



accelerate

WHEN WE FEEL WHOLE

Learnings From the accelerate Initiative

The accelerate Initiative is ViiV Healthcare's commitment to support a range of community-driven activities that strengthen the health and well-being of Black gay and bisexual men. The initial four-year, \$10 million investment was in two cities hardest hit by HIV—Baltimore, Maryland, and Jackson, Mississippi. We would like to thank all the men who generously shared their stories. We also thank our advisors and collaborators who guided the design, collected data and stories and interpreted the key findings, many of whom are named at the end of this report.

Report Writing TCC Group

Co-Authors Emily Klukas, MPH
and Russell Brewer, DrPH

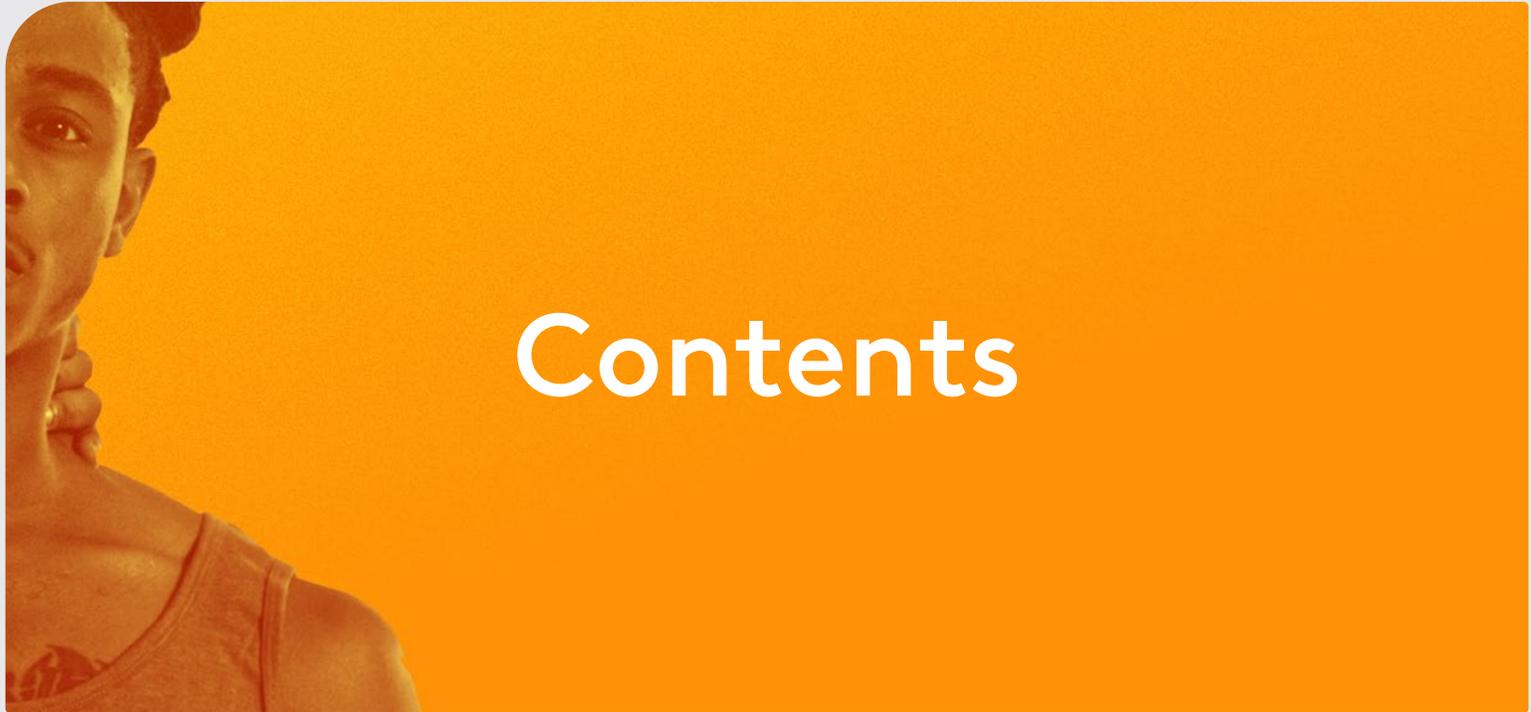
Key Contributions ViiV Healthcare

Studio Photographs
Mads Thorsø Nielsen and Harley & Co.

Other photographs accelerate grantees

Editorial Design Gabrielle Mérite





Contents

4 - Introduction

- 5 - FAQ
- 7 - Background

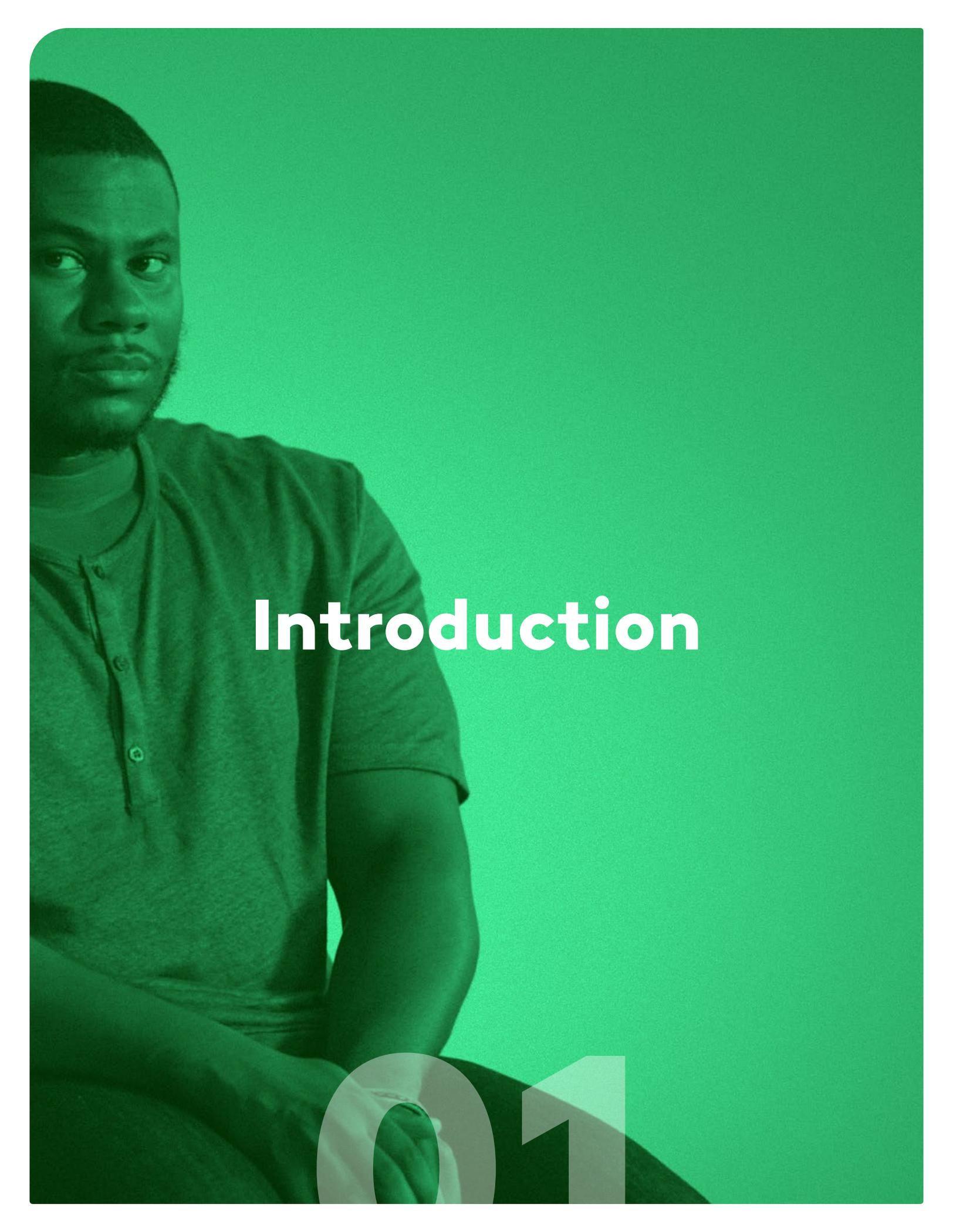
11 - Key Impacts

- 12 - Fueling Community-Driven Solutions
- 15 - Decreasing Stigma
- 19 - Increasing Access and Engagement in Care

22 - Lessons Learned

- 23 - Initiative Design
- 32 - Stigma Reduction

- 41 - Going Forward
- 42 - Acknowledgements



Introduction

01

FAQ

* This report uses a mix of language to describe sexual orientation that reflects a diversity in how Black men identify and relate to sexuality, including gay, bisexual, same-gender-loving, queer, men who have sex with men, heterosexual-identifying men who have sex with men and simply, men.

What is the purpose of this report?

