Ending the Epidemic Task Force Recommendation Form



COMPLETE

Collector: Web Link (Web Link)

Started: Saturday, November 01, 2014 12:09:50 PM Last Modified: Saturday, November 01, 2014 12:20:28 PM

Time Spent: 00:10:37 IP Address: 205.232.35.3

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

First Name Jo

Last Name Boufford

Affiliation New York Academy of Medicine

Email Address joufford@nyam.org

Q2: Title of your recommendation PREVENTION IS KEY

Q3: Please provide a description of your proposed recommendation

While I have no argument with the three steps identified in the plan, the lack of attention to individual and community based prevention through outreach and education is a major gap in strategy. There are new generations of at risk populations who need to have access to information on how to avoid the risk behaviors that lead to HIV. We should not re-medicalize this disease, but be sure that the schools, workplaces, religious institutions, CBOs and advocacy groups who have been so effective in reducing the epidemic are supported in their continued (if not revitalized) efforts to reach vulnerable populations before they are infected.

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)

Other (please specify) NOt mentioned!!!

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 grantfunded 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
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.

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

Unknown

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

Respondent skipped this question

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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
Q9: What are the perceived benefits of implementing this recommendation?	
Preventing the disease in the first place	
Q10: Are there any concerns with implementing this recommendation that should be considered?	
No	
Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?	Respondent skipped this question
Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?	Respondent skipped this question
Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?	
Reduce the costs of treatment.	
Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?	
Reduction in infection rates	
Q15: This recommendation was submitted by one of the following	Ending the Epidemic Task Force member