



Brooklyn HIV/AIDS Strategic Plan

February 8, 2010

The Brooklyn HIV/AIDS Strategic Plan was drafted in 2009 by the Brooklyn Linkage to Care Coalition and the Center for the Study of Brooklyn with the input of over fifty stakeholders¹ representing Brooklyn community-based organizations; funders; policy makers; and academic, educational, health and government institutions who serve the borough of Brooklyn. During two stakeholder meetings (June and October 2009), stakeholders developed four goals for the strategic plan in the areas of communications, research, programming, and policy and funding. Stakeholders prioritized action items² for each of the four goals, and working groups began implementing the action items in late 2010.

Brooklyn HIV/AIDS Strategic Plan Mission

To work collaboratively with community-based groups, academia, state and city agencies, policy makers, funders and health, educational and religious institutions to significantly reduce the impact of HIV/AIDS in the borough of Brooklyn.

Goals and Action Items

- I. **Goal: Build and expand communication** among existing networks, community-based groups, academia, federal, state and city agencies, policy makers, funders and health, educational, and faith-based institutions to ensure best practices are shared, efforts are not duplicative, and a unified Brooklyn voice is invoked to advance the goals and action agenda of the strategic plan. Produce compelling Brooklyn public communications that emphasize the impact of the epidemic on specific populations, highlight current HIV/AIDS prevention work in the borough and promote prevention, testing, linkage to and maintenance of care models, and treatment methods.

Action Items:

1. Identify groups who should be involved in BLCC but are not well represented (i.e. faith leaders and institutions, people living with HIV/AIDS, small business owners, community block association presidents). Tap into under-represented networks (i.e. through groups such as Brooklyn Congregations United and We Are All Brooklyn).

¹ For a complete list of stakeholders, please contact Gretchen Maneval, Director, Center for the Study of Brooklyn at 917-648-8200 or gmaneval@brooklyn.cuny.edu.

² The 9/23/09 draft of the Brooklyn HIV/AIDS Strategic Plan includes more action items for each goal than in this document, but only those action items which were prioritized during the October 22, 2009 stakeholders' meeting are included in the February, 2010 final draft of the plan. For a copy of the 9/23/09 draft, please contact Gretchen Maneval, Director, Center for the Study of Brooklyn at 917-648-8200 or gmaneval@brooklyn.cuny.edu.



Brooklyn Linkage to Care Coalition



Center for the Study of
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- a) Establish a centralized and web-accessible database of contact information for all groups working on HIV/AIDS in Brooklyn to fortify collaborations;
 - b) Develop a single referral portal where anyone seeking information about HIV in Brooklyn can find what they need; information should be accessible on the web, as well as through non-web communication mechanisms (such as 311); and
 - c) Host a recognition event for faith leaders, business owners (including nontraditional businesses such as barbers and beauticians), etc. who participate in the campaign; and find ways to incorporate their feedback for communications planning.
2. Create a Brooklyn-targeted public communications campaign (by working with a non-profit organization such as the Ad Council, the Kaiser Family Foundation or the Global Business Coalition) that emphasizes the impact of the epidemic on specific populations, highlights current HIV/AIDS prevention work in the borough, promotes prevention, testing and treatment methods and reinvigorates the AIDS ribbon symbol; PSA's should focus on one specific message, and be disseminated via a broad range of media-billboards, television, radio, internet, print, etc.
 - a) Develop a project that allows for family members and loved ones who have lost someone to AIDS to publically express their emotions (i.e. the AIDS quilt); and
 - b) Leverage audio recordings produced by Center for the Study of Brooklyn/StoryCorps collaboration, BLCC conference videos and explore a "PhotoVoices" type storytelling project between those living with HIV and elected officials (all projects will need to address confidentiality issues); these projects can be used as resources for web, radio and television communications, as well as for presentations during conferences.

II. Goal: Foster collaborative research among Brooklyn-based research institutions, and in partnership with community-based organizations, using best practices in contextual and social network methodologies to better identify those who don't know they are HIV+ or who are participating in behaviors that can lead to HIV infections.