Based on the learnings from accelerate, ViiV Healthcare’s pilot, place-based initiative, this document is meant to inform, inspire and ignite community-centered solutions to disrupt current trends and conditions in HIV treatment and care and improve the health and well-being of Black gay, bisexual, same-gender-loving and other men who have sex with men.* It provides a brief summary of the impetus for and elements of the Initiative and the overall impact that was seen and it highlights eight key learnings in two areas: 1) designing, activating and sustaining a place-based initiative to address health disparities and innovation; and 2) deploying innovations and disruptions to reduce individual- and community-level stigma.

Who can use this report?

These learnings can be used by anyone that is looking to improve health outcomes for Black gay men, including community members and coalitions, community-based organizations, public health institutions, policymakers, media and funders.

How can people use this report?

These learnings can be used in organizational, program or policy planning settings, as well as in grant proposals themselves as evidence and/or promising practices to support the development of safer spaces**, peer navigator programs and networks, supportive services and/or the use of arts and culture for stigma reduction.

What data were used to create these lessons learned?

This report compiles a mix of evaluation and assessment data from 2016-2019, including grantee monitoring and evaluation data from Johns Hopkins School of Public Health (JHSPH), University of Mississippi Medical

** At the beginning of the Initiative, the term “safe spaces” was typically used. As the field shifted and ViiV Healthcare listened and learned more, accelerate has shifted to using “safer” and/or “braver” spaces in new materials.

Center (UMMC), TCC Group as well as the accelerate Road Tour, which was a series of community listening sessions in 2019 conducted by members of Black gay communities. Led by researchers at JHSPH and UMMC, the monitoring and evaluation study incorporated quantitative surveys with Black gay and bisexual men from Baltimore and Jackson, qualitative research with accelerate participants, grantees and stakeholders and process evaluation data. In Baltimore, quantitative evaluation data also supported the use of mathematical modeling to project population-level impacts of potential future intervention strategies. As one local coordinator explained: “A lot of times, organizations get so bogged down. Data is a good thing and tells a story, but it only tells a part of the story. It doesn’t always capture those intimate moments that grantees have with participants.” As such, accelerate attempted to capture and document as many stories as possible to share with community and national advisory boards as they synthesized the data and made meaning of its outcomes over time.

How was this report developed?

This report pulled directly from making-meaning sessions with community and national advisory boards and was co-authored and reviewed by a mix of community members, grantees and advisors. For a full list of the individuals and organizations that were a part of accelerate, please see the acknowledgements section on page 42.

Who can I contact for more information?

P.J. Moton-Poole, Senior Manager, External Affairs North America at ViiV Healthcare at:
p.j.x.moton-poole@viivhealthcare.com.

You can find a host of resources on the [accelerate website](#), including photos, videos, impact stories and factsheets. Please reach out directly to any of the accelerate grantees for specific information on their programs.



Background

The accelerate story began in 2015 in response to two countervailing forces at the time: 1) the promise of the standard of HIV prevention and care; and 2) the persistent disparities experienced in Black communities, even more pronounced among gay and bisexual men.

16%

of Black gay men were virally suppressed between 2009-2010

Between 2010 and the 2015 introduction of accelerate on National Black HIV/AIDS Awareness Day at the White House, several field-moving discoveries, policies and reports came out that highlighted the need for immediate and intentional action to improve the health and well-being of Black gay men in the United States. On one hand, there were groundbreaking scientific and policy advancements that had the potential to drastically cut new infection rates and increase quality of life for people living with HIV, including pre-exposure prophylaxis (PrEP), treatment as prevention, the first National HIV/AIDS Strategy and the Affordable Care Act. On the other hand, several reports highlighted the disproportionate impact of HIV among Black gay men, showing that between 2009-2010, only 16% of Black gay men were virally suppressed*, and the CDC projected that 1 in 2 Black gay men would be living with HIV in their lifetime.** In 2015, Greg Millet highlighted this urgency in an article in The Advocate, noting: “Neglect and an inadequate response to the HIV epidemic among Black gay men in the US is one of the most important and least cited factors underlying these disparities.”

ViiV Healthcare heard communities’ demands and responded with a dedicated initiative to focus on closing the gap in prevention, treatment and care for Black gay, bisexual and other men who have sex with men—one of the first initiatives of its kind. accelerate began as a four-year, \$10 million commitment to support a range of community-driven activities to strengthen the health and well-being of Black gay men in two cities hardest hit by HIV—Baltimore, Maryland, and Jackson, Mississippi. Today, building on the lessons learned over the past five years, accelerate continues to support Baltimore and Jackson programs and is expanding

to meet and support the needs of Black gay men in other regions, applying the valuable learnings derived from the program's pilot phase.

As the spark ignited, accelerate challenged conventional or business-as-usual approaches and stressed a more holistic approach that would improve men's lives. The core structure of accelerate is a process rather than a set of activities. This process is rooted in a community-centered framework—continuous **listening**, targeted **activation**, thoughtful **amplification** and deliberate efforts to **sustain** momentum through applying field learnings to impact change. The process provides the space for people living with and affected by HIV to have a direct impact on the way accelerate has and continues to evolve.

accelerate aims to decrease the stigma that limits men's access and engagement in care, fuel community-driven solutions that are essential to responding to the whole person and create long-term changes in individuals, communities and care environments.

The cornerstone of the initial listening was an ethnographic study—*Meet Me Where I Want to Be*. The purpose of this research was not only to understand the range of issues that contribute to health but also highlight the thinking, goals, voices and positive behaviors of Black gay and bisexual men living in these communities. It also sought to understand the contexts in which men live

their daily lives—at home, in the clinic, in other community settings and out in the world—and provide a roadmap for the ways HIV- and AIDS-related healthcare could play a more meaningful role in men's lives. From this initial research, and from incorporating a continuous listening approach with community, providers and advisors, accelerate evolved into the elements described below.



[VIEW THE FILM](#)



A Place-Based Approach

Place-based approaches are particularly relevant to addressing health disparities, as they are rooted in the social, cultural, political and economic determinants of health. accelerate worked with Black men affected by HIV to design, develop and deliver community solutions across Baltimore and Jackson as high-prevalence cities. Informed by insights derived from the study, grant investments focused on four key areas:

- 01 - Strengthening networks across affected communities**
- 02 - Effectively adopting HIV testing as an entry point to HIV prevention, care and treatment**
- 03 - Strengthening peer navigation services**
- 04 - Making sex education relevant to the lives of Black gay men**

Additionally, accelerate established an intentional web of supports for men, organizations and communities, including a co-created immersive theater production, learning communities for grantees and other individuals and organizations, local community coordinators and ongoing accelerate in-action meetings led by and for the community. Specifically, accelerate supported the following types of activities:

- / *Grantmaking:* Holistic programming response to engage men across the continuum of care by building empowerment and strengthening networks, creating safer spaces to help make HIV testing a bridge to care, making sex education relevant to Black gay men's lives and strengthening peer navigation services.
- / *Sustainability and Capacity Building:* Strengthening and connecting organizations within and across cities, including regular **Learning Communities**, organizational assessments and coaching and tools for elevating impact to leverage funding.

[LEARN MORE](#)



- / *Continuous Listening:* To keep men and communities at the center of initiative evolution, including regular community and national advisory board meetings, **accelerate in-action sessions** and local coordinators.

LEARN MORE



- / *As Much as I Can Immersive Theater:* A change-making community experience to address community stigma to attract a wide range of community and to increase understanding, empathy and intended action.
- / *Learning and Evaluation:* Sustaining and scaling the response through iterative evaluation and learning

accelerate Grantees

► JACKSON, MS



- / Jackson Medical Mall Foundation
- / Mississippi in Action
- / Mississippi Center for Justice
- / My Brother's Keeper
- / University of Mississippi Medical Center
- / Jackson State University
- / Widener University is located in Chester, PA and works across both cities

