

Promoting Health



and Disease Prevention

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October 27, 2010

Dear Colleagues and Community Partners:

The National Black Leadership Commission on AIDS, Inc. (NBLCA), in partnership with over 25 national organizations and other key community stakeholders, is pleased to release the *African American Response to the National HIV/AIDS Strategy Federal Implementation Plan*. The document's recommendations highlight the urgency for the federal government to implement policies and redirect resources to specifically address the unmet HIV/AIDS prevention, treatment and care needs of Black/African-American communities.

On July 13, 2010, President Obama released the National HIV/AIDS Strategy (NHAS) and ordered key Executive Branch departments to report to him by December 9, 2010 with their plans for full implementation. In response, the NBLCA partnered with other national organizations and local leaders, among them the National Association for the Advancement of Colored People (NAACP), the National Coalition of 100 Black Women, the Federation of Black Prides, and the Southern Leadership Christian Foundation, to develop Strategy implementation recommendations directed to the ongoing disproportionate impact of the domestic HIV/AIDS epidemic on communities of African descent. On October 20, the recommendations were officially submitted to the Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services.

The recommendations, a synthesis of comments emanating from a recently concluded national series of African-American community discussions on the NHAS co-sponsored by the NBLCA and its partners, focus on the Strategy's four priority areas—***Reducing New HIV Infections, Increasing Access to Care and Improving Health Outcomes for People Living with HIV/AIDS, Reducing HIV-Related Health Disparities, and Achieving a More Coordinated National Response to the HIV/AIDS Epidemic in the United States***. We encourage you to read the recommendations to obtain a better understanding of Black/African-American communities' assessed needs and priorities.

We applaud the President and the members of his administration for the release of the historic National HIV/AIDS Strategy. We thank our partners for their steadfast support and input in the drafting of the African American Response. In the weeks, months, and years ahead, the NBLCA will continue to facilitate and monitor all government efforts—federal, state, and local—to effectively address Black America's HIV/AIDS public health crisis. This remains at the heart of the organization's public policy advocacy agenda.

Sincerely,

C. Virginia Fields
President and CEO



AFRICAN AMERICAN RESPONSE TO THE NATIONAL HIV/AIDS STRATEGY FEDERAL IMPLEMENTATION PLAN

Introduction

On September 16, 2010, the National Black Leadership Commission on AIDS (NBLCA), in partnership with over 25 other national organizations and local leaders, launched a series of community discussions in six cities—Washington, DC, New York, NY, Detroit, MI, Jackson, MS, Atlanta, GA, and Los Angeles, CA, with the purpose of eliciting recommendations from African-American stakeholders in response to the National HIV/AIDS Strategy Federal Implementation Plan (NHAS), to address gaps and meet the communities' urgent and unmet prevention, treatment and care needs.

Our nation's efforts to defeat HIV must be inextricably linked to our efforts to address the structural drivers that fuel HIV/AIDS. The epidemic's roots are deeply embedded in Black communities because multiple epidemics of chronic diseases, benign neglect, racism, abject poverty, insufficient funding, inadequate housing, poor education, high unemployment, high rates of incarceration, widening disparities in healthcare based solely on race and ethnicity, stigma, discrimination, and homophobia—among other co-factors—provide a perfect environment in which HIV/AIDS can flourish.

Funding for HIV/AIDS prevention, treatment and care has not followed the trends of the domestic epidemic as it impacts Blacks. This trend continues annually despite the consistent release of epidemiological data from the CDC, state, county and local health departments.

Existing epidemiological data clearly support the need for targeted HIV/AIDS prevention, treatment and care funding that follows the actual trends of the nation's epidemic. African-Americans, approximately 12% of the nation's total population, account for an estimated **45%** of new HIV infections and nearly **50%** of all new AIDS cases. African-American women account for **61%** of new HIV infections and **66%** of new AIDS cases among all women as of 2007. According to a September 2010 report released by the CDC, Black men account for **65%** of new HIV infections among all African-Americans.

Following this disturbing trend, anything short of enhancing, and in some cases re-apportioning HIV/AIDS funding to meet the needs of populations at highest risk within the Black community, would be a perennial injustice in light of the facts surrounding the epidemic.

The American people deserve a Strategy that contains action recommendations and timelines that reflect a sense of urgency about addressing HIV incidence and prevalence in Black/African-American communities.

National AIDS Strategy Implementation must, therefore, utilize the full strength and recognize the broad diversity (customs, beliefs, and traditions) of the Black community. **The Strategy should respond to Blacks/African-Americans, uniquely impacted populations, with specific programs and initiatives to which prevention, treatment and care activities and resources are targeted.** This includes Black women, men (heterosexual and MSM), children, youth, transgender, immigrants (Caribbean, African, etc.), incarcerated and formerly incarcerated populations.

