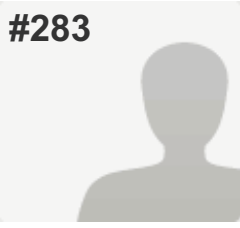


Ending the Epidemic Task Force Recommendation Form

#283



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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

Creating a Social Disparities Index (SDI) for the Black LGBT Community

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Q3: Please provide a description of your proposed recommendation

We recommend the creation of a "Social Disparity Index" (SDI) for black LGBT persons in an effort to reduce the high incidence of HIV infection. The SDI will identify and weight each social determinant that serves as co-factors in creating a cluster of health, economic and social issues that act as barriers in the prevention of HIV.

The trajectory of the SDI could be as follows:

1. The SDI will be used to assess the disparities that exist during the first point of contact with an individual either prior to HIV testing or at the point of administering the intake and testing;
2. Once the SDI is established it serves as an evaluation tool for the progress of the individual by measuring the reduction of disparities experienced by that person evidenced by an increase or decrease of that number; and
3. When the Social Disparity Index (SDI) is aggregated, its finding can be used to determine policy, programs and funding resources for a particular issue or group of issues that increase disparities thereby affecting health and wellness outcomes.

As noted in a report by the National Minority AIDS Council (NMAC) that was funded in 2014 through the Ford Foundation:

"For black gay and bisexual men, the HIV/AIDS epidemic is predominantly characterized by social, political and economic challenges that contributes to a heightened vulnerability for HIV infection. These challenges also referred to as social determinants - impact the trajectory of for an individual's education, employment, housing security, health outcomes and intrapersonal quality of life".

Many recent studies have tried to explain the higher HIV infection rates in the black LGBT community, even though "risk behaviors" like sex without condoms and intravenous drug use, mirrors, or in some cases are lower than, their counterparts in the white LGBT community.

Dr. Perry Halkitis evidences "HIV cannot be considered in isolation. The HIV epidemic is inextricably tied to other health and social conditions, including, but not limited to psychological co-morbidities , substance abuse, poverty and discrimination. It has been posited that HIV and other health problems overlap and "fuel" each other and create a mutually reinforcing cluster of epidemics, known as a syndemics, that results in a higher rate of HIV and AIDS."

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)

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,

Other (please specify)

This recommendation would require a change/addition in the information collected through current data collection processes and would also require a cohesive merging of data already collected so that the output is uniform.

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

Permitted under current law

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?

The benefits include assessment of black LGBT individuals entering the cascade of care and measuring the effectiveness of bio-medical and structural and social interventions while comparing compliance/progress in using PrEP, remaining negative, or measuring the level of viral suppression.

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

The only concern is getting this up and running fairly quickly as this will provide a tool of measurement by which the goal of ending the epidemic in the black LGBT community may be assessed. A barrier might be the willingness of various government agencies to quickly collaborate in this endeavor.

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

The cost to develop this SDI should be spread across multiple state agencies to include the Department of Health, the Office of Temporary and Disability Assistance, the Department of Labor, the Department of Education, the Department of Mental Health, the Office of Alcohol and Substance Abuse, the State Division of Human Rights, and the Department of Correctional Services.

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

As the development of a SDI will not only assist the community in the creation of effective policies and programs that will work to the benefit of NYS's black LGBT community, (most especially in the house ball and transgender communities), this tool will also assist government agencies to better tailor the programs they develop and direct resources to those in greatest need. Bringing about better health outcomes for this community will lower the overall (and higher) cost to the state that is incurred by a marginalized and unhealthy community.

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

The stakeholders include all members of the black LGBT community especially those experiencing heightened social and economic disparities that present barriers to intrapersonal stability that impacts their health. Another group of stakeholders include government and other community-based service providers in establishing funding and programmatic priorities.

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

This recommendation has the possibility to enhance data gathering for the most affected populations at-risk for HIV infections and can and should be adopted with minimal modifications to serve other marginalized communities. The possibility of also linking this new database with other existing health and economic indices will broaden the interpretational value of the results. Most indicators of disparities measure community-wide fluctuations. This SDI will also measure individual progress in an attempt to tailor resource on that individual

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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