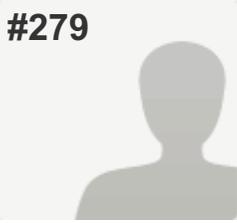


# Ending the Epidemic Task Force Recommendation Form

#279



**COMPLETE**

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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**

Develop a Culturally-Specific Messaging Campaign for the Introduction, Promotion and Utilization of PrEP and PEP as an Effective Tool for HIV Prevention

**Q3: Please provide a description of your proposed recommendation**

1. The objective of this recommendation is to create and disseminate messages 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.

2. The creation of this messaging must include the development of a black LGBT working group that will consist of a wide cross-section of the community reflecting the geographic and demographic diversity of the intended population to include age, ethnicities, practices and beliefs.

This working group will:

- Assist in message creation;
- Identify current and historical discordant issues;
- Identify trends that may produce barriers to effective messaging; and
- Identify strategies, imageries and effective mediums of communication.

3. There needs to be developed a mobile application platform that will present a wide variety of information on PEP and PrEP that is customizable around user preferences.

This PrEP/PEP app will:

- Include PEP/PrEP FAQs;
- Provide web links to the most recent updates on PEP/PrEP information;
- List culturally-sensitive service providers;
- Sync with calendars to give reminders for scheduled medical appointments; and
- Provide pertinent public health bulletins such as outbreaks of meningitis, salmonella, and other STIs by zip codes.

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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

**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.

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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.

**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,

Other (please specify)

This recommendation modifies/amends/enhances an existing policy/tool

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

Permitted under current law

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**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?**

If a community cannot identify with straight forward or subliminal messaging in a strategy designed to obtain and maintain optimal health, then not only is that messaging is worthless, it will fail the community and not produce desired results.

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

Unless there is inclusion of a strong geographic and demographic representation of the black LGBT community in the proposed work group galvanized to identify and design this messaging, the black LGBT community will not have the appropriate and effective tools that they will need to move them towards the acceptance and use of these biomedical interventions.

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

This recommendation would require a modest scaling-up of resources that has currently allocated to design a PEP and PrEP campaign. These additional costs will go towards the creation of the work group that will be charged with broadening the demographic and geographic participation of the focus groups. In addition, there will be a nominal increase to better drill down into the culture and mores of targeted groups so that the research culled can form the foundation for substantially better messaging and design for these biomedical interventions.

Lastly, there will be a cost for the creation, maintenance and updating of a cell phone and tablet application that can be readily and easily used by a mobile community on at least Apple and Android platforms.

**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?**

New Yorkers in the black LGBT community, most especially those that currently make up the largest percentage of those living with AIDS and HIV as well as those most at-risk for contracting the disease – young black gay men, black transgender women, and their partners.

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

Increase in the number of prescriptions written as well as an increase in the reported doctor visits for those being monitored on PrEP.

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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