COVID-19 VIRTUAL STRATEGIC THINK TANK REPORT

Responding to the emerging needs of COVID-19, advancing the “End the HIV Epidemic” initiative, and addressing Viral Hepatitis and STI in communities of color.

STRONGER TOGETHER PARTNERSHIP
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**Suggested citation**

Acknowledgments

Members of the National Convening Committee of the Virtual Strategic Think Tank
Thanks for their guidance and input to plan and implement a successful COVID-19 Virtual Strategic Think Tank. Bamby Salcedo, President & CEO, The TransLatin@ Coalition; Cathy Kapua, Deputy Director, Trans Justice Funding Project; Cody Knight, TEC HIV Program Coordinator, Okla. Area Tribal Epi Center/Southern Plains Tribal Health Board; Dázon Diallo, Founder & President, SisterLove; Dwain Bridges, Director of Finance and Operations, Thrive SS; Elaine Andres, C4H Community Engagement Coordinator, Asian & Pacific Islander American Health Forum; Francie Spencer, Funds Development Officer, NACHCI; Gabe Maldonado, Founder & CEO, TruEvolution; Gary Daffin, Executive Director, Multicultural AIDS Coalition; Guillermo Chacón, President, Latino Commission on AIDS; Jamila Shipp, Managing Director for Capacity for Health, Asian & Pacific Islander American Health Forum; Jen Lee, Director of Community Services and Partnerships, Association of Asian Pacific Community Health Organizations; Jesse Milan, President & CEO, AIDS United; Jorge Zepeda, Associate Director of Latino Programs, San Francisco AIDS Foundation; José Joaquín Mulinelli-Rodriguez, Executive Director, Coai, Inc.; Krystian Palmero, Content Strategist, Asian & Pacific Islander American Health Forum; Kunane Dreier, LGBT Program & Training Manager, Hawai‘i Health & Harm Reduction Center; Kurt Begaye, Capacity Building Specialist, National Native HIV Network/Begaye Consulting; Lance Toma, CEO, SFCHC; Larry Scott-Walker, Co-Founder and Executive Director, Thrive SS; Luis Scaccabarrozzi, Vice President, Latino Commission on AIDS; Manuel J. Diaz-Ramirez, Director of Community Health Action, La Clinica del Pueblo, Inc.; Paul Kawata, Executive Director, NMAC; Rafaelé Narváez, Director of Health Programs, Latinos Salud; Raniyah Copeland, President & CEO, BAI; Robert Contreras, President & CEO, Bienestar Human Services; Savannah Gene, STD/HIV/AIDS Prevention Program Director, Albuquerque Area Indian Health Board (AAIHB); Sean Coleman, Founder & Executive Director, Destination Tomorrow; Therese Rodriguez, CEO, APICHA Community Health Center; Toni Young, CEO, Community Education Group; and Wally Cantu, Chief Executive Officer, Valley AIDS Council.

Staff at Black AIDS Institute (BAI), San Francisco Community Health Center (SFCHC), and Latino Commission on AIDS (LCOA)
Thanks for their dedication, enthusiasm, and expertise planning and implementing this event. Aaron Chandler, Director of Development, BAI; Audra Tobin Severson, Senior Capacity Building Specialist, SFCHC; Christopher Hucks-Ortiz, Director of Prevention and Care, BAI; Daniel Castellanos, Director of Research and Innovation, LCOA; Judith Montenegro, Program Director, LCOA Latinos in the Deep South; Julio Rolon-Mendez, NYS Latino Gay/Bi Men’s Initiatives Manager, LCOA; Lucciano E. Reberte, Latino Gay / Bi Men’s Initiatives Director, LCOA; Luis Scaccabarrozzi, Vice-President, Director of Health Policy and Advocacy, LCOA; Mazdak Mazarei, Director of Capacity Building and Organizational Learning, SFCHC; Pamela Tassin, Associate Director of Capacity Building, SFCHC; Rob Newells, Director of National Programs, BAI; Rosy Mota, Director of Community Health Education, LCOA; and Tatyana Moaton, Senior Capacity Building Specialist, SFCHC.

Public health leaders
We want to thank the participants of the COVID-19 Virtual Strategic Think Tank for their time, engagement, camaraderie, and expertise (see list of participants below).