► BALTIMORE, MD

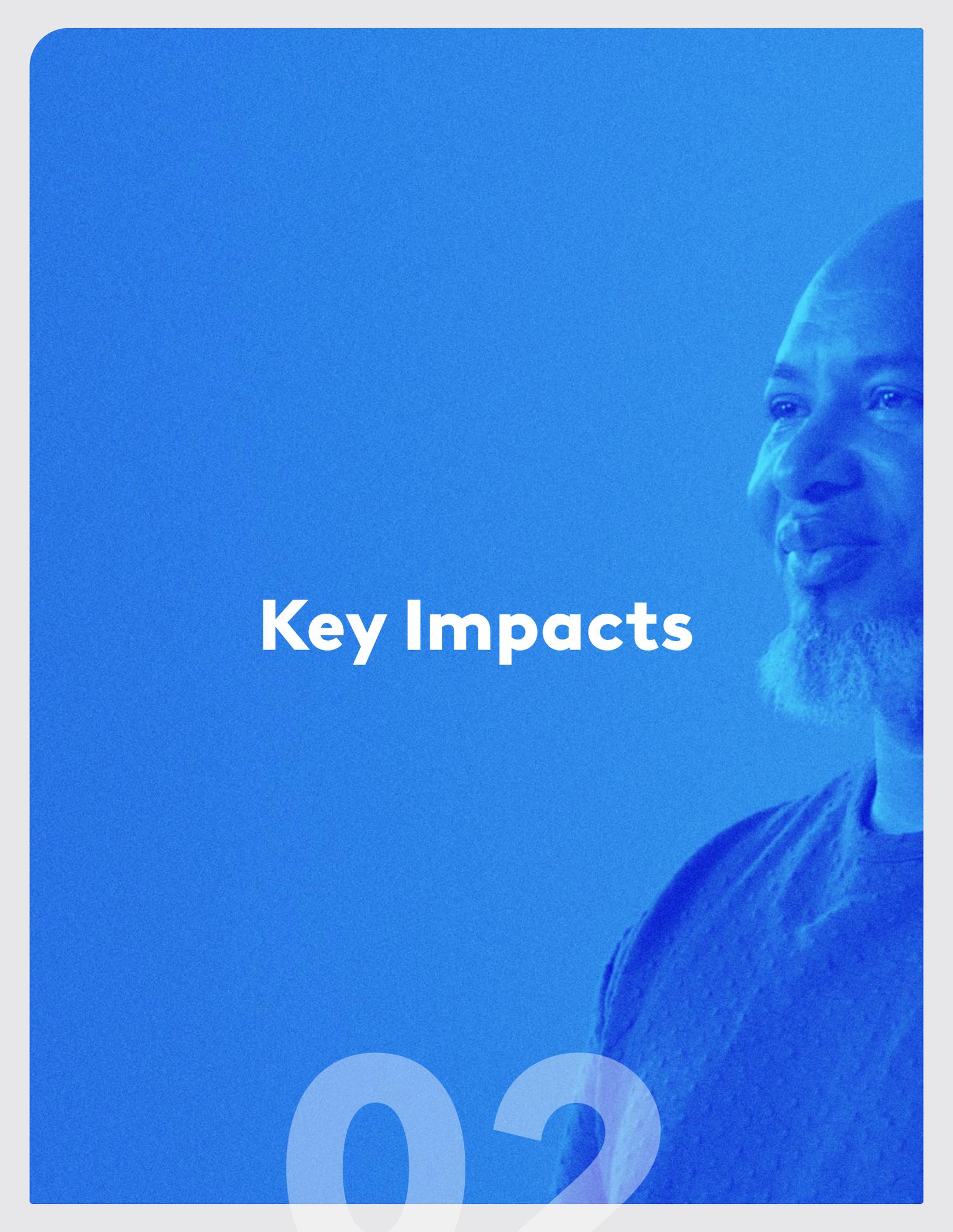


- / AIDS Action Baltimore
- / BALR: Black Advocates Leading Revolutions
- / JACQUES Initiative
- / John Hopkins University School of Nursing
- / Pride Center of Maryland
- / REACH Initiative
- / SOGAA
- / Taylor Wilks Group

The Impact of accelerate

** This is estimated and includes duplicated participants for a subset of grantees, as the initiative as a whole did not employ a unique identifier approach; a data-centric approach was deemed to be potentially disruptive to engagement and trust-building. Grantees were asked to track and report total activity attendance.

accelerate shined a light on the lives, love, dreams, struggles, joy and power of Black same-gender-loving men in a new way. **An estimated 4,600 men** participated in grantee-driven activities between 2016 and 2018, and more than 6,600 people were touched by some element of accelerate**—as a participant, audience member, grantee, Learning Community participant or panelist, partner or advisor. Looking across evaluative methods, several exemplars show how this light, this commitment, this space incubated new ideas, leaders and solutions to disrupt current trends in prevention, treatment and care. The following section highlights key impacts across evaluation methodologies in three areas: 1) community-led solutions, 2) stigma and 3) access and engagement in care.



Key Impacts

02

Fueling Community- Driven Solutions

Community-driven approaches were necessary components of all grantee projects funded and for all ViiV-sponsored activities. By launching the Initiative with the ethnographic study, city landscape analysis and co-design process, the stage was set for locally driven community solutions from the start.

All accelerate activities related back to these initial findings as a guidepost to ensure that each activity was responding to a real need, concern or request. While this is the gold standard, the accelerate team recognized that there can be bumps in the road that can divert the course of the work, and they built in mechanisms to help remain true to this value and prioritize or redirect efforts as needed.

This included:

- / Employing local coordinators in each city to remain connected to grantee partners
- / 23 accelerate in-action sessions by and for men in the community, supported by local coordinators, providing a continuous feedback loop for shifts and adaptation

* See the Acknowledgements section for a complete list of all advisors.

- / Dozens of visits to Baltimore and Jackson by accelerate staff to continuously listen, learn and plan with men and grantee organizations
- / 36 members of Community and National Advisory Boards that met routinely to reflect on and guide the long-term vision of accelerate*
- / Community review committee for all grant-making activities



Advisory Boards helped keep the work grounded in local and national trends. Members of the advisory board discussed topics such as: how to activate the findings of the study; where to prioritize funding; when and how to design the Learning Communities; and how to elevate the voices and learnings to the field and general public to support practice, policy and anti-stigma efforts that affect the lives of Black gay men. Initially, accelerate convened a National Advisory Board made up of mostly Black gay, bisexual and same-gender-loving men to provide expertise on stigma reduction strategies, health systems and social determinants of health, harm reduction, incarceration, media and communications, organizational and leadership development, national HIV and health policy, research and evaluation and social and healing justice. While some of these men hailed from Baltimore and Jackson, after several meetings advisors

recommended the need for a more locally driven advising approach. As a result, a Community Advisory Board was implemented within six months. The new advisory board added a different element to the Initiative and helped accelerate make changes on the community level while still staying true to the larger objective.

Community Collaboration is an essential element to any place-based approach, especially in highly competitive funding environments. accelerate took great care in developing the structures, skills and space for collaboration and leadership to grow. One grantee described accelerate as “the glue” when sharing how community organizations were brought together in the Learning Communities:

“As far as accelerate goes, and the part they play in all this, they were a bit of the glue to maintaining folks.” This ongoing connection led to meaningful collaboration to achieve their project goals — from promoting events for one another to co-hosting and co-organizing activities and offering space and resources.

This approach in the Initiative served as a model and inspired grantee partners in their project work. For example, in order to develop a sex education curriculum led by Black gay and bisexual men, **Widener University’s SWAG team (Sexual Wellness and Growth)** fostered new relationships with grantees, healthcare providers, community leaders and content experts in Baltimore and Jackson, and even nationally.

Content experts (many of whom are Black gay and bisexual men) authored lesson plans on sexual health priorities selected by community members, which

About 24% of activities in Baltimore involved collaboration with other grantees, which may have helped to address over-saturation of messaging and foster a more coordinated response among local organizations.

were piloted by community leaders and members. Their feedback was used to improve lessons.

The SWAG team also partnered with two grantees (BALR: Black Advocates Leading Revolutions and the Jackson Medical Mall Foundation) to summarize and disseminate their model for collaboration between academic teams and community agencies at a 2018 national sexuality education conference. This model was further applied within their accelerate work by supporting a local leader and a former grantee, Cedric Sturdevant and Linda Stringfellow, to develop and host “Delta Focus: Spotlight on Sexual Health”—a grassroots conference in the Mississippi Delta, which is an area with very few organizations or supportive services for gay men and one that has a prevailing stigma about sex and gay life.



Decreasing Stigma

A key to decreasing stigma is creating spaces for men where they can bring and participate as their full selves. This is especially true when the aim is to learn about sexual health and relationships, develop self-advocacy and community-advocacy skills and become more aware of and ready to connect to services that truly meet their unique, unmet needs.

Two brand new community drop-in spaces with a focus on specifically supporting Black gay men were established and flourished in places where there was an identified need. In Jackson, there were virtually no public spaces where men could gather and be themselves, often only being able to connect at people's homes. For men growing up in the conservatism of the Bible Belt, the opening of the SPOT (Safe Place Over Time) was groundbreaking and has since been replicated in Belzoni, Mississippi, (a small town in the Delta region of the state) and Atlanta, Georgia, connecting more men to a space for growth, holistic health resources and linkage to HIV care. The new community spaces reached people that experience high levels of stigma along with food and housing insecurity and other unmet needs. As the "Black Church" plays a strong role in the Deep South, it can be detrimental to many same-gender-loving men, as they are meant to leave pieces of who they are at the door before entering the church. The SPOT helped alleviate experiences of trauma as well as feelings of isolation and abandonment. Clients have reported that spaces like the SPOT are sometimes the only place where they can be themselves and talk about stigma and its impact on their lives.

