



2017 ANNUAL REPORT

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Vashington, DC 20005-4903 (202) 853-0021 www.nmac.org









## FROM THE EXECUTIVE DIRECTOR

I'm not a big fan of annual reports. They sometimes seem like another self-promotion tool that non-profits use to tell the world that they are great. However, 2017 was different and the board and staff made a good case to document what we did in Trump's America. Like many agencies, NMAC was unprepared for the election results. They required us to retool our strategy, give comfort to our constituents, and try to figure out how our movement will survive.

While I never shared this publicly, I was scared. Our work with people living with HIV, people of color, and other disenfranchised communities sat in the cross hairs. The President's FY18 Budget was a declaration of war. The cuts proposed were not only significant, but they also happened just as biomedical HIV prevention was getting its footing.

This moment of great uncertainty was a call for leadership like we've haven't seen since the early days of the epidemic. Not only did we need to be more strategic, but also needed to build larger coalitions. Standing together we were stronger, but ours was a movement that did not always play well together.

At the end of the day, this is what's important to know: NMAC has survived for 30 years. We are still here when most of our peers are gone or merged into new agencies. We have a reserve fund (see *financial report*) that gives us both the ability to weather difficult times and the money to start new programming without having to wait for donors. Most of senior staff have been at the agency over 10 years. 2017 was my 28th year as the Executive Director. Our leadership bench is long and deep. The agency has loyal constituents who support our work to lead with race to end the epidemic. None of us does this alone, thanks to all our partners, constituents, donors, and colleagues.



2017 was a test of our leadership. Given all the challenges in the outside world, I can confidentiality say that NMAC made a difference.

Yours in the struggle,





# INTRODUCTION

**2017 was NMAC's 30th Anniversary.** Back in 1986, People of Color were disproportionately impacted by HIV and a small group of activists came together to shed a light on this challenge. Who could have imagined that we would still be fighting to end the epidemic 30 years later?

On our anniversary, it's important to hold up NMAC's founder, **Don Edwards**. It was his vision to create an agency to give voice to minority communities (that's what we were called back then). The National Minority AIDS Council was created to develop leadership within communities of color to address the challenges of AIDS.

In 2014 we changed our mission, vision, and name. The change to NMAC happened because **AIDS** and **Minority** seemed dated and out of touch. Our new mission is to lead with race to urgently fight for health equity and racial justice to end the HIV epidemic in America.

With the start of our fourth decade of service and the election of a new President, NMAC had to re-examine what we're doing and how we're doing it. We were not ready for the new administration. Their policies would require a different type of engagement.

NMAC met those challenges and produced one of our most successful years ever with a mix of new programming, new initiatives, and energized and expanded ongoing activities. As we enter our fourth decade, NMAC is stronger than ever and ready to work to end the HIV epidemic.

## CONFERENCES

### Family Reunion | The 2017 United States Conference on AIDS

The 21st annual **United States Conference on AIDS (USCA)** brought nearly 2,900 leaders, advocates, activists, and service providers to DC from September 7-10 to

learn, cross-train, and network around important issues for the HIV movement. Featuring a theme of *Family Reunion*, the conference offered nearly 300 training sessions on best practices to end the epidemic.

The USCA was preceded by an HIV/STD Action Day on September 6. More than 200 conference attendees met with Congressional and Senate leaders to advocate for HIV/AIDS services in their districts and states. The Action Day was sponsored by NMAC, AIDS United, NASTAD, NCSD, and The AIDS Institute.

Following Action Day, NMAC kicked off the conference with a reception at the Library of Congress featuring Representatives Maxine Waters and Barbara Lee.

The *Family Reunion* theme was highlighted at the opening plenary on September 7, as prominent members of the HIV movement and their families spoke about their own personal journeys. U.S. House Minority Leader Nancy Pelosi welcomed delegates to DC, encouraging them to continue their work.





Dr. Michael Gottlieb and actress

Judith Light of the Elizabeth Taylor AIDS Foundation

presented the first Michael Gottlieb award to the Macy's

Foundation for their efforts to raise awareness about

HIV/AIDS. Dr. David Williams of Harvard University

School of Public Health spoke about his ground-breaking

research on race and its impact on health.



On the second day, Gilead sponsored a Plenary Luncheon *REIMAGINE*: *Reset. Refuel. Retool*, in which medical and thought leaders of the HIV movement spoke about the 35+ year fight and progress to end the epidemic.<sup>2</sup>

Day three featured the Federal Plenary, Federal Perspectives on Research, Prevention, and Treatment. National government

leaders spoke about the work to end the epidemic and provided information about the most recent policy updates and biomedical treatments.