Funding partners
We want to thank Chevron, Elton John AIDS Foundation, Gilead Sciences, Janssen Pharmaceuticals, Merck & Co., and ViiV Healthcare for their generous support for this project. We also want to recognize the amazing support of the Black AIDS Institute, San Francisco Community Health Center and the Latino Commission on AIDS on their seed funding and for their comprehensive support in this unique people of color community driven project.
About the Stronger Together Partnership

Under the name of Stronger Together Partnership (STP), The Black AIDS Institute, San Francisco Community Health Center, and Latino Commission on AIDS, three organizations led by and serving people of color, are joining forces with other organizations to address the institutional challenges posed by the Novel Coronavirus (COVID-19) to the provision of HIV/STI/HCV services to communities of color in the U.S., Puerto Rico, U.S. Virgin Islands, and the Associated Pacific Island Jurisdictions.

The Black AIDS Institute (BAI) is a non-profit organization dedicated to ending the HIV/AIDS epidemic in the Black community. BAI is the only uniquely and unapologetically Black HIV think and do tank in America. We believe in complete freedom for Black people by eradicating systemic oppression so that we can live long, healthy lives. We source our capacity building, mobilization, policy and advocacy efforts from Black leaders and communities across the country and provide high-quality direct HIV services and linkage to care to Black people.

San Francisco Community Health Center (SFCHC) is an LGBTQ and people of color community health center that believes everyone deserves to be healthy and have access to the highest quality health care. SFCHC’s comprehensive and integrated approach to individual and community health is inclusive of medical care, dental services, behavioral health and substance use services, HIV prevention and care services, and street medicine, as well as HIV prevention capacity building services.

The Latino Commission on AIDS, founded in 1990 in response to the unmet national need for HIV/AIDS prevention and care for Latinos, seeks to address health disparities by spearheading health advocacy, promoting health education, developing and replicating evidence-based programs for PLWHA and high-risk communities, and building capacity across the public health sector, including CBOS, health departments, healthcare organizations, and universities. The Commission’s unique mission and corresponding model encompasses capacity building, disease prevention and health promotion, access to care (HIV and hepatitis testing, linkages), community mobilization, and research and evaluation.

“NOW MORE THAN EVER, AS COMMUNITIES OF COLOR, WE MUST ENSURE WE HAVE THE RESOURCES TO ENSURE OUR COMMUNITIES AREN’T LEFT BEHIND.”
Raniyah Copeland, CEO & President, Black AIDS Institute

“OUR PURPOSE IS TO HAVE A BETTER UNDERSTANDING OF OUR NEEDS AS SERVICE ORGANIZATIONS WHO ARE PROVIDING CRITICAL HIV/STI/HCV SERVICES TO THE SAME COMMUNITIES THAT ARE SEEING THE BRUNT OF THE COVID-19 PANDEMIC.”
Lance Toma, CEO
San Francisco Community Health Center

“WE NEED TO FIND WAYS IN WHICH WE CAN COME TOGETHER AS DIVERSE COMMUNITIES OF COLOR AND ADDRESS THE CHALLENGES OF THIS PANDEMIC AND BE PREPARED FOR FUTURE HEALTH CRISIS.”
Guillermo Chacon, President, Latino Commission on AIDS
WHILE FACING OFF THE CHALLENGES COVID-19 PRESENTS, ORGANIZATIONS JOIN FORCES TO TAKE ADVANTAGE OF EXISTING STRENGTHS AND RESOURCES TO CONTINUE ADDRESSING HEALTH INEQUITIES AMONG THEIR CONSTITUENTS.
Virtual Strategic Think Tank

Purpose

Organizations that have been providing long-standing and proven-effective HIV/STI/HCV services to communities of color are now struggling to provide vital services while also addressing our newest pandemic, COVID-19.

This challenge has been exacerbated within our communities of color which have suffered the long-term impact of health inequalities and of being at ground zero for both pandemics. When organizations, such as these, are under acute stress, they are more likely and, in many cases, need to operate in survival mode, which means that attention is more narrowly focused on the immediate, the here and now. As such, these organizations may struggle to implement their strategic plans; leadership may have difficulty providing adequate staff support; and organizations may not be prepared to make informed, and sometimes difficult, programmatic and funding decisions.

The Black AIDS Institute, San Francisco Community Health Center, and Latino Commission on AIDS, three organizations which have worked collaboratively over many years and are led by and serve people of color, joined efforts to create the Stronger Together Partnership (STP) in April 2020. The STP seeks to proactively support organizations in achieving the 2030 goals for Ending the HIV Epidemic and plans for the elimination of Hepatitis, while simultaneously responding to the impact of COVID-19 on communities of color and the organizations serving them. The first critical efforts of STP included a COVID-19 National Rapid Assessment and a Virtual Strategic Think Tank.


