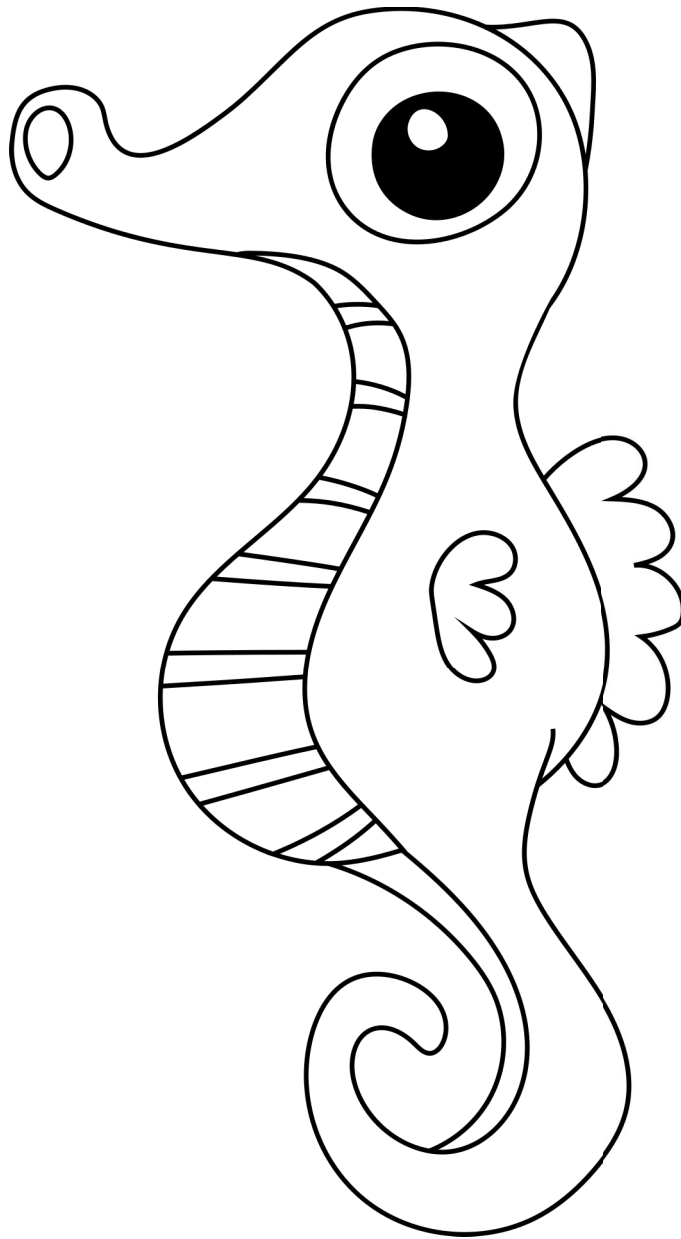
PLATE PUZZLES

Instructions: Some of you may remember the infamous plate puzzles from the July 2020 edition of the CAB newsletter. They're back! This time we're covering additional PHACS roles and titles. We've listed nine (9) PHACS roles and titles below. Try to figure out which are abbreviated in the following license plates. Just like real license plates, there are missing letters in each abbreviation! (Answer key on [page 19](#)).



cab kids

Instructions: Cut along the dotted line to remove the CAB Kids coloring pages.

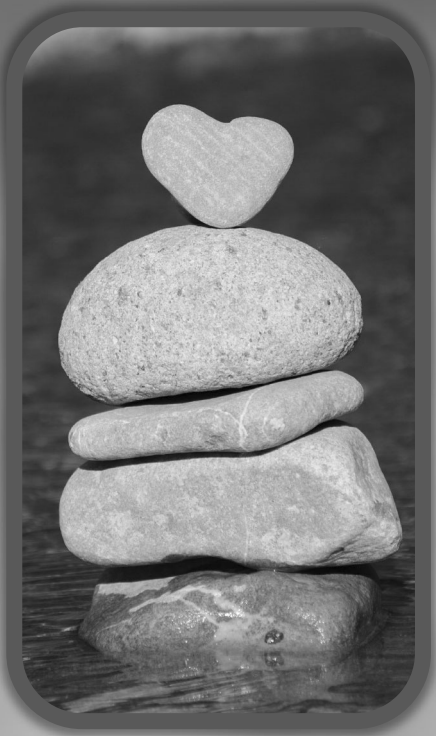


cab kids

Instructions: Cut along the dotted line to remove the CAB Kids coloring pages.



RESOURCES



40 Years of Progress: It's Time to End the HIV Epidemic Commemorative Dialogue:

<https://www.youtube.com/watch?v=Wq6fQ3ONdN4>

Black Lives Still Matter: Uplifting social justice and HIV:

<https://www.poz.com/article/black-lives-still-matter>

Black Women First Initiative:

<https://targethiv.org/BlackWomen>

COVID-19: Stress & Coping – Information for parents:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/for-parents.html>

How to Talk with Your Care Team:

<https://www.poz.com/article/talk-care-team>

Positive Spin: A series of real stories from real people about their unique experiences along the HIV Continuum of Care:

<https://positivespin.hiv.gov>

Reflection on 40 Years of HIV/AIDS Research:

<https://www.hiv.gov/blog/reflection-40-years-hiv-aids-research>

UPCOMING EVENTS

August 29: National Faith HIV/AIDS Awareness Day #NFHAAD

September 18: National HIV/AIDS and Aging Awareness Day #HIVandAging

September 27: National Gay Men's HIV/AIDS Awareness Day #NGMHAAD

October 15: National Latinx AIDS Awareness Day #NLAAD2020

October 26-27: PHACS Fall Virtual Meeting

December 1: World AIDS Day

TBD: PHACS CAB Fall Virtual Retreat

TBD: PHACS PUG Fall Virtual Retreat

PLATE PUZZLES KEY

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|----------------------------|--|----------------------|
| 1. Cardiologist | 4. Early Career Investigator
Awardee | 7. Program Official |
| 2. Site Coordinator | 5. Digital Health Communications
Specialist | 8. Task Force Member |
| 3. External Advisory Board | 6. Protocol Specialist | 9. Site Monitor |

Please send all questions, comments, and suggestions for the CAB Newsletter to Megan Reznick (MeganReznick@westat.com).