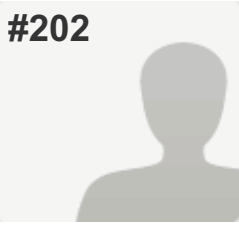


Ending the Epidemic Task Force Recommendation Form

#202



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	Sheila
Last Name	Driscoll
Affiliation	Metro Council for Teen Potential, Baden Street Settlement
Email Address	driscoll.mctp@badenstreet.org

Q2: Title of your recommendation Education component for young people

Q3: Please provide a description of your proposed recommendation

One of the key ways to prevent HIV is to educate young people about the disease and its prevention. NYS should require that students receive comprehensive, developmentally appropriate, medically accurate and evidence-based health education in grades K through 12. This health education should focus on sexuality and reproductive health, anatomy, puberty, STDs and HIV, pregnancy prevention, healthy relationships, child and adolescent development and personal safety. This curriculum should be delivered by elementary teachers, FAC teachers and health teachers and should align with NYSED Health Education Standards. Ongoing and quality professional development should be provided. A parent opt out procedure should be put in place for the very small minority of parents who do not want their children to receive this education.

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
,
Other (please specify) Primary prevention

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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.

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

Change to existing 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 three to six years

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

Prevention of HIV as we educate more youth about the prevention, transmission and consequences of the disease.

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?

We currently have elementary teachers and pieces of the curriculum in place. This policy would require the sharing of curriculum and professional development for elementary teachers. It would also probably require the hiring of additional health or FAC teachers for the older grades.

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

Unknown.

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

Young people and their families across NYS.

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

Typical curriculum assessments could be used along with surveys for older students such as Youth Risk Behavior Survey (The Youth Risk Behavior Survey currently indicates low rates of condom use among high school students.)

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