In addition to the assessment, the STP convened a COVID-19 Virtual Strategic Think Tank (VSTT) on October 14th, 2020, 3pm – 6pm EST, with community leaders of color, management leaders at organizations serving communities of color, researchers, public health leaders, and funders to (a) discuss the preliminary findings of the national rapid assessment; (b) develop strategies to achieve the goals of "Ending the HIV Epidemic: A Plan for America by 2030"; and (c) map out future strategies to strengthening our community-based organizations nationwide as we address the COVID-19 health-related needs of people of color beyond 2021. For more information, visit https://ilhe.org/stronger-together-partnership-stp/.

Driven by and for people of color leaders, the chief goal of the VSTT was to generate a set of research, policy, funding, and practice recommendations from which to develop a detailed and thorough health agenda to enhance the health and quality of life of communities of color across the U.S. within a health equity, civil rights, and human rights framework. The VSTT took into consideration ongoing health disparities among communities of color exacerbated by COVID-19, the critical 2020 Presidential election, the results and subsequent implementation of Census 2020, and the challenges of the U.S. economy.

THIS REPORT ON THE COVID-19 VIRTUAL STRATEGIC THINK TANK HELD ON OCTOBER 14TH, 2020, HIGHLIGHTS KEY ASPECTS OF THE PLANNING AND IMPLEMENTATION PROCESS AND TEN CORE RECOMMENDATIONS ARISING FROM THE DISCUSSIONS.
Planning and Implementation

The planning committee, composed of staff from BAI, SFCHC, and LCOA, met almost weekly from July to October to plan and implement the two components of the STP project—the COVID-19 National Rapid Assessment and the Virtual Strategic Think Tank. Through these meetings, staff developed and implemented strategies for recruiting members for the Convening Committee, crafted the structure and content of the event and requested feedback from the Convening Committee, and set up digital and social media resources for increasing participation and engagement during the event.

Leaders of the STP contacted over 60 leaders of color in organizations led by people of color across the U.S., Puerto Rico, U.S. Virgin Islands, and the Associated Pacific Island Jurisdictions to participate in the Convening Committee. A total of 30 leaders from 27 different organizations and 13 planning staff from BAI, SFCHC, and LCOA participated in the Convening Committee meetings (see list above). The convening committee and the planning committee met twice before the VSTT, on August 27th and on September 17th. Members also provided input and feedback via email throughout the implementation of the event.

While the VSTT was implemented by the planning committee, the Convening Committee provided guidance and input to most aspects of the VSTT. For instance, the Convening Committee helped shape the final agenda of the VSTT, suggested strategies for increasing engagement during the event, refined the potential questions for break-out groups, and discussed parameters and profiles of people to be invited to the event. In addition, members of the Convening Committee were charged with facilitating break-out groups during the event.

Given that the VSTT was a by-invitation-only event, the Convening Committee also provided input on the final list of potential participants to this event.

The planning committee worked tirelessly on developing a variety of strategies to ensure the final list of invited guests for the event included a diverse group of community leaders of color, providers, researchers, policy makers, and public health leaders across the United States, Puerto Rico, U.S. Virgin Islands, and the Associated Pacific Island Jurisdictions. To ensure geographic, gender, age, racial/ethnic, work setting, and expertise diversity, staff tapped into the professional networks of the STP partners, requested suggestions from the Convening Committee, asked guests for additional suggestions, and conducted Internet searches in federal and state databases of HIV funded organizations to identify leaders of color in organizations, particularly outside major urban areas.

A considerable number of invitees held leadership positions at the management or service levels within organizations of color or organizations providing services primarily to people of color. In addition, the list of potential participants included researchers working with POC communities, public health officials in key federal and state level institutions, representatives of national policy organizations, representatives of national advocacy organizations, and representatives of selected funding sources. Personalized invitations were sent to 378 people from 236 different organizations/institutions across the U.S. and its territories.
Based on our experience conducting such activities and feedback from the Convening Committee, the VSTT included a variety of sessions and strategies to increase participation and engagement. To increase opportunities for providing input during the meeting, participants could engage throughout the Zoom meeting via open microphone, the chat room, and a set of Padlets created for the event. The meeting included opening remarks, a brief presentation on highlights of the COVID-19 National Rapid Assessment, five break-out discussion groups, reporting back from groups, open discussion, discussion on next steps, and closing remarks. The final agenda is included below. Prior to the VSTT, staff sent all potential participants the Preliminary Report of the COVID-19 National Rapid Assessment, a copy of the PowerPoint presentation, links to the Padlets, and the final agenda.
Top Ten Action Steps to Enhance the Health and Quality of Life of Communities of Color across the U.S., Puerto Rico, U.S. Virgin Islands, and Affiliated Pacific Island Jurisdictions