<sup>&</sup>lt;sup>1</sup> Speakers of the opening plenary were: Kerry Lessard, Cecilia Chung, Charles Shazor, Jr., Murray Penner, and Silvia Valero

<sup>&</sup>lt;sup>2</sup> Speakers of the Gilead program include: Jeffrey S. Crowley, Program Director of the O'Neill Institute for National and Global Health Law; Laura van Dernoot Lipsy, Founder and Director of the Trauma Stewardship Institute; Dr. Derrick Butler, Associate Medical Director, To Help Everyone Health and Wellness Centers; and Darnell L. Moore, Editor-at-large, CASSIUS/iOne Digital



The final plenary held on Sunday, September 10, The Power of Women and the Future of Leadership for Women of Color, spotlighted prominent women of color in the HIV movement who addressed the importance of women's leadership and inclusion.3

USCA offered four scholarship opportunities to attendees. In addition to general scholarships, the conference offered:

- The 50+ Strong and Healthy Scholarship Program brought 50 people over the age of 50 living with HIV to USCA for training to help them create programs in their local communities to meet the needs of this growing constituency.
- The Youth Initiative Scholarship, sponsored by ViiV Healthcare, the Magic Johnson Foundation, and Advocates for Youth, focused on developing 20 future leaders in the HIV movement.
- The Social Media Fellowship, sponsored by Gilead, was produced in partnership with the Black AIDS Institute. The content produced by the fellows was featured by USCA media sponsor fhi360 during the course of the conference.

### The Path Forward | The Biomedical HIV Prevention Summit



In December, NMAC convened the second annual Biomedical HIV Prevention Summit (renamed from the 2016 PrEP Summit) in New Orleans. This year's Summit brought together more than 1,100 registrants to share news and studies. The Summit's location in Louisiana also brought a special focus on the HIV epidemic

in the South.

Two plenaries

were held the first day of the Summit: Treatment as Prevention, PrEP, and the South,4 and The Intersection Between HIV Care and Prevention.5

A special highlight was a surprise appearance by Grammy-Award winning singer/songwriter Alicia Keys, who shared her personal story about the importance of HIV prevention, treatment, and



Latasha Elopre (U. of Alabama), Host Ken Williams (Ken Like Barbie), Megan Cannon (Houston Health Department), and Gina Brown (Southern AIDS Coalition).

<sup>&</sup>lt;sup>3</sup> Speakers of the final plenary were: Linda Sarsour, Co-Chair, Women's March; Linda H. Scruggs, Ribbon Consulting Group; Gina Brown, Southern AIDS Coalition; Tiommi Lucket, The Well Project; and Grissell Granados, Children's Hospital Los Angeles

<sup>&</sup>lt;sup>4</sup> Plenary speakers for the opening plenary were: Gina Brown of the Southern AIDS Coalition; Megan Cannon of the Houston Health Department; Latasha Elopre of the University of Alabama; and Leandro Mena of the University of Mississippi Medical Center

<sup>&</sup>lt;sup>5</sup> Speakers for this plenary were: Kenyon Farrow of TheBody.com; Sarit Golub of the Hunter College, City University of New York; Rich Wolitski of the US Department of Health and Human Services; and Luis Gutierrez-Mock, of the Center of Excellence for Transgender Health



awareness and encouraged participants to continue their work.

On the final day of the Summit two plenaries continued the discussion about the intersection of race, the South, and HIV. *Race and Biomedical Prevention*<sup>6</sup> talked about the explicit impact race has on biomedical prevention methods, while the closing plenary featured a dynamic conversation about the evolution of the HIV movement entitled *The Revolution and the New HIV Movement*.<sup>7</sup>

## POLICY

## Stronger Together | The HIV & STD Policy Partnership

After the 2016 election, NMAC reached out to affiliated organizations to see how we should react to the drastic change in administration that was coming.



Ultimately, NMAC joined forces with four other organizations (The AIDS Institute, AIDS United, the National Coalition of STD Directors, and the National Association of State and Territorial AIDS Directors) to form the HIV & STD Policy Partnership.

The Partnership is focused on ending the HIV, STD, and hepatitis epidemics in the United States by sharing resources to advocate for HIV and STD programs and appropriations. It works with policymakers to preserve HIV,

STD, and hepatitis legislative successes, promote necessary appropriation and funding levels, retain crucial aspects of existing health care coverage including the Affordable Care Act (ACA) and Medicaid while building upon the progress made on HIV, STD, and hepatitis prevention, treatment, care, and support over the last several decades.

