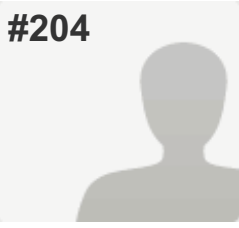


Ending the Epidemic Task Force Recommendation Form

#204



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 | Joe |
| Last Name | Alesi |
| Affiliation | Catholic Charities Community Services |
| Email Address | jalesi@dor.org |

Q2: Title of your recommendation Public Image/ Housing / Treatment Adherence / PrEP

Q3: Please provide a description of your proposed recommendation

1.) The public image of people living with HIV/AIDS in Monroe county is an image that is still based on fear and misinformation. People living with HIV/AIDS are still subject to intense stigma in our community, especially in communities of color. Educating the public on what living with HIV/AIDS is like in our world today is important to dismiss any irrational fears about HIV/AIDS.

Displaying images of healthy, positive people living with HIV/AIDS to a wide audience can increase awareness of the realities of HIV/AIDS today. Billboards, posters at bus stops, and PSA's/informative commercials on television can provide educational information on transmission, treatment, prevention, PrEP, and dispel fears about interacting with people living with HIV/AIDS. Having this kind of information in specialized media such as Poz is a great start, but to end an epidemic we need to educate the masses.

2.) There are many individuals living with HIV/AIDS in the Rochester Area that have very limited access to affordable and adequate housing environments. One consumer noted that there are subsidies in NYC that provide affordable and adequate housing to people living with HIV/AIDS and would like to see those same subsidies come to Monroe County.

3.) To those in our community that are currently on anti-retroviral therapy, treatment adherence is an area that needs a lot of attention. We all have seen individuals who don't know the importance of taking medication on a consistent time schedule, who don't know what to do when they miss a dose, or who consistently forget to refill their prescriptions on time. The state could create a short guide that could address these issues and more, written in plain language with informative diagrams, which could be given to all people receiving anti-retroviral therapy. If a standardized guide is created by the state, it could also be used as a base of education for doctors, nurse practitioners, care managers, etc. who can reinforce this education to the HIV positive client's they interact with on a regular basis.

4.) Educating all medical providers in the state on how PrEP works and can help people at high risk. Providing web conferences and/or holding education sessions to inform medical providers in high risk areas on what PrEP is and how to inform their patients about PrEP could help it seem more increased use.

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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)

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) Combating stigma.

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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.

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 most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

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?

Permitted under current law,
Statutory change required

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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)?

Other (please specify)
Most within the next year, except housing subsidies may take longer.

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

Educating the public to decrease stigma and raise awareness on the realities of living with HIV/AIDS today. Provide more thorough education and services to those in need.

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

n/a

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

Unsure.

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

Unsure.

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

People living with HIV/AIDS, medical providers, and the general public.

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

Pre-Tests/Post-Test measures to those who could be impacted (patients, medical providers, care managers, community members).

Q15: This recommendation was submitted by one of the following

Advocate