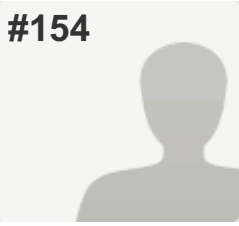


Ending the Epidemic Task Force Recommendation Form

#154



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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Glenda
Last Name	Testone
Affiliation	Executive Director
Email Address	glenda@gaycenter.org

Q2: Title of your recommendation More Testers = More Tests

Q3: Please provide a description of your proposed recommendation

Offer funding for agencies to train more peer providers of different intersectionality's and marginalized populations (for example: transgender Latina women who are bi-lingual in Spanish, bi-lingual Russian gay men, etc.) to complete the CDC testing certification and become a testing counselor. This would help identify new positives and engage people who are status-unknown

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

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)

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.

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?

New program

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 of this are many. Over the years many of the EBIs and DEBIs for prevention, including prevention with HIV+ individuals, have been developed around the idea that when people can feel comfortable or a kinship with providers regarding cultural norms, prevention is more likely to matter. Currently, many who test have other credentials and job roles, in part due to lack of funds from organizations just to hire testers. By offering funding for agencies to train a diverse set of HIV certified testing providers this would empower those who become testers to become stronger advocates for their own health because now they'd be role models in the community, and allow them to reach many more people. This also would allow individuals with many barriers to care, employment, education, and more to obtain a free certification from CDC, and practice in a professional setting. By having more, and increasingly diverse, certified HIV testers we are more likely to help identify new positives in a shorter time span and link them to care.

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

The capacity of agencies to have and train multiple testers. Language barriers for those who want to complete the CDC online testing certification.

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

The estimated cost would be contingent on how testers who be compensated and how many people we'd want to reach.

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

The value of this investment would be strong because it becomes a self-sustaining network. Not only are you testing people, but also training more testers. For example, in 1 month a tester could test 5 people a week or 20 people total. OR - In one month the same tester could test 5 people a week with one becoming a certified tester. The second week they both test 5 people each, which is 10 total and 2 more become testers. The third week all 4 testers test 5 people each, that's 20 total, and 2 more become HIV testers. The fourth week all 6 testers test 5 people each, that's 30 total. In this way one staff yields 65 tests in a month, instead of 20, by training new testers in the process. In this way concerns like staff turnover, agency budgeting, etc. become minimized.

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

Everyone because the more testers we have, the more people who will know their status, and this will lead to viral load suppression, thus providing a quicker road to ending the epidemic. This also provides employment and income for individuals of marginalized populations who typically are placed at risk for high level of employment, including those who do not have a college degree.

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

It would be interesting to follow a few individuals and provide a case study of how many people they test then become certified testers, and how many people those people test. It would also be important that CBOs which provide testing are considered as prime candidates for this funding and it's not limited to medical settings.

Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member