The following set of action steps are based on notes from notetakers during break-out groups, comments in the chat boxes for the break-out groups and general discussion, comments in the Padlets for the break-out groups, and transcripts of the discussions during the break-out groups and the general discussion. These recommendations seek to provide a blueprint from which to develop a detailed and thorough health agenda to enhance the health and quality of life of communities of color across the U.S.

1. **Adopt a Federal strategy to respond to COVID-19, HIV/HCV/STI, and other epidemics within a health equity framework.** This framework will ensure meaningful representation of people of color on all NIH-sponsored vaccine and therapeutics biomedical research and engagement of communities of color during policy and resource allocation planning for COVID-19 care and treatment, community education, and vaccine development and distribution.

2. **Craft a national agreement to bring relief to all States and U.S. Territories.** Relief must include interdepartmental coordination to address the COVID-19 impact on people of color, particularly in low-income, rural, immigrant, and border communities. Relief must be comprehensive and holistic and preserve HIV resources needed to end the HIV epidemic particularly for smaller community-based and health organizations in underserved areas.

3. **Allocate immediate Federal resources for critical institutional infrastructure enhancement of our health care system.** Pressing infrastructure enhancements include staff development, technology upgrade, and PPE, as well as long-term needs such as emergency preparedness planning, financial planning, multi-agency collaboration, inter-agency data sharing, program innovation, and practice transformation.
4. Elevate mental illness, substance abuse, mass incarceration, and homelessness as national emergencies. This recommendation entails specific resources to foster practice innovations by and for our communities of color that focus on client preference, individual and community empowerment, intersectionality, inclusiveness, and cultural relevance and appropriateness.

5. Invest in capacity development of our professional force in health, academic, and research careers. Federal and state education and training initiatives must focus on the most underrepresented populations such as LGBTQIA+ individuals, people living with HIV, younger adults, people of color, and low-income individuals.

6. Protect and expand the Affordable Care Act. Expansion of Medicaid and protection of programs such as the 340B drug program and Federally Qualified Health Centers are essential to improve health quality among our uninsured/underinsured populations.

7. Commit to the launch of a Federal program to address the systemic and structural racism, classism, homophobia, transphobia, HIV stigma, and xenophobia embedded in our institutions and laws. Federal programs should embrace language of justice, diversity, equity, and inclusion within a health equity, civil rights, and human rights framework.

8. Review Federal strategic plans and priorities to reflect demographic changes. Post Census 2020, Federal government initiatives must understand better and take into consideration the particular and specific needs of different communities of color and population changes occurring across different geographic areas of our nation.

9. Establish a Federal plan to increase technology equity in our nation. Technology equity is essential for our organizations and communities to implement and utilize telehealth, electronic medical records, and virtual services, particularly in low-income communities and rural areas.

10. Commit to develop a multiyear (10 years) Federal public health enhancement plan in 2021 and a multi-disciplinary and multi-sectorial taskforce to guide its implementation. Essential to this plan is to establish steps to address fundamental causes of health disparities, including ongoing food insecurity, housing instability, lack of transportation, financial instability, underinsurance, science and medical mistrust, multi-morbidity, and technology inequity among the most underserved communities.
A Virtual Think Tank (VTT) facilitated by the Stronger Together Partnership (STP). Ensuring People of Color Engagement & Leadership

3:00PM - 3:05PM
WELCOME & ACKNOWLEDGMENT OF STP NATIONAL CONVENING COMMITTEE (NCC)

3:05PM - 3:05PM
CLOSING 2020 AND CHALLENGES FOR 2021

REFLECTIONS ON THE CHALLENGE WE FACE
Goals of STP and VTT. Discussion & recommendations to Act Together.

