

**Ending the Epidemic Task Force  
Committee Recommendation  
CR28**

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**Recommendation Title: Create a Web-Based, Public Facing, Regularly Revised and Updated Dashboard to Disseminate Metrics in A Timely Fashion to all Stakeholders, Especially Those in a Position to Take Action Achieving the Goals of the Plan**

**a. Incorporate National HIV/AIDS (NHAS) Strategy metrics into State Plan measurements to allow benchmarking**

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1,2 and 3**
  
- 2. Proposed Description:** Create a web-based, public facing, regularly revised and updated dashboard to disseminate metrics in a timely fashion to all stakeholders, especially those in a position to take action achieving the goals of the Plan. In order to adequately target scarce resources and track progress of programmatic activities under the End of the Epidemic Initiative, timely programmatic and epidemiologic data must be triangulated at the state, city, county, and sub-county (i.e., ZIP code) levels across a number of traditionally siloed data sources (surveillance, Medicaid, vital statistics, testing, etc.). These data must be disseminated to those who need them in a usable format, including using graphs and maps. Therefore, we propose the development of a web-based data system to integrate and disseminate a core set of Ending the Epidemic priority metrics. This dashboard would allow everyone to see the same indicators, and allow them to focus or drill down on the programmatic or geographic areas of most interest to them. All stakeholders would in theory be able to identify gaps, target activities according to need, and evaluate impact using this system. An example would be the HIV care cascade that could be subset according to gender, race/ethnicity, risk category, calendar time and geography. Examples include:

Key realms:

- Prevention (see CR23)
    - Prevention cascade/continuum
    - Contact tracing, broadening prevention among close contacts, use of phylogenetics
  - Diagnosis and linkage
  - Care and treatment
    - Pre-antiretroviral treatment (pre-ART) care phase, ART initiation, longer-term following ART initiation
  - Living well with HIV, including housing, transportation, vocational opportunity, stigma, and discrimination
  - Progression to AIDS and death (see CR26)
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- Key data sources: Behavioral Risk Factor Surveillance System (BRFSS)/Community Health Survey (CHS)/Youth Risk Factor Behavior Surveillance System (YRBSS), testing kits, routine population-based HIV surveillance, vital statistics, Medicaid, ADAP, Statewide Planning Research Cooperative System (SPARCS), sexually transmitted infection (STI) surveillance, pharmaceutical industry databases, AIDS Institute Reporting System (AIRS), matching across these data sources, Morbidity Monitoring Project (MMP) and others as appropriate
- Benchmarks and targets needed
  - Historical data for New York, national data
  - Update key core Plan metrics at least annually and revise in accordance with lessons learned. The Task Force or its successor should meet periodically to review progress towards Plan objectives and assess whether we're measuring the right things; if not, to modify or add them
- a. Incorporate National HIV/AIDS Strategy metrics into State Plan measurements to allow benchmarking. NHAS measures need to be considered by the Task Force and included in the final Blueprint document generated by the Task Force. The following are examples of the goals outlined in the National HIV/AIDS Strategy (NHAS) document to be met by 2015: Lower the annual number of new infections by 25% (from 56,300 to 42,225); reduce the HIV transmission rate, which is a measure of annual transmissions in relation to the number of people living with HIV, by 30% (from 5 persons infected each year per 100 people with HIV to 3.5 persons infected each year per 100 people with HIV); and, increase from 79% to 90% the percentage of people with HIV who know their status (from 948,000 to 1,080,000 people): <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>. The NHAS document is current until 2015. We need to consider new goals as established under the anticipated successor National HIV/AIDS Strategy document to be released by the Federal Government. It should also be noted that the Federal Government expects all states to have a state plan describing their progress on the NHAS goals. The Blueprint document developed by the Task Force should serve as New York State's plan.

**List of key individuals, stakeholders, or populations who would benefit from this recommendation**

- People at risk for HIV
  - Individuals with HIV
  - Public health officials
  - Providers
- 3. Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** Permitted under current law.



4. **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)?** Immediate and throughout plan. Will require new resources.
  
5. **Please list the TF numbers of the original recommendations that contributed to this current version:** TF109, TF241.