12

Programs

In 2018, JACQUES Journey Center launched in Baltimore after a comprehensive community-driven design process. The Journey Center prioritized a highly trained peer navigation network and a mix of clinical and non-traditional services such as a clothing closet, financial literacy training and Black-led art, science and technology programming. This came at a time of great transiency and loss for Black LGBTQ organizations and establishments. As one Baltimore grantee shared, "I can see the toll it [the disappearance of LGBTQ venues] was taking on the community, especially when the Hippo Inn [a popular LGBTQ club] was gone... people stopped coming out a lot...there weren't many spaces for folks to go."

445

Events & Activities

In addition to community drop-in spaces, grantees created activities that focused on intersecting stigmas that men face every day, to include the stigma tied to race, sexual orientation and HIV status. Between 2016 and 2018, 12 programs that focused on boosting empowerment and strengthening men's networks hosted over 445 events and activities that elevated and amplified the voices of men in attendance. These spaces helped men develop the relationships, self-esteem and skills to better align their health and wellness goals, inclusive of economic, leadership and educational goals. During qualitative interviews, participants often shared that having the opportunity to unpack stigma experiences with peers profoundly impacted their sense of self-worth. Meeting other Black gay and bisexual men with shared experiences and reflecting together on how external societal stigmas are internalized reportedly left them feeling empowered.

Story from the Field

According to a staff member at AIDS Action Baltimore (AAB) describing one example of the impact of addressing stigma on men's health:

"One of our clients initially reached out to one of our session co-facilitators online because he was afraid of stigma surrounding HIV testing. He had already had one bad experience with a healthcare provider because of his race and sexuality. We [at AAB] arranged for and accompanied him to HIV testing and linked him to HIV prevention services. He has persisted on PrEP ever since with the aid of our PrEP support services and has been empowered to navigate the healthcare system independently. Although we have undergone this process with many clients, this client is particularly notable because of his previous traumatic experience."

As Much as I Can, an immersive theater experience, exemplified community co-created innovation to reduce stigma that affects Black gay men—stigma around sexual orientation, gender expression, race, skin color, body type and HIV status. Immersive theater removes the barrier between the audience and the cast and puts the audience in the center of the performance. This creates a unique emotional and cognitive response, imprinting the experience so it will be remembered and inspire action. *As Much as I Can* was co-created with men in both cities to shift perception and understanding, catalyze conversation, model empathy as a key ingredient in fighting stigma and inspire people to take action. In addition, community members and local talent were hired in Baltimore and Jackson, with 65% identifying as Black gay men and 25% living with HIV (based on

self-report). This included people who recently re-entered the workforce through local work release programs.

As Much as I Can was highly acclaimed, winning the Shorty Good Award for best in live events and the Excellence in Patient Engagement Award by the World Congress' Patient Congress. The live performances reached over 1,700 attendees in Jackson, Baltimore and New York; attendees were from diverse backgrounds, which gave people an opportunity to hear others' views and opinions in post-performance talk back sessions. With media in publications that reach diverse audiences, such as *ABC News*, *Billboard*, *The Root*, *Fast Company*, *The Advocate*, *Teen Vogue*, *The Daily Beast*, *New York Times* and *T Magazine*, the voices and experiences of Black gay men were elevated to touch the lives of family and friends, faith leaders, care providers and the general public. Findings from the evaluation conducted in Baltimore and Jackson showed **a greater commitment to stand up for people living with HIV and LGBTQ communities.**

After experiencing *As Much as I Can*, I will be more likely to....

72%

say something if I hear stigmatizing language about people living with HIV

63%

say something if I hear anti-gay language

90%

talk to my friends about the show

52%

tell others about HIV prevention options

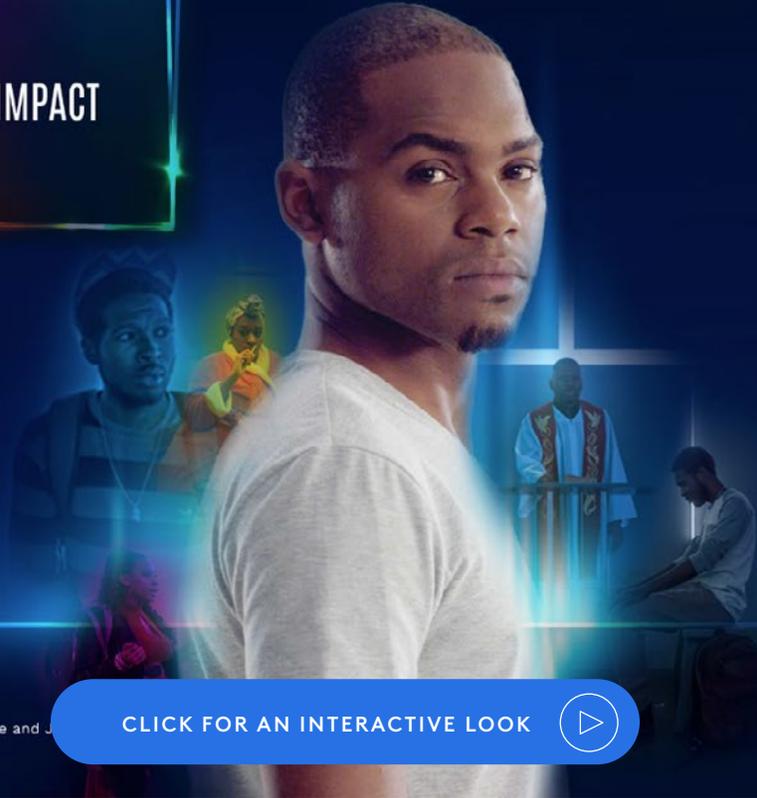




As Much as I Can, it broke me. It broke what I built myself up to and it reshaped me... [I realized], "Oh my God, I don't even love myself..." Once I was able to break down all of those things and rebuild them up, a better, clearer, succinct version of me came out, and that's what it did for me... Literally, after the first accelerate activity I went to, it inspired me to go to... an HIV conference and then one of the grantee leaders inspired me... I went to another conference in 2018... [there was a] cohort of 20 brothers that I never knew... they changed my life so much that it's when I returned from Atlanta that next week I said, "I'm coming out to my parents..."



AS MUCH AS I CAN



SOLELY FOCUSED ON HIV

ACCELERATE!

Connecting the Community. Advancing the HIV Response in Baltimore and J...

CLICK FOR AN INTERACTIVE LOOK

Increasing Access and Engagement in Care

Medical mistrust and healthcare empowerment are critical factors to be addressed as precursors for engaging and remaining in care.

Medical mistrust among Black same-gender-loving men is multifaceted and forged not only from the negative historic mistreatment of Black people in research and health care (e.g., Tuskegee Experiments) but also from everyday racism and stigmatizing messages from faith, medical and community leaders around sexual orientation; this reinforces the fear of being shamed, judged or “outed” because of seeking care. Grantees focused on addressing mistrust by helping men build self-advocacy skills and confidence in healthcare settings. One participant noted: “We had a lot of conversations in [accelerate activities] about consent, about making

lists of what you want to talk to with your doctor, about that your doctor works for you, not the other way around...” A few participants described improvement in their relationships with their providers. At the same time, while men often describe more positive and trusting personal experiences, they also described distrust at the community level. One grantee described often hearing, “I don’t trust this test, this pill, that medicine...,” which likely reflects persistent negative experiences in the Black community and historical exploitation.

In the city-level quantitative evaluation that included a subset of men who were a part of accelerate, study participants in Baltimore who were not living with HIV were 1.8 times more likely to be currently on PrEP at the end of the study period. Thirty one percent (31%) were linked to PrEP by a peer navigator. Twenty three percent (23%) had been introduced to PrEP at an accelerate activity in Baltimore. In Jackson, there was a 15% increase in having an HIV test in the past six

months by the end of the study period. accelerate attendees were more likely to have heard of PrEP compared to non-attendees.



As for HIV care, high levels of treatment interruptions were reported in both cities; interviewees in both cities highlighted how environmental factors influence this cyclic aspect of the continuum of care. In Jackson, evaluators described neighborhood-level factors that serve as major barriers to accessing care; for example, the public transportation system in Jackson has limited routes and hours



of operation, as described in the following statement from an accelerate participant: “... I think first of all, you don't have a good public transportation system in Jackson, so if you're poor and you can't get around, you're just in your community, you're stuck in your community, and I think the HIV rates are high here in these zip codes in Jackson...” This cyclic nature of engagement was a finding in the ethnographic study at the initiation of accelerate—“Interruptions in care happen to everyone; even under the best circumstances men fall in and out of care.” This underscores the need for sustained support and innovation.

accelerate also invested in a modeling study that harnessed local HIV data in Baltimore to learn more about the predicted impact of various HIV prevention strategies to help inform future place-based programming. Three key points emerged:

- / Improvements in HIV testing and linkage to care (e.g., frequent testing) can directly lead to better outcomes on a city level across the HIV care continuum.
- / Increasing access to PrEP among Black gay men (30 years and younger) had the greatest impact in reducing HIV incidence compared to the other modeling strategies considered (e.g., all men who have sex with men under 30 years).
- / Keeping people engaged in care can save lives. The model predicted that reducing antiretroviral treatment interruptions by half would result in a projected 1,698 averted HIV-related deaths and 989 averted new infections over the next decade.

