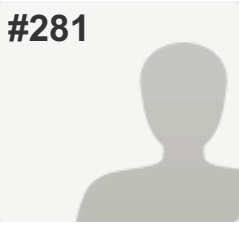


Ending the Epidemic Task Force Recommendation Form

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Nathan
Last Name	Kerr
Affiliation	The Black LGBT Alliance of New York
Email Address	blacklenz1@yahoo.com

Q2: Title of your recommendation Revitalize and Expand the Scope of the Black LGBT Mobilization "Pride in the City"

Q3: Please provide a description of your proposed recommendation

The objective is to create an updated and enhanced "Pride in the City" which is a year long series of successful community-wide interventions that culminates in a month-long celebration of "Black Pride". This proposal is calling for a reinstatement and re-energizing of not only the nature of the community-wide interventions but an expansion of the geographic scope of this mobilization. We will serve not only the goals outlined in the Governor's plan to end the epidemic in New York State, we will also serve our mission to change the current paradigm within NYS's black LGBT community in the areas of health and wellness, economic development and community safety.

The core elements of "Pride in the City" in 2007 included:

- Creating an affirming setting to reach 12,000 community members with risk reduction messages;
- Strengthening the partnership with over 30 community-based organizations, health care providers both NYC and NYS health departments. This partnership allowed these agencies to provide outreach, education and HIV counseling and testing services at "Pride in the City" events; and
- Changing social norms within the Black gay/MSM community by exposing them to HIV testing, STD screening, as well as blood pressure and diabetes screening, all under one umbrella of affirmative health

This recommendation will expand those elements in the following ways:

1. Engaging in mobilization and community interventions will go beyond New York City and expand to those counties in New York State that have a high concentration of folks in the black LGBT community and are HIV+ or are most at-risk for contracting the disease;
2. Creating and disseminating messaging that will:
 - a. Introduce the black LGBT community to PEP and PrEP as additional tools used to fight HIV infection;
 - b. Generate an understanding of the science behind PEP and PrEP; and
 - c. Develop messaging that clearly differentiates between PEP and PrEP and the underlying preventative and prophylaxis nature of these new approaches.
3. Creating a culturally competent framework for expanded access to medical, social and structural supports for every person tested through these programs. This will not only establish and promote testing as a regular component of overall health and wellness but will also provide vehicle for medical and social support by developing a plan for those testing

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- a. HIV Positive -- “housing” them in a community support system that helps them move to viral suppression and undetectability, and
 - b. HIV Negative – “housing” them in a community support system that helps them to maintain their negative status;
4. Incentivizing health outcomes on both the individual and community level by creating testing and viral suppression incentives that reflect and respect the social value of the Black LGBT community. This incentivizing of healthy outcomes should involve the Black LGBT community organizations, in partnership with government and private industry stakeholders such as pharmaceutical companies, hospitals and other related health-related industries. Black LGBT groups should share in the savings of healthy outcomes, using resources to build capacity needed to reduce disparities and create opportunities for long-term viability of the community;
 5. Establishing a strong referral and linkage network. Black LGBT program staff and peers will become the conduit/connector/buddy and support to each new person testing and they will create a robust system of structured referrals and linkages to primary care and other traditional services if needed. For those individuals that test HIV positive, the Black LGBT program staff and peers will offer supports to help folks navigate those obstacle and systems that are barriers to achieving and maintaining viral suppression. In addition, the conduit or buddy will act as the social connector with each individual to ensure a decrease in their Social Disparity Index number that acts as an indicator of improved health, economics and social metrics; and
 6. Expanding the aforementioned health and wellness paradigm as it relates to HIV and other illnesses to include interventions around economic empowerment. The initiatives will include encouraging and motivating private industries, non-profit organizations and government agencies that have a specific focus on technology to engage the black LGBT through not only workshops but more importantly with scholarships, internships and employment.

Over the last two decades, "Black Pride" became popular organizing tool nationwide because it provides a safe space for members of the black LGBT communities to come together to celebrate the duality of being both black (of varying descents) and members of LGBT communities. Historically, there is often very little room at the “traditional” community LGBT pride events to do so. Black LGBT communities celebrate at “Black Pride” events in the same spirit in which other ethnic Americans are encouraged to celebrate their heritage with parades and other ethnic festivals.

“Black Pride” has an added inherent cultural experience that is LGBT Afro-centered through poetry slams, film festivals, music, theater, fashion, literature, visual arts, etc. Furthermore, “Black Pride” has traditionally provided an opportunity for HIV/AIDS education, outreach and testing which has disproportionately impacted Black Gay Men and Black communities more than any other group in the US. In addition, information on LGBT issues (e.g. same sex marriage, Don’t Ask, Don’t Tell, ENDA), other health concerns (breast cancer, hypertension, heart disease, etc.) and critical issues (faith/spirituality, combating homophobia, domestic violence, adoption, health care reform, etc.) are disseminated to tens of thousands of people each year at “Black Prides” across the United States.