Raniyah Copeland, President and Chief Executive Officer, Black AIDS Institute
Lance Toma, Chief Executive Officer, San Francisco Community Health Center
Guillermo Chacón, President, Latino Commission on AIDS

3:30PM - 4:00PM
HIGHLIGHTS OF THE NATIONAL RAPID ASSESSMENT OF THE IMPACT OF COVID-19 | Presentation and Q & A

Christopher Hucks-Ortiz, MPH, Director of HIV and Clinical Services, Black AIDS Institute
Daniel Castellanos, DrPH, Director of Research & Innovation, Latino Commission on AIDS
Mazdak Bagher Mazarei, Director of Capacity Building & Organizational Learning, San Francisco Community Health Center
Rev. Rob Newells, Director of National Programs, Black AIDS Institute

4:00PM - 4:45PM
GROUP DISCUSSIONS

Key questions to discuss (ALL GROUPS)

- How has COVID-19 impacted HIV, viral Hepatitis and STI services and health access in your communities?
- Based on your opinion, what is the impact of COVID-19 on community-based organizations in 2020?
- How can we address the fundamental causes of health inequity, institutional racism, stigma and xenophobia?
- What could be the top three-five actions steps in 2020/2021?

Facilitators (in alphabetical order):
Cody Knight, TEC HIV Program Coordinator, Okla. Area Tribal Epi Center/Southern Plains Tribal Health Board
Dázon Dixon Diallo, Founder & President, SisterLove
Jesse Milan, President & CEO, AIDS United
Jorge Zepeda, Director of Latino Programs, San Francisco AIDS Foundation
Judith Montenegro, Program Director, Latinos in the Deep South, Latino Commission on AIDS
Kunane Dreier, LGBT Program & Training Manager, Hawai’i Health & Harm Reduction Center
Pamela Tassin, Associate Director of Capacity Building, San Francisco Community Health Center
Paul Kawata, Executive Director, National Minority AIDS Council
Savannah Gene, STD/HIV/AIDS Prevention Program Director, Albuquerque Area Indian Health Board
Tatyana Moaton, Senior Capacity Building Specialist, San Francisco Community Health Center

4:45PM - 4:50PM
Mini Break

4:50PM - 5:45PM
REPORT-BACK FROM EACH OF THE GROUPS BY FACILITATORS

Large group discussion to process the report-backs and action steps for 2020/2021

Lance Toma, Chief Executive Officer, San Francisco Community Health Center

5:45PM - 6:00PM
RECAP OF ACTION STEPS

Raniyah Copeland, President and Chief Executive Officer, Black AIDS Institute
Guillermo Chacón, President, Latino Commission on AIDS

6:00PM - 6:15PM
COMMENTS & CLOSING REMARKS

Lance Toma, Chief Executive Officer, San Francisco Community Health Center
Participants of the COVID-19 Virtual Strategic Think Tank

The Virtual Strategic Think Tank brought together leaders of color, advocates, service providers, funders, and public health guests to engage in a dialogue about the impact of COVID-19 on institutions and organizations serving communities of color in the U.S., Puerto Rico, U.S. Virgin Islands, and the Associated Pacific Island Jurisdictions. Their participation does not necessarily constitute a representation of their institutional affiliations or an institutional endorsement of the action steps outlined in this report. The list below includes those participants for whom we had sufficient information. We apologize for any incorrect information in this list as well as any unintentional omissions. Please let us know if your information is incorrect or absent.

Aaron Chandler, Director of Development, Black AIDS Institute
Aisha Davis, Director of Policy, AIDS Foundation Chicago
Alex Spriggs, Operations Manager, Arianna’s Center
Alma Rodriguez-Gazca, Associate Director of Prevention, Alliance of AIDS Services- Carolina
Alvan Quamina, Executive Director, NAESM
Amanda Gibson, Medical Communications Manager, Janssen Infectious Diseases/Medical Affairs
Amelia Korangy, Senior Manager, External Affairs North America, ViV Healthcare
Angela Aidala, Associate Research Scientist and Director of the CHAIN Study, Columbia University
Antonio Del Toro, Executive Director, Western North Carolina AIDS Project
Aquarius Gilmer, Associate Director, Corporate Policy and Alliances, Gilead
Ariel Brengle, Intern, National Hispanic Medical Association
Art Perez, Chief Executive Officer, EHCHS/Boriken
Azul DelGrasso, Development Specialist, Denver Prevention Training Center
Ben Melano, Director of Programs and Government Relations Officer, National Hispanic Medical Association
Ben Cabangun, Vice President of Program Administration & Operations, San Francisco AIDS Foundation
Bolivar Nieto, Director of CBA Operations, Latino Commission on AIDS