“Accelerating the response to HIV,” the Initiative’s namesake, acknowledges the importance of past and existing efforts in communities and cities. Reflecting this value, accelerate prioritized finding ways to strengthen the work that was already being done. For instance, in 2015, the CDC announced a city-level investment of \$20 million to support efforts to reduce HIV among gay, bisexual and other men who have sex with men and transgender people of color. Not wanting to duplicate efforts, accelerate asked community leaders what was needed to make this government investment more effective and sustainable.

These conversations identified a clear gap in providing peer navigators with professional and leadership development opportunities. The Johns Hopkins

University School of Nursing's **REACH Initiative** led a community-designed curriculum that is now part of certification requirements for new peer navigators in the city. REACH aimed to bolster peer navigators' capacity in part by increasing trust among peer navigators. Those that have been through the course, mostly Black gay men themselves, described connecting men to care with greater ease, stronger relationship and trust with other navigators and organizations and advancements in their own careers.

These three areas of impact—stigma, community-driven solutions and engagement in care—are inherently woven together and are force multipliers. For instance, having a safer space that is designed by and for Black men can mean the difference between getting the healthcare one needs or going without.

Story from the Field

According to one grantee:

"A young man from a small community had tested positive several years ago. He had kept it a secret because he feared no one would love him, including his mother. He finally told his mother, and although she was devastated, she was desperate to get her son into care. She contacted The SPOT and explained the situation, and she needed help in understanding what she needed to do. She also needed someone to talk to her son about the importance of him being in care. He needed to be inspired and motivated because he was giving up. The SPOT intervened to help the mother and her son. He was hospitalized initially, but is doing much better now."



Lessons Learned

03



Initiative Design

1

Develop flexible mechanisms for continuous community listening and identify essential design elements and mindsets early on.

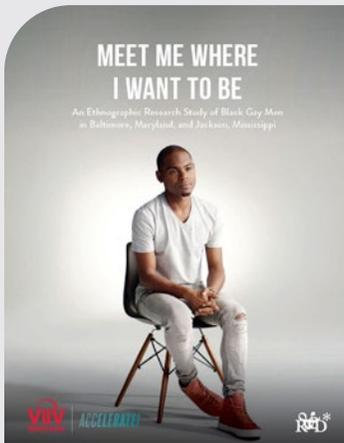
* The addition of “Sustain” to the framework was an outcome of listening, which came directly from the Advisory Board. Members noted that a lot of effort in accelerate was taken to support sustainability in local organizations and projects. Along with the understanding that the need to focus on sustainability was a clear need, ViiV Healthcare codified “Sustain” as part of the framework and applies this to other community giving initiatives.

accelerate was built with the intention that it could evolve to meet emerging needs. This sentiment was echoed by grantees and advisors as a new way of working that has a positive impact on programming and community. This meant using ViiV Healthcare’s strategic, community-centered framework of **Listen, Activate, Amplify and Sustain*** and developing the mechanisms that would serve as the practical structure. What does this look like in practice?

► FORMAL AND INFORMAL WAYS OF LISTENING

Formal and informal mechanisms for ongoing listening and then activating responses to what was heard were central to the Initiative design and implementation. Formal listening took the form of:

- / Initial ethnographic research, *Meet Me Where I Want to Be* Regular Community and National Advisory Boards



- / Community Listening Sessions and accelerate in-action sessions
- / Local coordinators in each city organizing a variety of local events and connecting with grantees
- / Intentional co-design of the immersive theater performance *As Much as I Can*

Informal listening reflects ViiV Healthcare’s value of treating all activities as cyclic opportunities to listen. For example, during amplification activities, such as conference sessions and *As Much as I Can* performances, “Talk Back” elements were part of the fabric of the activity as a way to both process the experience and to hear people’s experiences and perspectives in a systematic way.

In other activities, such as the Learning Community or Listening Sessions, discussions and surveys were used not only to immediately inform upcoming topics but also to adjust programmatic design. For instance, after several Listening Sessions, which were local gatherings by and for Black gay men, attendees shared the desire to move into action and wanted more opportunities for community and leadership development and to discuss topics that were often swept under the rug, like sexuality and spirituality. During the second year of the Initiative, the sessions evolved into accelerate in-action sessions, which were designed to fulfill a more action-oriented mission.

► ADAPTIVE, LONG-TERM COMMITMENT TO FUNDING

●●
accelerate allowed us to hear a need and build support around it.

Traditionally, funders have often used approaches that are rigid, short-term and prescriptive. In interviews with grantees, the flexible approach and long-term commitment to Baltimore and Jackson taken with accelerate gave space and even encouraged grantees and communities to learn and grow. As one grantee remarked during an interview: “A lot of our funding comes from Ryan White [from the government], which allows us to deliver services that are often defined by the state. But much of our work is driven by community input, as the community sees it. How do we continue to be adaptable and maintain our ability to hear an idea and provide resources? accelerate allowed us to hear a need and build support around it.”



In addition to adaptations on a grantee level, accelerate heard calls from grantees and advisors that there needed to be more incentive to collaborate in a real way. In response to this, “**Collaboration Grants**” were developed to supplement and enhance programming, supporting projects that were designed and implemented by multiple organizations. Through this process, organizations had the opportunity to pilot new ways of working together with the same goal. Additionally, as funding cycles came to a close, a “**Bridge Grant**” opportunity was opened for current grantees to sustain their work as the evaluation, analysis and making-meaning processes took place.

Ultimately, while accelerate's built-in mechanisms for evolution through the Listen, Activate, Amplify and Sustain framework provided the space for positive outcomes for grantees, sometimes the pace of evolution was slow and proved to be challenging in some instances. Identifying "thresholds of comfort" in people's expectations of evolution is helpful.

► INCUBATING INNOVATIVE SOLUTIONS, EMERGING LEADERS AND COLLABORATION

The depth of community solutions is infinite. The structures and systems that emerge to support community-based organizations can often be restrictive to accessing and nurturing new and nascent approaches. It was crucial with accelerate, especially as a place-based approach, to ask, listen and learn from individuals, groups, coalitions and grassroots organizations. One of the biggest hurdles for emerging leaders and new organizations is the requirement to be a registered non-profit or have a fiscal sponsor. While this is a fiscal requirement to reduce risk and ensure that funds are used as intended, it became clear that specific support to help these leaders find or shift fiscal sponsors to best support the mission of the project is essential. This takes ongoing engagement and trust built with grantees and other organizations.

Additionally, while novel and emerging approaches have incredible potential, dedicated leadership development, mentoring and capacity building is essential to nurture seeds into fruit. The Learning Community was a connective space that served as a formal mechanism for this, however, informal opportunities and relationships that blossomed from connections made at the Learning Community served as the connective tissue between sessions and meetings, within and across cities. This also helped organizations become aware of each other's work and activities, serving to support and leverage this work and reduce duplicative efforts.



2

HIV cannot be addressed in a vacuum. A person’s “whole-self,” including housing stability, mental health and economic well-being, must be considered for programming to be successful.

Across the board, people noted that the traditional public health approach—focusing solely on HIV-related outcomes—is not working. “When we feel whole... we care enough to talk to you about HIV.” This was a finding in the ethnographic report, and as such, accelerate focused on supporting projects that “lead with needs” and prioritized non-traditional continuum of services, like clothing closets, food pantries, financial literacy workshops, barbering, computer access and training, connection to quality mental health and substance use services and transportation to medical and other appointments. Programs like The SPOT in Jackson and JACQUES Journey Center in Baltimore especially focused on these non-traditional continuum services. What this looks like in practice is the patience of developing relationships and trust with men. Addressing these needs before or at the same time as HIV prevention, testing and care helps keep men engaged, builds resilience and sets them up for long-term success.

Story from the Field

A grantee describes how they use the non-traditional continuum of services to address the whole person:

“A young man came into The SPOT for support. During the intake, he stated he was hungry and needed food; he was homeless and had been living in his car. He was provided a plated lunch while staff sought him temporary emergency housing. At the end of the day, the young man came in for help, received supportive care was processed for temporary emergency housing, received clothing from The SPOT’s closet and ate a meal and later a snack. The young man later enrolled in the Foundation’s certified nursing program, completed the course work successfully and is now employed.”

Throughout interviews and making-meaning sessions, advisors and grantees noted that providing this broader range of services is essential to connecting men who would not otherwise access or engage in care. One way that accelerate supported organizations in expanding and deepening their toolkit in these areas was through Learning Community activities that focused entirely on topics related to social determinants of health, such as employment for people living with HIV, and on harm reduction approaches in engaging ways to inspire reflection and motivation to try new approaches.

