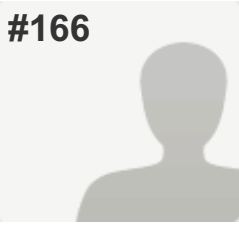


# Ending the Epidemic Task Force Recommendation Form

#166



**COMPLETE**

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PAGE 1

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

First Name	Michael
Last Name	Jones
Affiliation	Iris House
Email Address	mjones@irishouse.org

**Q2: Title of your recommendation** Ensuring the Inclusion of Women & Meeting Gender Specific Needs

**Q3: Please provide a description of your proposed recommendation**

We would like to recommend that all final recommendations and new programs started under the Task Force's plan be filtered through a gender responsive perspective that looks at if and how programs can be implemented to meet the specific needs of women, and proportionately funded to ensure that such implementations can happen.

In New York City in the first half of 2013, women made up 18.8% of new HIV Diagnoses. 28% of people living with HIV/AIDS were women, and more than 30% of deaths were among women. More than 90% of these individuals were women of color. This epidemic is disproportionately affecting women of color, and we must find programs that specifically address their needs.

In the lead up to the development of the National HIV/AIDS Strategy, efforts were made to include women in the conversation, but that final document only includes one paragraph specifically about women. This has critically impacted the funding available for more than 25% of people living with HIV/AIDS today. We hope that the Task Force will help to correct this oversight and ensure that meeting the needs of women are addressed as we move forward to End AIDS in New York State.

## Ending the Epidemic Task Force Recommendation Form

**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

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Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

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Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

**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.

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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.

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Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care

## Ending the Epidemic Task Force Recommendation Form

and enhance access to care and treatment leaving no subpopulation behind.

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Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

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**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

New policy

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**Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?**

Unknown

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**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

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**Q9: What are the perceived benefits of implementing this recommendation?**

Women, particularly African-American women and Latinas, are disproportionately affected by HIV/AIDS. By ensuring that programs are evaluated to be effective to meet their particular needs, we will do a better job at prevention education, identification of new positives, connection and retention to care and ultimately, increase the levels of viral suppression in this population.

Women are also the caretakers of family and community, and by ensuring that they are taken care of, educated about HIV/AIDS and related disparities, and provided appropriate support, we will ensure that their friends and family are impacted by this work as well.

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

No.

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## Ending the Epidemic Task Force Recommendation Form

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

Unknown, but shouldn't increase the budget: we're asking for a proportionate amount of funding be ascribed to gender-specific programs. Without a specific focus on women in the process, there will be greater costs down the road.

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

Unknown.

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

Everyone. Women are individuals, but also heads of households, teachers, grandmothers, aunts and the center of the communities we serve. By including gender specific programming, and engaging women in their own care, we would be impacting and influencing their children, their friends, their partners.

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

*Respondent skipped this question*

**Q15: This recommendation was submitted by one of the following**

Advocate