Brenda Flowers-Dalley, Founder & Chief Executive Officer, Rising Against All odds, Inc.
Brendan O’Connell, Chief Operating Officer, Bienestar Human Services
Briana Journee, Assistant Professor, Florida A&M University
Britzeida Ramos Santiago, Coordinadora Programas & Educación, P.A.C.T.A. Inc.
Carl Highshaw, Executive Director, AMAAD Institute
Carlos A. Carrero, Chief Finance and Development Officer, Centro Ararat
Carmarion Anderson, Alabama State Director, HRC
Carmen Julious, Chief Executive Officer, Palmetto AIDS Life Support Services of South Carolina
Catalina Sol, Executive Director, La Clinica del Pueblo
Charles King, Chief Executive Officer, Housing Works
Chasity Cadaoas, Executive Director, Maui AIDS Foundation
Cherise Rohr-Allegrini, Chief Executive Officer, San Antonio AIDS Foundation
Cherisse Scott, Founder & Chief Executive Officer, Sister Reach
Chrissy Abrahms-Woodland, Director, Division of Metropolitan HIV/AIDS Programs, HRSA
Christopher Hucks-Ortiz, Director of Prevention and Care, Black AIDS Institute
Christopher Cuevas, Executive Director, QLatinx
Christopher Wegner, Program Manager, Rural AIDS Action Network
This was an incredible and energizing opportunity to share the difficulties that have arisen in the face of the COVID-19 pandemic and share strategies on how to overcome them.

Michael Steinberg, Team Lead - Global Public Health & Special Projects, CHEVRON
Miguel Munoz-Laboy, Associate Professor, CUNY School of Medicine
Miguel Bujanda, Executive Director, Reach LA
Miguel Garcia, Program Evaluator, Valley AIDS Council
Mo Mike, Coordinator, HIV Testing TEC & Outreach, Indigenous Peoples Task Force
Modesto Tico Valle, Chief Executive Officer, Center on Halsted
Moises Agosto, Director of Treatment, NMAC
Nicole Roebuck, Executive Director, AID Atlanta
Noreen Michael, Research Director School of Nursing, University of the Virgin Islands
P.J. Moton-Poole, Senior Manager, External Affairs, Viiv Healthcare
Pamela Tassin, Associate Director of Capacity Building, San Francisco Community Health Center
Patricia Gallegos, Director of Strategic Initiatives, Centro San Vicente
Paul Kawata, Executive Director, NMAC
Paulina Zamudio, Chief of Contracted Community Services, Division of HIV and STD programs, LA County DHP
Paulo Hutson Solórzano, Manager-Latinx Outreach Initiative, CEMPA Community Care
Pedro Carneiro, Clinical Data Scientist, National Association of Community Health Centers (NACHC)
Phillip Miner, Director of Grants and Communications, Apicha Community Health Center
Preston Vargas, Black Brothers Esteem Coordinator, San Francisco AIDS Foundation
Rafaelé Narváez, Director of Health Programs, Latinos Salud
Raniyah Copeland, President & Chief Executive Officer, Black AIDS Institute
Richard Hutchinson, Co-Founder & Executive Director, He Is Valuable
Richard Saldivar, Founder & Executive Director, The Wall Las Memorias Project
Rob Newells, Director of National Programs, Black AIDS Institute
Robert Contreras, President & CEO, Bienestar Human Services
Rosy Mota, Director of Community Health Education, Latino Commission on AIDS
Rosy Galvan, Director of Health Equity, NASTAD
Ruben Ramos Aguilar, Director, P.A.C.T.A. Inc. (Puentes Abiertos Comunidades Transformadas y Autosuficientes)
Sam Quintero, Senior Community Liaison, Janssen Infectious Diseases/Medical Affairs
Sareh Seyedkazemi, Associate Director Medical Communications, Janssen Infectious Diseases/Medical Affairs
Savannah Gene, STD/HIV/AIDS Prevention Program Director, Albuquerque Area Indian Health Board
Sean Coleman, Founder & Executive Director, Destination Tomorrow