For instance, the Employment Session was developed in collaboration with the National Working Positive Coalition with about 12 local expert presenters in each city to understand employment issues and strategies and to learn about various public and community-based workforce development programs and the legal rights of people living with HIV. After the event, many participants requested a local resource guide—one participant stated that after the session they would like to “create a shared guide for staff [to]... incorporate as part of linkage services.” accelerate commissioned the National Working Positive Coalition to create unique, local resource guides for each city that were disseminated broadly in each community, in and outside of the HIV space.



3

Leadership development is critical in order to strengthen communities, coalitions and organizations to drive impact.

A focus on leadership development emerged across program elements over the course of the Initiative. This was a demand from the community, who said it was essential to building self-efficacy, resilience and communal capacity. **BALR: Black Advocates Leading Revolutions in Baltimore**, a leadership development success story in itself, grew from an entity that did not exist to an emerging national platform for Black gay men, gaining recognition not only from peers in the public health industry but also among LGBTQ communities of color. Their project for accelerate infused HIV education and supportive services into its leadership



network, community engagement efforts, workshops and leadership retreat—BALR.Life. What they have found is that by providing support to men’s growth in entrepreneurship, social justice and advocacy is a means to improve health and wellness. For BALR, this work involved being an authentic space that is by and for the community, investing in folks on the “come up” with BALR as a bridge to future success and truly committing to people’s economic empowerment as a pillar in the Black Liberation Movement.

In addition, leadership played a key role in accomplishing health-related advocacy goals with men in Jackson. The **Mississippi Center for Justice**, a home-grown public interest law firm, combines legal services with policy advocacy, community education and outreach with a special focus on supporting people of color living with HIV. Their project

for accelerate provided HIV advocacy education and anti-stigma training to build community power and help people advocate for the policies and care they want and need. This project worked on leadership and advocacy on two levels: 1) men living with HIV became more equipped with tools to stand up for themselves and learned how to approach situations where their rights or dignity may be violated

and 2) healthcare providers gained invaluable information and tactics to make healthcare settings more welcoming places where stigmatizing actions, language and body language can mean engaging or disengaging in care.

Looking across other elements of accelerate, advisors and community members noted **powerful stories of transformation** among men connecting with the Initiative in different ways, from cast members of *As Much as I Can* to local community coordinators. The Jackson local coordinator, Darnell Lewis, described in an informal interview how he was initially connected to the Initiative when he was working as a program coordinator in New Orleans. A member of the advisory board knew his passion and potential, and after consideration he made the move to Jackson to support the Initiative. Through the professional development and growth opportunities afforded through accelerate and its network of community leaders, he described the experience as challenging and rewarding: “This project has given me such great opportunities to grow, excel and advance my career path in healthcare.” He is now working as a paramedic.



4

Sharing learnings is a key opportunity for making change on a community and national level.

► LEARNING COMMUNITY LEVERAGES LOCAL KNOWLEDGE AND EXPERIENCE TO PROVIDE BETTER CARE TO MEN

accelerate created multiple opportunities and spaces to share the insights of Black same-gender-loving-men, their networks, providers and advocates that increased effective approaches to connect and support men in Baltimore and Jackson and beyond. The **Learning Community** was one such space, designed to 1) foster connectivity and collaboration among the grantee cohort and other community organizations; 2) build leadership and capacity; 3) increase knowledge and 4) strengthen programming. Joint sessions brought together organizations from both cities to one session, hosted in Baltimore, Jackson or another city. In addition, city sessions took place in Jackson and Baltimore, hosting local organizations.

Story from the Field

One grantee describes how the Learning Communities impacted his work:

" [As an organization in Baltimore], the accelerate Learning Communities in Jackson have been most beneficial to us. At these sessions we were able to engage in dialogue with organizations that have a totally different perspective on HIV and LGBTQ issues. It was through the Learning Community that we were able to connect with Linda Dixon from the Mississippi Center for Justice and others who have vast knowledge on topics related to HIV, racism and social justice issues. When we spoke to Linda, she really opened our eyes to developing a plan to end HIV. This was a very radical way of thinking, because while some organizations are reactive to the HIV epidemic, having a plan to end HIV makes the organization more proactive and able to create more targeted impacts to the epidemic."

The evaluation revealed that the **Learning Communities increased grantee knowledge through peer-to-peer learning, increased collaboration outside of the meetings and opened up new pathways for Black gay men to receive stronger and more affirming services.** Using a network analysis approach, the evaluation found that between 2017 and 2019 grantees reported more collaboration in the form of referring to other organizations, exchanging information and lessons and talking

about each other's work to folks outside of the accelerate cohort. As one grantee noted, "Often when we were experiencing a challenge, we could consult with other grantees who had experienced a similar situation and could offer suggestions or [those] who were experiencing the same challenge, and we could problem-solve together."



Ultimately, grantees described the Learning Communities having a beneficial impact in strengthening their reach, having better services and having more places to refer Black gay men to support their health and wellness. "[In the Learning Communities], we were able to share things that worked and also discuss the differences that agencies face in the two cities represented. This information was very valuable in directing the paths we took to meet the needs of the target population," stated one grantee.

Implications for Design and Practice

- Be aware of multiple funding and programmatic efforts locally to leverage, support and reduce competition and duplicative efforts.
- Provide support to emerging leaders and lesser-known organizations, including fiscal sponsor options and other ways for small organizations to receive funding.
- Craft opportunities for intentional skills building, leadership and organizational development, not only for staff members but for the community as well.
- Lead with needs and fund services that attract and keep men connected to affirming organizations. Food at events, clothing closets and air-conditioned computer labs are good places to start.
- Consider creative, community-driven mechanisms to share research, community assessments and lessons learned beyond academic publications.
- Recognize the reality that communities are already over-researched. Begin monitoring and evaluation early and center outcomes on grantee learning and growth.

Stigma Reduction



1

Stronger networks help men break down stigma, build social and economic supports and feel more empowered to engage and advocate for the care they want.

accelerate pioneered a variety of ways to engage non-traditional partners and Black gay men who are not within the HIV space in the HIV response in the two cities. One such approach was **accelerate in-action**, which involved 23 quarterly sessions that were by and for Black gay men in each city. Supported by the local coordinators, different community members helped design agendas and recruit conversation leaders or other activities like movie screenings that would help men deconstruct different topics of interest. Some examples of topics that came up were: Emotional Well-Being, Substance Use, Late Night Texts and Early Morning Good-Byes, Communication Skills for Healthy Relationships, Financial Health and the Role of the Black Family.

This approach created a safer space that helped identify and expand the pool of diverse community gatekeepers to reach Black gay men and brought together men

who had never been in the same room together and/or who did not see themselves as part of the HIV response. As one Jackson attendee put it: "I was able, thankfully, to connect with members of the community I haven't really had a chance to connect with before. Also, like you know, learning more about myself..." This intentional network building approach was crucial to expanding program reach as well as coming up with new ways to approach the work and break down isolation and stigma.



Supportive networks were also cultivated via the creation of safer spaces at specific community-based organizations that brought together Black gay men to educate and share resources about issues important to their sexual health. **The Breaking Bread Project, led by Black Men's Xchange (BMX) and The Pride Center of Maryland**, recruited and trained Black Men as Empowerment Leaders to conduct HIV prevention workshops and culture events that keep men connected to a larger sense of community. Their work celebrates the positive elements of Black history, diversity, family, self-concept, sexuality and culture. Part of what makes their work a success is that they engage a diversity of Black men who have sex with men whether they identify as gay, same-gender-loving, bisexual, trans-attracted or heterosexual with same sex experiences.

As one staff member noted, "One of our primary aims is to engage with those systems or partners that have been deemed homophobic but have a vital role in Black spaces."

Additionally, participants literally break bread during a meal as they tackle topics around identity, sexuality and mental health—sharing food helps make these meaningful connections and strengthen networks.

Finally, **networks of peer navigators** from different agencies were established via intentional peer navigator trainings such as the **REACH Initiative in Baltimore** and the **Meet Me Where I Am program in Jackson**. These projects fueled collaborative networks of navigators and helped better coordinate services for Black gay men.

[LEARN MORE ABOUT THE PEER NAVIGATORS NETWORKS](#)



2

Safer spaces and peer navigation help men build trust and community connections, critical to making HIV prevention and testing the pathway to care that it should be.

Building family-like drop-in spaces has emerged as a critical and underutilized strategy to improve the health and well-being of Black gay men. These spaces 1) offer a safer and non-judgmental space for healthy friendships, ongoing fellowship and community connections; 2) promote trust and support to disclose personal information (e.g., HIV status) and help men navigate stigma; 3) empower men to become advocates for their own health and 4) integrate the provision of HIV services with HIV testing and linkage to care as the most common types of HIV services offered to clients.

Most grantees incorporated a network approach in their work. One example is [AIDS Action Baltimore's New Horizons project](#) where they created spaces that facilitated the development of healthy friendships and peer networks.