While prevention, treatment and care must be prioritized, the federal government must not lose its focus on the need to find a cure for AIDS. **Additional resources must be galvanized to support the research necessary to develop an effective vaccine or vaccines against HIV.**

The recommendations that follow address the need to provide enhanced and specifically targeted programmatic, policy and resource support for HIV/AIDS prevention, treatment and care in America's Black/African-American communities:

RECOMMENDATIONS

Reducing New HIV Infections

Targeted Departments/Agencies: *Centers for Disease Control and Prevention, Office of Minority Health, Substance Abuse and Mental Health Services Administration, National Institutes of Health (NIH), Office of the Secretary-DHHS, Office on Women's Health, U.S. Department of Education, U.S. Department of Justice*

- Promote voluntary, routine HIV testing in all appropriate medical settings, including emergency rooms, clinics, and private physician offices
- Implement a science-based, culturally competent national media outreach campaign that urges all sexually active persons to be tested for HIV and know their serostatus. Campaign emphasis should be given to Black/African-American men who have sex with men (MSM), heterosexual men, women, and youth based on current epidemiological data. To ensure cultural competency pertaining to Black/African-American communities, the campaign should be coordinated with Black media outlets for print, electronic and web-based media and Black media associations
- Target enhanced HIV/AIDS, other sexually transmitted infections, Hepatitis B and C prevention and testing activities to Blacks/African-Americans, including women, heterosexual men, MSM and youth who are homeless, run-aways, reside in detention centers or foster care, and are HIV positive or at risk for HIV/AIDS, i.e. young MSM
- Provide adequate funding, technical assistance, capacity building, and infrastructure development to Black and other minority-led organizations, including faith-based institutions, to allow the implementation of effective programs and initiatives, including evidence-based homegrown interventions, and combination prevention approaches

- Expand and intensify age-appropriate and culturally competent HIV/AIDS prevention and educational activities in coordination with public schools, Black organizations, Historically Black Colleges and Universities, and faith-based institutions. Parental involvement and peer based initiatives should be included as core components
- To stress the importance of broader Black/African-American community involvement in all efforts to prevent and reduce rates of HIV infections, prevention education must be available through schools, sororities, fraternities, clubs, barber shops, beauty salons, civic organizations, public housing, senior centers, and national Black/African American organizations
- Prioritize research to develop evidence-based behavioral strategies to reduce the transmission of HIV/AIDS within Black/African-American communities
- Promote HIV testing activities targeted to incarcerated and re-entry populations in the federal prison system. Said populations should be tested for HIV prior to release and linked to community-level treatment and care

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

Targeted Departments/Agencies: *U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Office on Women's Health, National Institutes of Health, Health Resources and Services Administration, Department of Labor*

- Develop curricula and training for Black/African-American health care professionals to provide quality care for Black/African-American individuals living with HIV/AIDS. Training must be culturally relevant and emphasize need for sensitive treatment and enhance awareness of community-defined evidence-based homegrown interventions
- Develop an effective HIV/AIDS surveillance system that measures HIV incidence and prevalence for Black women with the aim of providing greater access to early treatment and care
- Prioritize the development of policies and resources to address the HIV/AIDS-related needs of Black/African-American women and girls, including impact of structural drivers (poverty, domestic violence, sexual violence, homelessness, etc.), substance abuse, and mental health needs. Women-centered models of care should be integrated throughout the various federal departments and agencies
- Develop and implement programs to increase the use of telemedicine, i.e. interactive satellite technology and videoconferencing, to respond to specific HIV/AIDS-related needs within underserved rural and minority communities. Emphasis should be given to targeting such communities in the southern United States
- Expand the number of treatment and care facilities within hard-hit, underserved Black/African-American communities. Facilities should integrate HIV/AIDS treatment and care with alcohol and drug treatment and mental health service provision

- Prioritize the expansion of the current pool of Black/African-American HIV/AIDS health professionals and other service providers within urban, rural and other underserved communities
- Improve health outcomes for Blacks/African-Americans by creating a Black culturally-centered outreach and health navigation system in public health that focuses on reducing health disparities as a primary approach to HIV/AIDS prevention
- Enhance funding for comprehensive HIV vaccine research targeting Black/African-American communities as well as the elimination of barriers that serve to hinder participation of HIV-positive persons in treatment, research and clinical trials
- Work to ensure NHAS implementation is adequately integrated with Centers on Medicare and Medicaid guidelines reflective of the impact of health care reform changes on the Black/African American community, and reverse any prohibitive policies that limit HIV/STI and health care access with Medicare, Medicaid and State Child Health Insurance program administration

Reducing HIV-Related Health Disparities

Targeted Departments/Agencies: *National Institutes of Health, U.S. Department of Health and Human Services, Office on Women's Health, US Office of Housing and Urban Development, Substance Abuse and Mental Health Services, US Food and Drug Administration*

