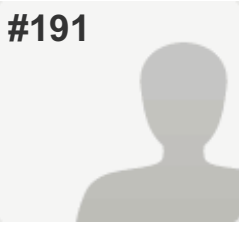


Ending the Epidemic Task Force Recommendation Form

#191



COMPLETE

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

First Name	Donna
Last Name	Futterman, MD
Affiliation	Adolescent AIDS Program, Montefiore Medical Center
Email Address	dfutterman@adolescentaids.org

Q2: Title of your recommendation Incorporating Youth into Governors Plan to End AIDS

Q3: Please provide a description of your proposed recommendation

The Governors Plan to End HIV touches on 3 key action steps that are both achievable and will have a strong impact on the epidemic. But given that adolescents and young adults are the fastest rising population of new infections, it is surprising, if not alarming, that there is NO specific representation of youth and their care providers and advocates. Testing, care and prevention have unique manifestations for youth- in care, consent, marketing and engagement. The recommendation is to increase the representation of the "youth community" on the TF as well as ensure there is a focus on how each of the plans and recommendations may impact youth. Our youth of color and especially young msm, transgender females and young women remain vulnerable yet oddly neglected in the past and in this round. PREP for minors is just one example of a crucial issue as is the need for youth focused social marketing and programs. Every five years is a new generation- we need to update our messages and remember that the youth in High school today werent there and wont be in 5 years. We also need to ensure that data is disaggregated to allow us to view health disparities and success by age.

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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

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Other (please specify)

Focus on unique issues for youth.

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.

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

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.

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

Other (please specify)
New appointments and Special focus by experts in the youth field, including but not limited to youth themselves. We dont expect homeless people to be their only advocates- we have experts in housing also representing them.

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?

A highly vulnerable population will have its interests incorporated into the Governors Plan.

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

None except why wasnt it considered in the first place.

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

Respondent skipped this question

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

representation is not expensive. Ignoring youth is.

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

Youth and generations to come.

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

Disaggregate data by age.

Q15: This recommendation was submitted by one of the following Other (please specify) Health care provider