Story from the Field

One grantee describes how safer spaces take time to create before trust and connections can occur:

"By using different techniques in the support group, like gamification and art and storytelling, people felt better about disclosing both positive and negative status. Each session went a little deeper, and people opened up more. During the first round, there was surface conversation, and by the second round there was more intentional conversation combined with more health information. Gradually people warmed up to each other and utilized the space in the ways that they needed."

The space developed by AIDS Action Baltimore also helped men to navigate stigma by "putting the power back into the community's hands and providing a space to talk about issues that matter to them. This helped normalize conversations about HIV, address traumatic experiences and take the stigma out of disclosure." Additionally, these spaces empowered Black gay men to be more active health

care consumers in their own lives. As one grantee noted: “There is work that needs [to be done] to get people ready to be active health care consumers in their own lives—this is empowerment work. It is the feeder system to get them more involved and then linked into care.”



Safer spaces also provided an opportunity to integrate HIV services and mobilize Black gay men to even encourage their existing network members to receive HIV services. This was especially true at **The SPOT**, a drop-in safer space by the Jackson Medical Mall Foundation. In the first year alone, they provided HIV tests to more than 2,000 people since opening. As one participant noted, “It [The SPOT] started me getting tested, telling other people that I think they should get tested and even taking them with me so they could get tested.” Part of this was achieved by meeting men where they’re at—which included physically providing testing with a mobile unit, but it also included engaging men on a mental and emotional level to determine their fears, hopes and desires, and connecting those to their health needs. Several men indicated that they felt empowered after participating

in some accelerate activities, such as Man in the Mirror, an activity at The SPOT that encouraged self-reflection. By participating in these programs, participants learned how to address deeper issues that impacted their health and wellness and encouraged active engagement in their own care.

Safer spaces were also adapted to meet the needs of men. That is, they were expanded to include friends and allies. Even though programs (e.g., support groups) were created specifically for Black gay men, they needed to open them up to include other supportive network members that were also invited by participants (e.g., friends, confidants, family members). For **Jackson State University’s Men Acting Courageously (MAC) Initiative**, this was especially true, as they found that more expansive spaces inspired powerful conversations to break down stigma and create community. As they describe: “We include women in the programming now, as many were great friends to the men we were trying to reach. I think it was empowering for the sisters to be able to speak their truth. It gave a new space to have conversations that are needed to really build a sense of empowerment for health and wellness.”

3

Investing in the leadership and professional development of peer navigators builds overall community power and helps men move across the HIV care continuum by meeting men where they are and supporting them in getting to where they want to be.

Peer navigators remain the cornerstone of the HIV response to help Black gay men navigate and connect to fragmented services. accelerate funded high-quality, concierge-like navigation services for Black gay men. accelerate supported two projects—The Johns Hopkins University School of Nursing’s REACH Initiative and University of Mississippi Medical Center’s Meet Me Where I Am program to develop intentional peer navigator trainings. The REACH initiative designed an

innovative, peer-driven leadership and professional development training that was developed for peer navigators from all over Baltimore working in diverse settings (e.g., health departments, clinics and community organizations). The navigators kicked off the project with an Outward Bound experience that focused on empowerment, teamwork and leadership development. This contributed to a standardized, replicable training and professional development opportunities for navigators to ensure that they were all operating from the same playbook.



What they saw from this approach was that highly collaborative networks of navigators helped Black gay men effectively access HIV services by meeting men where

they are and supporting them in getting to where they want to be. This was fueled by taking a trust building approach, particularly through the Outward Bound experience where navigators learned transformative leadership skills to apply to life and their careers.

Story from the Field

A grantee describes how they used Outward Bound for building trust and transformative leadership:

"We brought folks to North Carolina and literally climbed a mountain together. Most of our folks hadn't left Baltimore City before this! It all connected it back to the work—being in a safe space, tying that uncertainty to someone with a new HIV diagnosis and how you navigate that. Coming back from the experience, folks began to self-check each other, self-regulate, and many are still in contact. They trust each other." Ultimately, half of the original cohort moved on to new and more senior positions, and several moved to other cities and in promoted positions. As one staff member noted: "Many navigators found their voice and are now speaking up about their work and the community."

In Jackson, training for navigation services was limited. accelerate supported **University of Mississippi Medical Center's Meet Me Where I Am program**, a six-month leadership and professional development program for patient navigators to strengthen navigation services and help men connect engage in the services they need to reach their wellness goals. Meet Me Where I Am was based on needs and strengths that navigators shared in the design process and focused

on state-of-the-field HIV science, implicit bias and combating stigma, motivational interviewing techniques, use of group chat platforms to share ideas and resources and building self-care as navigators. Before Meet Me Where I Am, navigators often worked in organizational silos, but even a year after completing the program, navigators continued to actively collaborate using the GroupMe platform to connect men to services across the city and region.



What made Meet Me Where I Am work? It provided a conversational approach and safer space for navigators to openly discuss HIV and AIDS and examine their own biases. For many, this was the first time they addressed what stigma looks like in their organizations and in their own communities. Navigators were able to advocate in new, better and more effective ways for culture change that would benefit people who are living with

or are vulnerable to HIV. Because of the program, participants became better community leaders. They developed strategies as a group and examined unique ways of self-care and wellness. The program helped to not only build up their knowledge of HIV and best practice, but it also built a community of care that allowed people to build confidence and advance in their careers.

4

Arts and culture activations are effective in engaging Black men and facilitate stigma reduction.

From the beginning, accelerate strived to visually and artistically reflect the beauty, resilience, joy and diversity of Black gay, bisexual, same-gender-loving men and men who have sex with men. Several elements of the Initiative, including immersive theater performances and grantee programming like SOGAA's International Black Film Festival, put art front and center as an influential mechanism to elevate men's voices and experiences and ultimately reduce stigma. In addition, these activations can serve as a creative mechanism to share insights to get information to a wide range of people that touch the lives of Black gay men.



As described earlier in this report, an evaluation of *As Much as I Can* showed that it was highly effective at influencing several factors related to stigma. One unanticipated ripple that came from *As Much as I Can* was a homegrown project developed by Mississippi in Action, an accelerate grantee. **Mississippi in Action** has fostered relationships of deep trust in the community and has become a place where people feel they can bring their authentic selves and tell their stories. Inspired by these stories and moved by the immersive experience of *As Much as I Can*, Mississippi in Action created *Where's Your Good Judy?* Compelled by the homophobia felt in the Jackson community and with the understanding that the only way there was going to be change was if men and women, trans and cis, hetero and gay, broke down some of the barriers between them and got together, *Where's Your Good Judy?* sought to

provide a space for open dialogue. It invited people from all walks of life to look at what was universal and shared and at the barriers that existed between them.

SOGAA is an organization in Baltimore that runs the **Baltimore International Black Film Festival** to creatively address men's needs through an ongoing dialogue

centered around films by, for and about same-gender-loving men. They showcased films that used contemporary independent cinema to promote images specific to the mental and physical health of the community. To further strengthen this endeavor and help viewers connect with the director's vision, they held Q&A discussions (usually with directors, producers and the cast) immediately following the films and convened separate interactive workshops and forums. What helped make these events successful? "Our program was most successful when we adopted a posture of listening and observing, as opposed to attempting to push an agenda or services prematurely," noted SOGAA staff. "Also, it was extremely helpful to partner with other accelerate organizations to broaden the scope of our programs and create awareness of services offered throughout the community."

Story from the Field

One grantee describes how representation and amplifying voices impacts engagement in care:

"During a Reel Unity Film Series events that was held in partnership with Club Bunnys [a local LGBTQ club], we presented a film that dealt prominently with a father and son's relationship and gang violence. One of the participants, a 33-year-old, bisexual Black male was moved by the content of the film and began to open up to our staff about how it resonated with his unresolved issues with his father. He also expressed that he felt comfortable sharing some of his struggles after witnessing the similarities on the screen. Beyond this event we had additional conversations with him, his mother and older sister, which ultimately led to him being connected to services for housing and HIV testing at a future RUFSS event where Johns Hopkins School of Public Health also interviewed attendees at the program."



Building from what they learned in elevating voices of men through arts and culture, in 2020 ViiV Healthcare launched Being Seen, a podcast that focuses on the gay and queer Black male experience through conversations with leading artists, writers, activists, entertainers and community leaders. While this effort has yet to be evaluated, as of this report, Being Seen holds a 5-star rating on Apple podcasts and has been downloaded 26.5K times.

LISTEN TO BEING SEEN



Power of Images in Anti-Stigma Work

Part of the impact of *As Much as I Can* came from building around the accelerate values that drove branding and imagery used in the Initiative. As the Initiative was kicking off, ViiV Healthcare commissioned a photo shoot with “real people” from the community, recognizable as members of the Black gay and bisexual communities in Baltimore and Jackson. Showing the diversity of Black gay and bisexual men across age, body type/size, skin complexion and gender presentation helped connect with identities of Black men that may not readily access HIV care by broadening the image of who receives HIV services. This also emphasizes how community-driven solutions, including imagery, can have an impact on stigma and access to care.