In 2017, the Partnership advocated against proposed severe budget cuts to federal HIV services by the Trump Administration and against repeal of the Affordable Care Act through direct lobbying of Members of Congress and officials within the Administration. The Partnership created communications campaigns to encourage constituents to contact elected officials. Both efforts were defeated in Congress and the partnership's efforts played a role in that.

<sup>&</sup>lt;sup>6</sup> Speakers included: Moctezuma Garcia of Texas State University, Ming Ming Kwan of API Wellness; Derrick Matthew of the University of Pittsburgh; Sheldon Raymore of The American Indian Community House; and Dawn Smith of the Centers for Disease Control and Prevention.

<sup>&</sup>lt;sup>7</sup> Speakers included: Antigone Dempsey of HRSA; Leisha McKinley-Beach of SisterLove; Anthony Mlls, of the Men's Health Foundation; Carlos Rodriguez-Diaz of the University of Puerto Rico; and Pedro Alonso Serrano of the Hektoen Institute

## CAPACITY BUILDING

### A Vital First Step | The PrEP Navigator Report

In November, NMAC and the NIH National Library of Medicine released the National PrEP and HIV Navigation Landscape Assessment, the first attempt to provide a current understanding of how navigators are providing or can provide vital services to consumers at each stage of the HIV Care Continuum.

Among the assessment's findings:

- HIV Navigators are an integral part of the HIV Care Continuum at all stages.
- Work settings of HIV Navigators range from street outreach to "shooting galleries," first responder and acute care facilities, and long-term care facilities.
- In addition to their regular duties, HIV Navigators are expected to keep up to date on the latest PrEP and HIV science through trainings and other resources; professionalize and standardize their work duties and responsibilities; and continually adhere to shifting policies, regulations, standards, and guidelines while remaining flexible to changing local organization and community-based norms and expectations.
- Common HIV Navigator job requirements include: experience with high risk populations in community settings; culturally and linguistically competent client engagement skills; and familiarity with linkage to medical and other social support services.

## LEADERSHIP PIPELINE

### **Building the Future of the Movement**

The Leadership Pipeline program continues to train the HIV movement's leaders



of tomorrow — an important task as the first generation of HIV leaders begins to step down from their positions.

The Building Leaders of Color (BLOC) program is offered by the Secretary's Minority AIDS Funding Initiative via a cooperative agreement with NMAC. The training provides skills building, knowledge exchange, and networking opportunities for program participants.

The BLOC Program is a collaborative partnership between NMAC and five organizations and networks with extensive track records in HIV and public health leadership

among People Living with HIV:

- Transgender Law Center (TLC)
- Positively Trans (a project of TLC)
- PWN-USA
- U.S. PLHIV Caucus
- THRIVE SS



- 57 participants completed Regional Trainings, 33 of whom have already engaged in meaningful leadership opportunities
- 12 transgender women completed the BLOC National Training
- BLOC's Train the Trainer (TOT) program selected 26 applicants to participate

NMAC created a Mentor-Mentee Agreement Form to allow training alumni to work with new BLOC participants and help guide them through the process. NMAC and its partners hosted webinars to support ongoing training and mentoring.

The **Youth Initiative Program**, now in its seventh year, brought together the next generation of leaders aged 18-25 (known as the Youth Scholars) to participate in a sevenmenth comprehensive program to empower young leaders to enhance their capacity

to engage with their community.



The 2017 program engaged with 29 youth from 26 cites and U.S. territories out of 150 applicants. The program also engaged four Youth Scholars from previous years to participate as Youth Ambassadors by providing mentorship and guidance for new Youth Scholars.

Leadership Pipeline participants

NMAC partnered with Advocates for Youth to operate the Youth Initiative, which is funded by ViiV Healthcare and The Magic Johnson Foundation.

## TREATMENT

### Meeting a Growing Need | 50+ Strong & Healthy Mini-Grants

NMAC launched the HIV 50+ Mini Grant Program to support our HIV50+ Strong & Healthy Scholars to become involved in their communities and develop and implement projects to educate and engage people living and aging with HIV.

Grantees are affiliated with or work for a community-based organization or com-

munity health clinic that serves people of color living with HIV aged 50 or above. They also have strong ties and working experience in their communi-



ties and are committed to continue outreach, educational, and engagement activities for their peers living and aging with HIV.

