

Development and Implementation of a Collaborative HIV/AIDS Action Plan for Women of African Descent

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Learning Objectives:

- Understand the value of collaborative partnerships with local, civic, and community based organizations to develop an action plan that addresses the impact of HIV/AIDS on women of African descent
- Increase awareness and sensitivity to trauma related issues when providing services to women of African descent through utilization of screening tools
- Understand the value of developing a training related to HIV and trauma for clinical/non-clinical providers.

Historical Overview

- March 20 -21, 2008, The National Alliance of State & Territorial AIDS Directors (NASTAD) hosted the 2nd Regional Forum on African American Women: African American Women and HIV/AIDS; Confronting the Crisis and Planning for Action
- Regional focus groups held in NYC & Upstate Regions (Albany, Buffalo & Syracuse)
 - NYSDOH staff, CBOs, NYC & NYSPPG, consumers, clients & community leaders
- Data used to identify needs, gaps, barriers and opportunities for community, city/state level response to HIV crisis among African American women



Focus Group Findings

- Lack of personal awareness of HIV
- Issues of low self-esteem, trauma, mental health, substance use, partner violence
- Structural factors
- Media images
- Cultural beliefs & values

Development of An Action Plan

- Collaborative venture between the NYSDOH AI & NYCDOHMH
- NY Jurisdiction Team comprised of individuals from NYSDOH AI, NYCDOHMH, and CBOs that provide HIV- related services to women of African descent
- Agreement to develop a joint Action Plan with overarching goals. Distinct objectives, respective to the city/state needs, would be implemented to achieve the identified goals.

Overarching Goals

- Increase the number of at risk youth, young & older women of African descent tested for HIV and STIs, referred and maintained in care.
- Increase awareness and sensitivity to trauma when providing services to women of African descent
- Promote increased utilization of mental health services by at risk and HIV positive women of African descent
- Develop a partnership with civic and community based organizations in order to discuss women's health issues; and increase access to prevention, care and supportive services

City, State & Community Roles

- Build on Existing Resources & Partnerships
- “Pick Your Battles”
- Determine Who is Best for the Job
- Break Through the Bureaucracy

Achievements

NYSDOH

- Met with respective Department heads and received buy in
- Mental health and trauma related issues included as a component of RFAs
- Collaborated with citywide Circle of Sisters event
- Developed training related to HIV and trauma for clinical & non-clinical providers

NYCDOHMH

- Met with respective Department heads and received buy in
- Collaborated with citywide Circle of Sisters event
- Hosted trauma forum for CBOs and NYCDOHMH to increase awareness of trauma and it's impact of risk taking behavior for women of African descent

Achievements Continued

NYSDOH

- HIV/STI presentation made to the National Pan Hellenic Council of NYC
- NYS Jurisdiction participated in the HHS Region II Strategy Group on Mental Health & Trauma at the 2nd Annual Training Institute

NYCDOHMH

- Fostered collaboration between APICHA & Harlem United with Pace University Sorority HIV testing event in April 2009
- Partnered with the NYC HIV Prevention Planning Group to develop and maintain a Substance Use/Mental Health Workgroup that addresses issues of women of African descent

What is Trauma?

- A real or perceived sense of threat that will lead to death or serious injury, resulting in extreme fear, horror, and helplessness.
- Can precede development of mental disorders, including Post Traumatic Stress Disorder (PTSD)

A Case Study – Impact of Trauma

- **Age 5** - Initial molestation began at 5 by an older brother. She reported that he would molest her only when she was sleeping, thus she would stay awake as long as possible during the night. She would fall asleep in school and then get in trouble. Her mother beat her for falling asleep in classes and for making bad grades
- **Age 14** - She ran away, but authorities found her and returned her to the home with mother and brother. Brother resumed molesting her, along with his friends, on a regular basis.
- **Age 16** - She ran away again. In order to survive on the streets she would use sex as a means to get food, money, clothing and shelter. She found herself in a series of relationships with men who physically and mentally abused her.
- **Age 21** - She began experimenting with drugs. She developed a cycle of going in and out of detoxification and rehabilitation.

A Case Study – Impact of Trauma

- **Age 26** - She was diagnosed with HIV infection. She initially struggled with taking her HIV medications, but adherence has improved over the years. She says she takes her medicine because her doctor “ is a good doctor and treats her with respect.”
- **Age 38**- She developed hypertension and was subsequently diagnosed with diabetes at age 40. Her nutrition is poor and she eats mainly at fast food restaurants and soup kitchens.
- **Age 45** - She still struggles with drugs, in and out of detoxification and rehabilitation facilities. She has been to jail numerous times for trading sex for drugs on the street. She is still in and out of abusive relationships. Her current boyfriend beat her so badly that she was critically ill with a bleeding blood vessel in her brain and has been in a coma for three months. The doctors say she has little chance of surviving.

Next Steps

- Continued Collaboration with City & community partners
- Health Summit planned for Fall 2010
- Trauma Forum – Part 2
- Implementation of Trauma Trainings
- Implementation of trauma informed activities through RFAs

Questions?

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