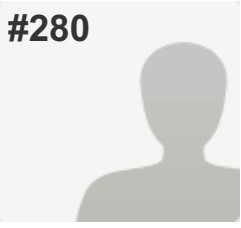


Ending the Epidemic Task Force Recommendation Form

#280



COMPLETE

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PAGE 1

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

First Name	Ken
Last Name	Dunning
Affiliation	American Indian Community House, HIV/AIDS Program
Email Address	kdunning@aich.org

Q2: Title of your recommendation Native Americans and Trauma

Ending the Epidemic Task Force Recommendation Form

Q3: Please provide a description of your proposed recommendation

RECOMMENDATION

Continue and expand efforts for Native American PWHAs and those at highest risk to heal from trauma as a key component of retention in care and prevention services.

BACKGROUND

Native Americans suffer from high rates of trauma, particularly historical and intergenerational trauma. Historical trauma is defined as cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma, and the unresolved historical grief that is associated with it (Yellow Horse-Braveheart). Historical trauma includes:

- Loss of population through disease and genocidal practices.
- Loss of land through illegal and fraudulent practices.
- Loss of culture through governmental policies of forced assimilation.
- Loss of parenting skills, passed from one generation to the next, as a result of the boarding school experience.

Historical trauma is manifested in a wide range of health and social issues, including high rates of substance use, abuse and neglect of children, domestic violence, suicide, homicide, and sexual risk behaviors.

The impact of historical trauma on Native Americans is all-encompassing. Native Americans need to heal from this trauma at both the individual and community levels. Native American PWHAs and at highest risk for HIV, like many other Native Americans, are also often dealing with historical trauma and its manifestations.

Healing from trauma includes:

- Building and maintaining positive Native American identity, including positive Native LGBT/Two-Spirit identity.
- Reconnecting with and reinforcing traditional Native culture to strengthen healthy stress-coping skills, including spiritual and wellness practices.
- Smudging, talking circles, healing circles, traditional speakers, storytelling, making medicine pouches, traditional crafts or food, community wellness events, etc.

REFERENCES

<http://tpcjournal.nbcc.org/examining-the-theory-of-historical-trauma-among-native-americans/>
<http://www.pbs.org/indiancountry/challenges/trauma.html>
<http://discoveringourstory.wisdomoftheelders.org/>
<http://gainscenter.samhsa.gov/cms-assets/documents/93078-842830.historical-trauma.pdf>

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)

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

Ending the Epidemic Task Force Recommendation Form

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 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.

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

Change to existing program

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

Permitted under current law

Ending the Epidemic Task Force Recommendation Form

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?

Helping Native American PWHAs and highest risk negatives to access resources to support healing from trauma will also support increased retention in care and prevention services.

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

Stigma within the Native community around HIV/AIDS and acceptance of the MSM/LGBT/Two-Spirit community remains a significant issue. Many Natives do not seek assistance for HIV-related needs within the Native community (even when services may be available), and do not have adequate cultural support when seeking assistance outside the Native community.

Establishing culturally specific 'safe space' for Native Americans to get help within and outside of the Native community remains a key consideration. Increasing the opportunities to access cultural support through Native American community based providers, and establishing collaborative efforts between Native and non-Native providers to provide such access outside of the Native community are key priorities.

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

Approximately \$50,000 would increase staffing and resources to substantively expand services available from Native American community based HIV/AIDS providers.

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

While the disparity between documented and actual numbers of Native Americans with HIV/AIDS remains unclear, existing documentation suggests that Native Americans may have – by a distinct margin – the lowest rate of viral suppression of all racial/ethnic groups. Increasing Native American retention in care and in high risk prevention services would impact the longer term costs of care.

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

- HIV+ and highest risk Native Americans, who will have increased, culturally relevant support for increasing retention in care and prevention services.

- Native and non-Native service providers looking to increase their long term retention of HIV+ and highest risk Native Americans through collaboration.

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

These could include:

- Number of cultural interventions provided.
- Number of Native American and new Native American clients reached.
- Comparison of treatment/prevention services received individual clients in current vs. previous year.
- Native client survey response regarding client establishment/reinforcement of positive Native American Identity.
- Individual and aggregate pre/post measures of viral suppression among Native HIV+ client participants.

Ending the Epidemic Task Force Recommendation Form

Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member