Implications for Stigma Reduction Practice

- Consider activities that can help build trust over time, such as sharing a meal or doing outdoors activities as a team, especially those that engage a diversity of Black men who have sex with men, regardless of how they identify in terms of sexual orientation.
- Be open to learning where it makes sense for safer spaces or specific activities to be open only to Black gay, bisexual or other men who have sex with men and where it helps to be open to other friends in their lives like cis and trans sisters.
- Find ways to ensure that empowerment and leadership development activities can connect with opportunities for self-care and health care. As men developed greater self-worth and confidence, they were more ready to engage in care.
- Use existing chat platforms to create ongoing connections between local peer navigators to help with finding resources and services that fit each man’s unique desires.
- Bring navigators from various organizations together to increase communication between community organizations, clinics and the health department and make it easier to do linkage to care work.



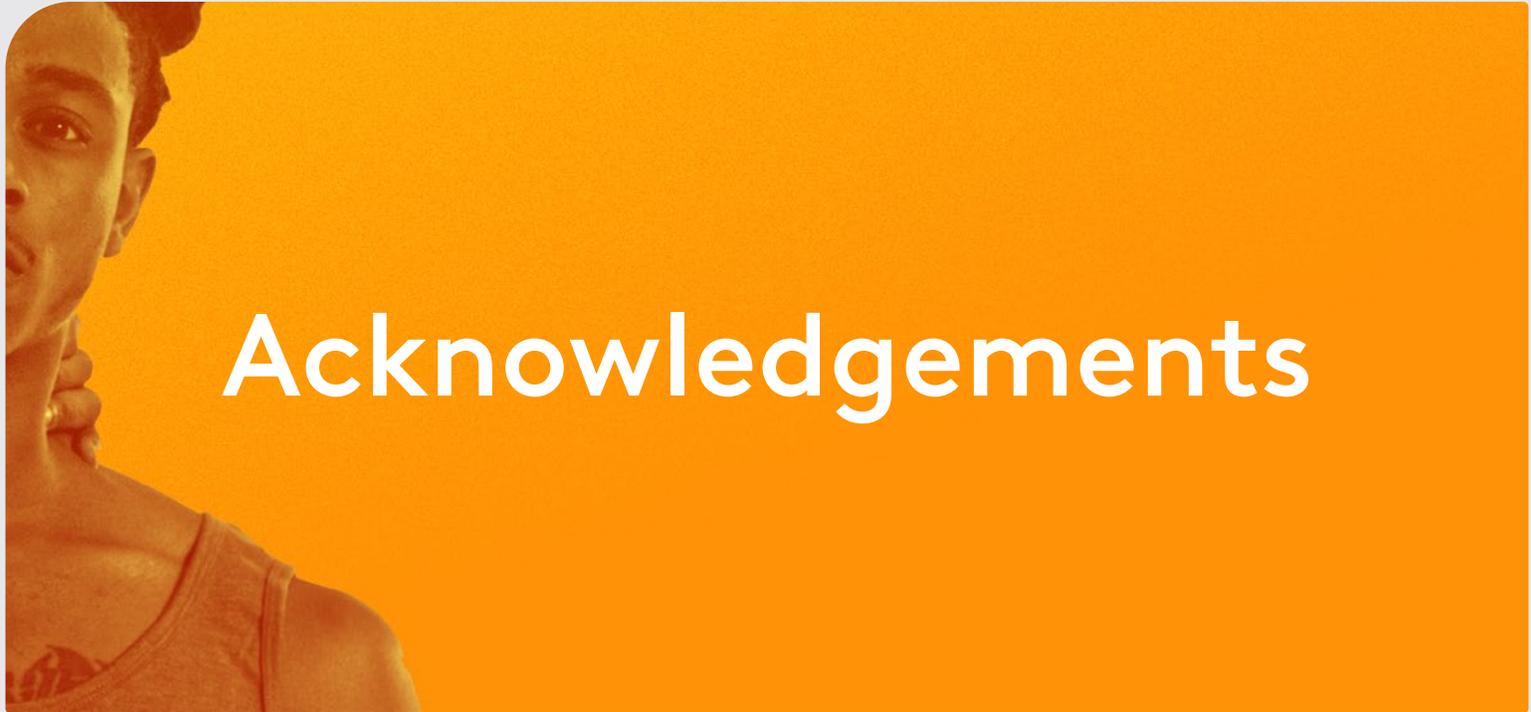
Going Forward

After five years of a place-based initiative in Baltimore and Jackson, ViiV Healthcare is building on this momentum and lessons learned with communities to amplify and sustain the most effective and innovative strategies. In 2020, communities around the nation weathered a series of unparalleled storms that required a sharpened focus on collaborative connection, ingenuity, necessary adaptations and doubling down on community solutions that pull the levers of change. In 2021, ViiV Healthcare is expanding its commitment to support the health and well-being of Black gay, bisexual, queer, trans and other men who have sex with men through new funding opportunities and initiatives. In Baltimore, Jackson and nationally, accelerate will support networks with a focus on innovative safer space models, linkage and engagement programs with a focus on peer navigation and advocacy with a focus on leadership opportunities connected to pathways to employment.

To learn more about accelerate:

P.J. Moton-Poole, Senior Manager, External Affairs
North America at ViiV Healthcare:
p.j.x.moton-poole@viihealthcare.com

Website: viihealthcare.com/en-use/accelerate-initiative/



Acknowledgements

We are deeply grateful to the individuals and organizations who have generously contributed to the ongoing listening, learning, sharing and collaborating that has amplified accelerate's work over time. The Initiative's impact on communities and individuals in Jackson and Baltimore, and across the nation, has been the result of bold and tireless commitment of our partners, grantees, advisors and friends.

Report Reviewers, Paul Burns, PhD, Kenyon Farrow, DeMarc Hickson, PhD, Mannat Malik, Sean Smith, Cedric Sturdevant, Andrea Wirtz, PhD.

Local Coordinators, Anthony Estreet, PhD, Darnell Lewis.

Original accelerate Grantee Organizations, AIDS Action Baltimore, BALR (sponsored by LIGHT Health and Wellness Comprehensive Services), Black Men's Xchange, Jackson Medical Mall Foundation, Jackson State University Development Foundation, JACQUES Initiative (sponsored by University of Maryland Baltimore Foundation), Maryland Pride Center (formerly Gay Lesbian Community Center of Baltimore), Mississippi Center for Justice, Mississippi In Action (sponsored by Community Education Group), My Brother's Keeper, Inc., SOGAA, Inc., The Jackson Medical Mall Foundation, The Taylor-Wilks Group, Widener University - Interdisciplinary Sexuality Research Collaborative.

accelerate Advisory Board Members, Aquarius Gilmer, Blair Franklin, Christopher Cox, Christopher Lane, Christopher Roby, PhD, Cornelius Baker, Cory Bradley, DaShawn Usher, David Malebranche, DeMarc Hickson, PhD, Donte Hilliard, Durryle Brooks, PhD, Ernest Hopkins, Gary Daffin, George Johnson, Greg Millett, PhD, Jamal Hailey, Johnnie Kornegay, III, Keith Green, PhD, Kemahn Jones, Kenyon Farrow, Kevin Jones, Ligia Peralta, MD, Linda Stringfellow, Lonnie Walker, Mardrequis Harris, Marreo McDonald, Monica Jones, Nathaniel Currie, Orlando Harris, PhD, Raniyah Copeland, Russell Brewer, DrPH, Sean Smith, Stephaun Wallace, PhD, Terrance Moore, Yolo Akili Robinson.

And a special thank you to TCC Group for its strategic consulting, design and collaboration from the inception of accelerate; ReD Associates for their 2015 *Meet Me Where I Want to Be* ethnographic research study that informed accelerate; BEAM, Harm Reduction Coalition, National Working Positive Coalition and Micheal Rice for their collaboration in the Learning Communities; Johns Hopkins School of Public Health, University of Mississippi Medical Center and TCC Group for monitoring, evaluation and making meaning; and Harley and Co. for conceiving, co-creating and producing *As Much as I Can* an award-winning immersive experience, with and about the Black gay men of Baltimore and Jackson, with guidance from ViiV Healthcare and TCC Group.



Faces of accelerate





ViiV Healthcare was established to take an innovative approach to the challenge of HIV—and we do. It's who we are.

An innovative approach means we go beyond developing new medicines. We seek insights to better understand the unmet needs of people living with HIV. We connect individuals and communities to help drive solutions focused on providing the same standard of care for all people living with HIV. We develop and support community programs that focus on HIV prevention, care and treatment. The voice of the HIV community informs everything we do.

As the only company solely focused on HIV, we think differently, act differently and connect differently to improve the lives and outcomes for all people affected by HIV. For more information, visit viivhealthcare.com/us or follow us [@ViiVUS](https://twitter.com/ViiVUS).

accelerate

February 2021