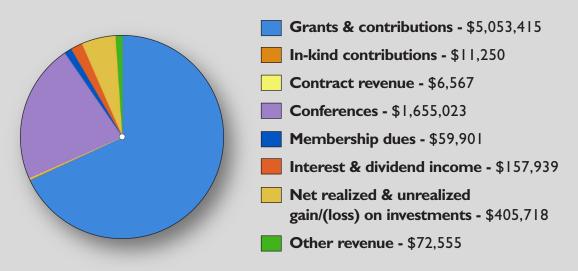
This year's grantees include:

- Eric Jannke (Palm Springs) is developing an educational manual to address the needs of long-term survivors and others aging with HIV.
- **Bryan Jones** (Cleveland) is working on all-day training for PLWH to become leaders in their community.
- **Jennifer Chang** (Los Angeles) is organizing a meet-and-greet and dog-walking event for 50+ survivors of HIV/AIDS.
- Rob Quinn (Boston) will facilitate a Health and Wellness Day for HIV 50+ and Long-Term Survivors on April 21.
- Michael G. Smith (Santa Fe) is working to assist PLWH on disability to return to work and educate about benefits and financial planning.
- Lillibeth Gonzalez (New York) organized a full-day community education event at GMHC focused on meeting immediate needs identified by long-term survivors: decreasing feelings of loneliness and isolation, and increasing sense of community, self-acceptance, and connection.
- Teresa Sullivan (Philadelphia) developed interactive educational sessions on health and wellness for women of color over 50 years old living with HIV.
- Robert Riester (Aurora, CO) organized a three-day video storytelling workshop.
- Esther Ross (Greenville, NC) built the LAMPS (Leaders Advocating and Mentoring other leaders for Personal growth and Support) program to educate five persons of Color living with HIV over the age of 50 to mentor, train, and support one other peer.
- Randal Lucero (Albuquerque) organized the Southwest CARE Center 50+ Healthy and Strong Summit to bring community leaders, 50+ individuals living with HIV, and their allies together to improve the lives of older adults living with HIV.
- Nancy Shearer (Santa Monica) organized the Positive Singles Mixer, a social event to promote social connectedness among the HIV-positive heterosexual community, ages 50 and older, in Los Angeles County.
- Dean Edwards (Columbia, SC) facilitated a three-day retreat for men who are living with HIV over the age of 50 to become actively involved in planning and advocacy within HIV Care and Support.

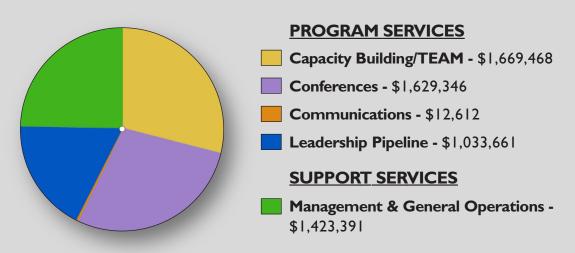


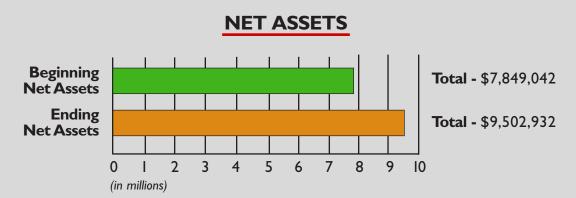
## FINANCIALS

### **REVENUE** (TOTAL: \$7,422,368)



### **EXPENSES** (TOTAL: \$5,768,478)





Change in Net Assets - \$1,653,890



#### **EXECUTIVE OFFICE**

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Kim Ferrell, Director of Operations

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Kim Johnson, Capacity Building Director

Tamara Combs, Program Manager

**Robin Kelley**, Evaluation Manager

Munir Ahmed, Evaluation Specialist

Genoa Rucker, Program Coordinator

**Dustin Baker-Holley**, Program Coordinator

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Shanta' Gray, Meetings and Registration Coordinator

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Matthew T. Rose, Policy and Advocacy Manager

**Fernando De Hoyos**, *Treatment Coordinator* 

Sable K. Nelson, Policy Analyst

**Danielle Houston**, Treatment Manager

#### LEADERSHIP PIPELINE

Linda Scruggs, Acting Director

Jacqueline Coleman, Leadership Pipeline Director

**Charles Shazor**, *Program Coordinator* 

Alexis A. Myers, Program Associate

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#### Lance Toma

**Executive Director** Asian & Pacific Islander Wellness Center San Francisco, CA

### Nancy Wilson (Honorary)

Artist Altadena, CA





Vashington, DC 20005-4903
(202) 853-0021 www.nmac.org



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