- Through the NIH's National Institute on Minority Health and Health Disparities, provide funding for the study of biological and behavioral factors that lead to increased HIV/AIDS prevalence in Black/African-American communities. The study should be conducted by researchers with a history and tradition of service to Black/African-American communities in collaboration with the NIH and other appropriate institutions. Emphasis should be given to Black women and Black MSM
- HIV/AIDS-related federal funding levels to individual states should be tied to a grading system in an effort to evaluate, and if necessary redirect, HIV/AIDS service provision and encourage quality service
- Require states to implement comprehensive, coordinated systems of care to reduce the burden of multiple appointments in scattered locations for HIV-positive individuals
- Provide death benefits to dependent children (ages 18 and under) of HIV-positive parents who are the head of households. Efforts should be made to ensure that families impacted by AIDS-related deaths of parents or guardians remain intact and linked to support services
- Eliminate existing regulatory barriers that impede access to and address the comprehensive housing, transportation, child care, nutritional, mental health and medical needs of HIV-positive persons, including adequate ADAP assistance to reduce excess waiting lists for HIV/AIDS medications in underserved communities

Achieving a More Coordinated National Response to the HIV/AIDS Epidemic in the United States

Targeted Departments/Agencies: *U.S. Department of Health and Human Services, State Departments of Health*

- Encourage each state to develop statewide HIV/AIDS strategies and implementation plans with emphasis on the prevention, treatment and care needs of Blacks/African-Americans and other high risk populations. States should issue annual reports to the Office of the Secretary of the U.S. Department of Health and Human Services and the White House Office of National AIDS Policy on efforts to reduce the incidence and prevalence of HIV/AIDS
- Encourage the creation of state AIDS liaisons in all 50 states to spearhead the coordination of statewide HIV/AIDS prevention, treatment and care programs and resource allocations. Such professional would serve as each state health department's chief liaison to the Office of the Secretary of the U.S. Department of Health and Human Services and the White House Office of National AIDS Policy specifically around NHAS implementation. Likewise, county and local governments should be encouraged to coordinate their HIV/AIDS prevention, treatment and care programs and funding. Sustained funding for existing local prevention planning bodies should continue to be prioritized to support this effort
- Ensure broad representation and involvement of key community-based Black/African American leaders with longstanding history of HIV/AIDS service, as well as a mix of new and nontraditional voices, on the various advisory bodies established within each federal department, which will maintain responsibility for ongoing action planning, monitoring and evaluation of NHAS implementation
- Develop improved mechanisms to monitor, evaluate and report progress toward achieving national goals to ensure accountability to Black/African-American communities. Budget reporting and other equity metrics/benchmarking, which make transparent the extent of resource allocation for the Black community, should be core components
- Sustained involvement and interagency partnerships with persons living with HIV/AIDS must also continue to be encouraged. Formal mechanisms should be devised to ensure those living with HIV/AIDS are engaged in federal, regional and local decision making throughout NHAS implementation
- Establish a seamless system of ongoing communication linking federal agencies and community service providers to share status updates on operational plans, lessons learned, and best practices in NHAS integration at the community level

African American Response National HIV/AIDS Strategy Federal Implementation Plan

Partnering Organizations

National Black Leadership Commission on AIDS, Inc.
Black AIDS Institute
Black Women's Health Imperative
National Coalition of 100 Black Women
National Action Network
National Association for the Advancement of Colored People (NAACP)
NAACP Mississippi State Conference
Hayes-Cozier Health Network
Black Men's Xchange
Coalition of Black Trade Unionists - National
National Association of Negro Business and Professional Women's Clubs, Inc.
SisterLove
AIDS Service Center of NYC
Riverside Church Global HIV/AIDS Ministry
Conscious Contact of NY, Inc.
United Church of Christ HIV/AIDS Network Inc.,
Black Leadership Commission on AIDS of NYC
International Federation of Black Prides
Black Leadership Commission on AIDS of Detroit
Detroit Association of Black Organizations
National AIDS Education & Services for Minorities, Inc.
Southern Christian Leadership Foundation
Black Leadership Commission on AIDS of Metro Atlanta
Congressional Black Caucus Spouses
African American Initiatives & Professional Education- Greater New York
American Diabetes Association
Black Leadership Commission on AIDS of DC & Vicinity
Fellowship Baptist Church - Staten Island
Mentoring in Medicine
St. Luke A.M.E. Church-NY
100 Black Men Inc.-NY
Mt. Carmel AME Church
WISH-NY/Legal Action Center
National Black Alcoholism & Addictions Council
Clergy United for Community Empowerment
Steinway Child and Family Services
Iris House
Housing Works
New York Academy of Medicine
Gay Men's Health Crisis, Inc.
US Positive Women's Network
African American Cultural Center
Metro Jackson Community Prevention Coalition
Fannie Lou Hamer Center
Mississippi In Action
Building Bridges
Cascade United Methodist Church
Detroit Cares Academy
First Rising Mt Zion Baptist Church