Stephaun E. Wallace, Director of External Relations, Fred Hutch
Stephen Lee, Executive Director, NASTAD
Steven Vargas, Activist/Organizer, Houston & Texas HIV Poz Community
Tatyana Moaton, Senior Capacity Building Specialist, San Francisco Community Health Center
Terry-Ann Lynch, Associate Director Global Professional Relations & Independent Medical Ed, Merck
Therese Rodriguez, Chief Executive Officer, APICHA Community Health Center
Tina Diep, Chinese Community Health Advocate, Asian Health Services
Tori Cooper, Director Community Engagement, HRC
Traswell Livingston III, Executive Director, AIDS Services of Dallas
Tuquan Harrison, Program Director, San Francisco HRC
Ulysses Burley, Founder, UBtheCure
Vincent Crisostomo, 50-Plus Network Manager, San Francisco AIDS Foundation
Wally Cantu, Chief Executive Officer, Valley AIDS Council
Walter Murillo, Chief Executive Officer, Native Health

*ALL AFILIATIONS ARE FOR IDENTIFICATION PURPOSES
Evaluation of COVID-19 Virtual Strategic Think Tank

After the COVID-19 Virtual Strategic Think Tank on October 14th, 2020, a brief electronic survey was sent to 151 participants for whom there were electronic addresses. Two reminders were sent over the span of a week. Forty-seven VSTT participants (31.1%) completed the survey.

1. Usefulness and relevance

Two required questions were included to assess usefulness and relevance of the event to participants’ work.

Q1. Overall, how useful to your work was this COVID-19 Virtual Strategic Think Tank? (1 not useful, 10 very useful)
Most people found the event very useful to their work (M=8.7, Mdn=9).

Q3. How relevant to your work was the content of the VSTT? (not relevant, somewhat relevant, relevant, very relevant)
Participants were asked to evaluate the relevance of the following components of the VSTT to their work: national rapid assessment information presented, discussion during break-out sessions, and discussion during the reporting session. As chart 1 shows, most participants reported that the different components were relevant or very relevant to their work, particularly the break-out discussions.

2. Participant Satisfaction

Q2. How satisfied were you with the planning and implementation of the VSTT? (very unsatisfied, unsatisfied, satisfied, very satisfied)
One required question was included to assess participants’ satisfaction with the following aspects of the event: information provided prior to the event, responsiveness of the organizing team to their needs, ease of interaction during the event, pace of the event, variety of sessions during the event, and use of various media strategies for interaction. As chart 2 shows, almost all participants were satisfied or very satisfied with the different aspects of the planning and implementation of the event, particularly the responsiveness of organizing team and the ease of interaction during the event.
3. Most liked aspects of the event

In addition to the required satisfaction question, we included a non-required open-ended question to inquire about aspects of the event that they liked the most. Thirty-three respondents (70%) answered the open-ended question about what they liked the most. The following is a summary of their responses.

Q5. What did you like most about the event?

"Great to see so many leaders of color!!! Also, really appreciative of this JOINT effort bringing multiple BIPOC together; too often we are pitted against each other and the truth is, together we are stronger!!!"

Event structure: "Variety of topics and the presenters were fabulously zealous in their topic.”
While most participants were satisfied with the overall event, they especially mentioned the variety of topics, use of multiple technologies to communicate, the report summarizing the "real impact of COVID,” the smaller break-out groups, and the open discussion.

Participants composition and diversity: "Incredible gathering of valuable voices”
Many respondents reported they significantly valued the diversity in geography, race/ethnicity, organization size, and gender/identity of the event participants.

Coming together: "I love that in addition to the work of the think tank, this can also foster collaborations and relationships across the country!”
Many participants reported on the value in itself of coming together to reconnect with each other, meet old and new leaders, and network with each other.

Working together: "I felt like I was among my people talking about real issues and how to address them.”
In addition to valuing the coming together as Black, Indigenous and People of Color (BIPOC) leaders, many participants stressed the value of coming together for the purpose of discussing common issues and working together towards a common goal.

Content of the event: "The opportunity to share the difficulties that have arisen in the face of COVID-19 pandemic and some ideas on how to overcome them.”
Similar to the responses to the questions on usefulness and relevance of the event, participants felt the content of the event was valuable to them, from validating current experiences, to learning from other BIPOC, to identifying common threads.

Overall impressions: “It was energizing for my mind and spirit.”
Some participants expressed positive feelings about the overall event, including the turnout, the communication among participants, and camaraderie.

4. Areas for improvement

We added a non-required open-ended question to inquire about areas for improvement. Twenty respondents (43%) answered this question. Four respondents responded they did not have anything to add.

Q4. What are some aspects we can improve upon for next time?