“Black Pride” has often been described as the gateway to the greater LGBT community experience for many black LGBT people. Rather than encouraging separation, “Black Pride” encourages awareness of self and community, respect, and dignity. This synergy has caused many attendees of “Black Pride” events to return to their homes to come out to friends, family and their communities. Attending events and seeing people who look like oneself with many of the same shared experiences, contributes to the paradigm of building stronger, healthier LGBT communities and is an effective way to combat homophobia and stigma in the black community and racism in the greater LGBT community along with overcoming the cultural, communal and institutional barriers created by -isms and phobias.

When “Pride in the City” closed in 2008, the black LGBT community suffered a tremendous loss. Hardest hit was the house ball community who, for the first time, was in the process of developing a partnership with a black gay agency in a manner that would have assisted them in developing a variety of administrative and management skills, and enhance their capacity to perform, advocate and grow linkages on their own, not simply existing as a subset of some other AIDS service entity.

Since then, primary HIV prevention is even more concentrated in organizations offering medical health and other related services. The proliferation of the “one-stop venue for messaging and treatment” approach

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affected the black LGBT in profound ways. This model has:

- Moved prevention capacity out of black LGBT organizations and their community;
- Created a sense of non-ownership of HIV messaging and primary prevention services;
- Relegated the black LGBT community to the status of being clients and consumers of services rather than creators and partners in those services; and
- Limited input and unique approaches that are organic to the black LGBT community by disengaging a class of its membership that could have been volunteering their passion, resources and expertise in the task of HIV prevention and community building.

We, therefore, recommend the re-creation of this program that will provide access to the black LGBT community for the wider HIV medical and structural support services in a manner that will be beneficial and permanent for both. This proposal will not solely focus on the disease prevention model, but will imbed disease prevention within a broader sociocultural approach that will have mass appeal as shown previously in New York City from 2003-2007 and as it currently continues to have in over forty cities in this country.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to

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culturally and linguistically appropriate prevention and health care services is available.

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New program,

Other (please specify)

This is the re-creation and enhancement of a formerly effective program.

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Statutory change required,

Other (please specify)

Either an administrative or statutory change would be required to allow for the distribution of monetary incentives for first-time testers and for the provision of monetary incentives to get and keep folks on PrEP regimens and to reward behaviors such as keeping doctor appointments that go towards VLS.

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

This recommendation benefits both the black LGBT community in NYS as it works to shift the paradigm surrounding health and wellness to include HIV prevention and care and it benefits institutions as they are finally able to provide medical and support services to a black LGBT population for which they have had tremendous difficulty in accessing.

Q10: Are there any concerns with implementing this recommendation that should be considered?

There are no concerns in implementation of this recommendation. The concern is in NOT implementing such a measure. We can no longer afford to do what we have been doing and expect that results will be any different in the arc of the curve.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

The cost would include such items as:

- Staffing
- Administrative Cost
- Statewide travel and Planning
- Media/Promotional/Advertising
- Branding/Brand Development
- Events Cost
- Incentives
- Data Collection and Evaluation

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

The estimated ROI will be calculated by the increased use of PEP and PrEP by those communities and distinct sub-populations across the New York that are most infected with and most at-risk for infection with HIV.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

NYS's black LGBT community, organizations and institutions that provide direct medical, housing and support services

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

There will be a measurable increase in the number of black LBGT folks seeking testing and treatment, and accessing housing and social services. In addition, there will be an affirmative shift in the Social Disparity Index number for this group.

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Q15: This recommendation was submitted by one of the following

Advocate,

Other (please specify)

The Black LGBT Alliance of NY Nathan Kerr, Board Chair, Black LGBT Alliance of New York Gary English, Executive Director, Black LGBT Alliance of New York Dr. Sheldon Applewhite, Board Secretary/Treasurer, Black LGBT Alliance of New York Bishop Zachary Jones, Unity Fellowship Church and Board Vice Chair, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Reginald Griggs, Board Member, Black LGBT Alliance of New York Gloria Searson, ACSW, Coalition on Positive Health Empowerment and Board Member, Black LGBT Alliance of New York Vaughn Taylor, Gay Men of African Decent and Board Member, Black LGBT Alliance of New York Bruce E. Smail, Mocha Center and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Arthur Butler, Capital District African American Coalition on AIDS and Supporter, Black LGBT Alliance of New York Barbara Turner, Genesee Valley Gay & Lesbian Center and Supporter, Black LGBT Alliance of New York C. Virginia Fields, National Black Leadership Commission on AIDS, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Kelvin Leveille, Mailman School of Public Health, and Supporter, Black LGBT Alliance of New York & Ending the Epidemic Task Force Member Clarence Patton, Pipeline Consulting and Supporter, Black LGBT Alliance of New York Letitia James, NYC Public Advocate, and Supporter, Black LGBT Alliance of New York Corey Johnson, Health Chair, New York City Council and Supporter, Black LGBT Alliance of New York Gwen Carter, Independent Consultant and Supporter, Black LGBT Alliance of New York