Action Items:

1. Develop a strategy of outreach for collaboration between research institutions and community-based organizations based on common areas of interest, resources, etc. (relying on individual connections); build, develop and maintain collaborations; and identify and prioritize those research areas/issues that are unique to Brooklyn.
 - a) Convene a Brooklyn research advisory group to identify needs and opportunities;
 - b) Clarify what is meant by "research" (particularly for discussions with non-researchers);
 - c) Survey community-based organizations to find out what data/research they need; and
 - d) Conduct consumer focus groups to prioritize which type of research consumers need.
2. Pursue research opportunities with SUNY Downstate and other Brooklyn and area colleges and research institutions that share BLCC's vision and are interested in working with BLCC by first cataloging all current research on HIV/AIDS based in Brooklyn and about Brooklyn populations.
 - a) Using community-based organization survey and consumer focus group results, prioritize which type of research to catalogue.
3. Provide Brooklyn HIV/AIDS information (potentially web-based) in a timely manner at the neighborhood and zip code level, including historical and related epidemiological information. Create maps (featuring heavily impacted neighborhoods, service sites and funding) collaboratively through the Center for the Study of Brooklyn and the Brooklyn AIDS Task Force.
4. Maintain records of research done as a result of the Brooklyn HIV/AIDS Strategic Plan, and its forerunner, BLCC, including the Community-driven HIV/AIDS Testing Database Project and the RDS Pilot.

5. Explore conducting research with the Center for the Study of Brooklyn and John Jay College regarding Brooklyn resident incarceration, recidivism and release case management, and the impact on HIV/AIDS prevention and infection rates in the borough.³

III. Goal: Implement proven and innovative programming among HIV/AIDS community groups and providers, coupled with **continuous quality improvement (CQI)** and evaluation mechanisms and consistently responsive enhancements of programming models, with a special focus on linkage to care.

Action Items:

1. Develop a comprehensive needs assessment periodically (including input from providers and diverse consumer groups such as youth and transgendered individuals); the assessment should include a Brooklyn-wide evaluation component and use a socio-cultural model (i.e prevention, cultural norms, social factors and external influence) and could incorporate mapping for more compelling reporting.
2. Produce a “Best Brooklyn Programming Practices” document for Brooklyn community-based groups that highlights approaches to linkages to care and work with immigrant, transgender, youth, and substance user populations.
3. Produce a logic model for CQI that assesses incrementally, and is focused on progress, indicators beyond medical issues, prevention, linkage to care, input from consumers and functional bi-lateral agreements; it should emphasize standards for delivery of services, evaluation methods and be user friendly (web-based) so it can be widely used among and within organizations.
4. Explore issues and barriers related to linkages to care and the strategies agencies employ to meet the challenges associated with carrying out this service.

IV. Goal: People living with HIV and AIDS must be central to all policy-related advocacy efforts. Introduce and advocate for policy changes at the local, city, state and federal level that facilitate more and better HIV/AIDS services and related services, prevention, testing and linkage to care in the borough; document existing (and assess best use of current funds), and **procure increased funding resources** for HIV/AIDS and related services, research and targeted and community-based prevention, testing, and linkage to care.

Action Items:

1. Identify structured changes to policies in areas such as testing and funding; emphasize in policy that “HIV is both a medical disease and social disease;” policies should ensure effective and sustainable linkage to care, include input from consumers, ensure that unique issues related to immigrant healthcare and heterosexual transmission are addressed; and include an education component for both consumers and providers so as to eliminate polarization of “us vs. them”.
 - a) Produce a white paper with community-based groups, research institutions and consumers working together, and identify elected official and public agency sponsors who can advocate for and legislate policy changes.
2. Identify all current private and public funding coming in to the borough that supports HIV/AIDS research, prevention, and direct service.
 - a) Produce a comprehensive “Brooklyn HIV/AIDS Financial Needs Assessment” budget, identifying advocates and resources for pursuing funding, and potential funding (including a list of funders who have already declined funding to Brooklyn organizations); and
 - b) Prioritize funding need; allocation of funding should be diversified and a certain percentage should be set aside for collaborations.

³ Action item to be discussed further: Re-establish system of clinical trials in Brooklyn, in particular those involving heterosexual HIV transmission, Caribbean-American, African American, and minority populations, and other populations which predominate in Brooklyn, and are underrepresented in existing research initiatives.