STRUCTURE:
Some participants suggested adding more elements to the structure of the event to increase engagement (e.g., chat rooms). In addition, some participants felt the need for some additional areas of and spaces for discussion, including:

- More focus on tangible outcomes that will impact funding, programmatic focus, administrative flexibility
- A clearer/deeper session on policy for funders
- More than one Think Tank meeting addressing the specific regional realities on COVID-19 and the U.S.

TIME/PACE:
Many participants suggested changes to the length or pace of the event to ensure more time for discussion and/or allow for other commitments, including

- Additional time for break-out sessions and open discussions
- Splitting it into 2 shorter sessions could help those of us with unpredictable roles in our agencies.
- I think there was too much time in the welcoming remarks and reporting session; there should be more time for discussion.
- More time to mingle and get to know who is the room.

CONTENT:
Some participants felt that the questions in the break-out groups were too complex, too many, or not well defined.

- The workshop questions seemed too similar. They could be better defined so that the discussion is clearer.
- We didn’t have sufficient time to adequately discuss each question due to the importance of the questions.

CHALLENGES OF PARTICIPATION:
A participant reported issues with internet access. This was also an issue during the event for other participants who lost their internet connection or their connection became unstable.
5. Future areas of discussion

We included a non-required open-ended question to inquire about additional issues/topics for a follow up meeting. Twenty-five respondents (53%) answered this question. The following is a summary of the main issues/topics suggested for a follow-up meeting.

Q6. Are there any issues/topics that you would recommend for a follow-up virtual meeting?

EMPHASIS ON SPECIAL POPULATIONS:
Some participants suggested focusing on some specific populations, including transgender communities, LGBTQ, immigrants, Indigenous peoples/Native Americans, and non-English speaking communities.

DEEPER ANALYSIS OF STRUCTURAL ISSUES:
Some participants recommended a follow-up meeting to engage in a more thorough and deeper analysis of key structural issues impacting BIPOC and raised during the meeting, including racism, xenophobia, etc.
• Critical Race Theory as applied to HIV and COVID19 efforts for prevention, treatment, and community impact.
• I would like to keep giving a voice to the unspoken, politically diverted systematic issues that we face in providing services.

DEEPER ANALYSIS ON THE IMPACT OF COVID-19:
Some participants recommended a follow-up meeting to engage in a more thorough and deeper analysis of the impact of COVID-19.
• Have accurate statistics and evidence of impact in mental health, HIV testing, PrEP.
• Population surveillance methods and policy development.

ACTION ISSUES:
Some participants suggested a follow-up meeting to discuss action plans and strategies to continue the work initiated during the event.
• Action plans - how do we put our ideas into operations, particularly when there is resistance from local government.
• What significant next steps will we take to assist in the survival of our respective agencies?
• Strategies and resources to acquire funds or support to meet the needs of agencies and participants.

ADVOCACY ISSUES:
Some participants suggested a follow-up meeting to discuss advocacy issues and strategies.

• Leadership development.
• Current (or proposed) policies impacting health disparities that need addressing.

6. Additional suggestions or feedback

We included a non-required open-ended question to inquire about additional suggestions or feedback. Twenty respondents (43%) answered this question.

Q7. Do you have any other suggestions or feedback you would like to share?

Additional suggestions:
• Break-up room in Spanish addressing issues related to Spanish-speaking communities & COVID-19.
• We must keep creating safe spaces of people of color working in the field of public health from a DEI (Diversity, Equality, Inclusion) perspective, racial justice, health equity.
• Keep the lines of communication you established open. I feel like we're only on mile 8 of the COVID marathon, so I anticipate more opportunities for Stronger Together to check in with those of us who are more isolated in rural communities, especially in the South.
• Analyzing and dismantling the systemic racism embedded in law.

COMPLIMENTS:
• It was great! Thank you for allowing me and the team for participating.
• Great meeting. Worth my three hours (I hardly EVER say that!!)
• I like the fact that there were various facilitators. Great job!
• Only that the group was very empowering and validating.
• Thanks for inviting. I look forward to see where we take this.
• Appreciated the energy and advocacy of the event.
Thanks for the opportunity to share the difficulties that have arisen in the face of COVID-19 pandemic and some ideas on how to overcome them.

... in addition to the work of the think tank, this can also foster collaborations and relationships across the country!

It was energizing for my mind and spirit.

I felt like I was among my people talking about real issues and how to address them.

I look forward to see where we take this.

... really appreciative of this joint effort bringing multiple BIPOC together; too often we are pitted against each other and the truth is, together we are stronger!!!