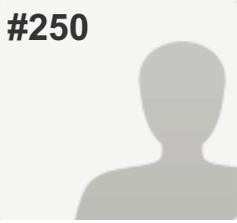


Ending the Epidemic Task Force Recommendation Form

#250



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

First Name	Sheldon
Last Name	Applewhite
Email Address	sapplewhite@bmcc.cuny.edu

Q2: Title of your recommendation HIV Testing

Q3: Please provide a description of your proposed recommendation

In order to reach the goal of ending AIDS as an epidemic by 2020, New York State must rapidly scale up and expand HIV testing and outreach programs in the Black LGBT community by tripling the resources and capacity of Black LGBT organizations that are indigenous to and are currently serving this disproportionately impacted population.

Additionally, we must create 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

a. HIV Positive -- "housing" them in a community support system that helps them move to viral suppression and undetectability,

b. HIV Negative -- "housing" them in a community support system that helps them to maintain their negative status.

Incentivize 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,

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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.

Create a messaging campaign that includes print, web-based and mobile formats to reflect changing technologies and venues used by the target population. The messages will promote the benefits of health and wellness that will include HIV testing, STI and HepC screenings as well as regular health maintenance. We know that HIV testing and treatment must be placed in the broader context of health and wellness when engaging with our community in order to ensure that the “stigma” surrounding homosexuality, especially as it relates to HIV, becomes less and less of a significant factor in the perpetuation of this epidemic.

Develop a “Social Disparity Index” that identifies the mixture of structural and social determinants such as employment, education, housing, physical safety, transportation, and food security that can play a role in undermining health goals which will include the ability to remain negative, or to achieve and maintain viral suppression over an extended period of time. This index could be used to assess the type and cost of supports necessary for the establishment and maintenance of desirable health, wellness, economic, social and safety outcomes that are critical to accessing and remaining in care. As well, this index will assist in program design and measurement of program efficacy and could also be useful in identifying local environmental conditions that do not exist on a statewide level but are critical components in addressing the objective realities of the Black LGBT community.

Support the creation of 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.

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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

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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

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

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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.

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 policy

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

Statutory change required

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)?

Other (please specify)
This recommendation can be implemented within the next year.

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

The perceived benefits of recommendation includes:

- ↯ Increased HIV testing
- ↯ Increased knowledge of HIV status and education surrounding the tools and social supports to use to sustain negativity if tested negative, or education about the tools and social supports to use to achieve viral suppression thereby reducing transmissibility.
- ↯ Increased primary health screenings
- ↯ Increased health insurance enrollment
- ↯ Increased mental health screenings and interventions

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

No

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

Increasing the existing costs of community testing programs by 300% to reflect a broad-based implementation of testing highest-risked members of the Black LGBT community across the state and re-testing, at specified regular intervals, HIV negative folks. Organization staff and peers will serve as the community support and “personal assistants” as they follow-up and “buddy”-up with newly tested HIV positive folks to assist them in establishing and navigating the linkage to care and treatment. Black LGBT groups will establish structured linkages with traditional organizations that provide structural supports to include primary health care, food, and housing and the Black LGBT organizations and groups will provide crucial social and spiritual supports.

There will be a rigorous coordination mechanism among Black LGBT community-based organizations and entities that goes beyond linkage into shared budgets and resources to facilitate the linkage and follow-up components of this approach.

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

This investment will have a positive ROI due to:

- ↵ Already established protocols including rapid testing technologies
- ↵ Newly amended HIV testing law that further reduces barriers to administering HIV testing
- ↵ Already developed community capacity and expertise for testing
- ↵ Already established social marketing HIV prevention campaigns

Additional investments will be needed for the expansion of testing sites and the training and hiring of more Black LGBT community members to act as recruiters and “wellness buddies” that will ensure that each tested person is linked to follow-up to care and supports.

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

The key stakeholders of this recommendation will be the entirety of the Black LGBT community with a strong focus on black gay and black transgender persons. “The African American LGBT community accesses healthcare at a significantly lower rate than any other demographic and at the same time they have much higher rates of infectious disease, hypertension, cancer, stroke, and cardiovascular disease as compared to other racial and ethnic groups.” (CDC 2011)

Research also shows that uninsured black men who have contracted an STI or HIV are less likely to seek care prior to the onset of complications from advanced HIV disease.

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

The development of a Social Disparity Index to assess the level and cost of resources necessary for the establishment and maintenance of desirable health and social outcomes.

Q15: This recommendation was submitted by one of the following

Other (please specify)
The Black LGBT Alliance of NY.