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Collector: Web Link (Web Link)
Started: Tuesday, November 25, 2014 11:32:40 AM
Last Modified: Tuesday, November 25, 2014 1:57:50 PM
Time Spent: 02:25:09
IP Address: 74.10.152.68

PAGE 1

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

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Q2: Title of your recommendation — Education as a vheicle to Ending the Epidemic!

Q3: Please provide a description of your proposed recommendation

Amongst the 27 some odd recommendations that came from a group of Peers at ABC-AFC was the theme of Education. (A) Education in the form of Prevention where HIV+ Peer Educators would be deployed among the communities of color to enlighten and create an open dialogue. (B) Education by people who have a HIV/AIDS diagnosis to undiagnosed and at risk populations on the dangers of substance use/abuse in conjunction with sexual activity. (C) Enhanced Preventive Education that would present the benefits of PEP AND PrEP.; Knowing your status as well as linkage to care that may be taking place in secondary schools (directly reaching the inner city), with the expected outcome of a exponential impact on the at risk populations.; Education could also come in the form of supervised living for MICA clients, as a way to address medication adherence. Additionally, this would ideally include the de-stigmatization of abstinence as another tool in safer sex practices. (D) A interactive, consistently updated Resource Guide that would address Education in the realm of excellent services that already exist in a promotional manner; Another aspect of the guide could address the potential participation in medical research studies in the field that are local, national, and international that have the opportunity to positively impact people's health outcomes; In light of "health outcomes", offer an easy to understand outline of the benefits of medication adherence as well as the negative outcomes to choosing not to or being unable to adhere to medical regimens; Crash course on navigating the Pharmaceutical systems that would lessen the stress of payment options as well as choices such as generic as opposed to original formula to prescriptions. (E) REAL TALK: among older women of color with younger women of color in a supportive environment that will allow trust to be developed. (F) Culturally competent Peers with the ability to display and exercise confidentiality as they address not only stigma, but the fear of stigma that too often paralyzes dialogue in our communities, and lastly (G) Presenting the HIV/AIDS diagnosis to the community as yet another chronic illness that with Education you can not only survive, but thrive with, as seen in commercials that offer medical treatment to aid in the management of them.

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 , 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 , Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative , Other (please specify) Teachable Moments
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. , 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

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

One of the perceived benefits would be that more demographics would be included in the numbers as a way to further de-stigmatize high risk populations.;

That more people with a positive diagnosis would be gainfully employed to take their experiences and "teachable moments" to the masses.;

That the connection between housing services and adherence would be thoroughly implemented through the Finger Lakes Region.; That people will come to understand that they are not invincible, but with education and safer sex practices, they can live a rewarding life.

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

The political push back, because essentially we are ALL impacted by the AIDS epidemic in one way or another.

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

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

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

The communities of color where at risk populations have been documented to have high transmission rates, low linkage to care, and not getting tested in order to be aware of their status.

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

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Q15: This recommendation was submitted by one of the following

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