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

First Name	Julienne
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Q2: Title of your recommendation

Funding and Support for Culturally Competent Community-based Prevention Services for Individuals at Highest-risk and HIV+ Individuals

Q3: Please provide a description of your proposed recommendation

Planned Parenthood of New York City (PPNYC) recognizes that there are several key sub-populations at highest-risk that must be reached if we are to end the HIV/AIDS epidemic by the year 2020. While we acknowledge that men who have sex with men (MSM) account for the majority of new HIV infections each year and thus warrant an aggressive response, PPNYC urges the Task Force to sustain and increase funding and support for culturally competent, community-based providers, particularly community-based organizations (CBOs), that are uniquely positioned to engage, retain and deliver services to highest-risk individuals within communities that experience disproportionate incidence and prevalence of HIV, such as, women of color, transgender women, intravenous and other drug users, men who have sex with men and young adults. Moreover, PPNYC urges the Task Force to increase funding and support for CBOs and providers working within communities to provide ongoing supportive services to ensure HIV positive individuals are not only linked to HIV medical care, but also retained and supported to achieve and maintain viral suppression and optimal health outcomes. Community-based providers are a vital tool in ending the epidemic of HIV/AIDs in New York and must be supported in the critical work they provide in our communities.

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 , Other (please specify) Preventing HIV infection among high-risk individuals

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?	Change to existing program
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?

Community-based organizations, including those that provide street-based services, are best equipped to identify and engage populations at highest-risk for HIV in HIV testing, risk-reduction counseling and referrals for additional services such as PrEP and nPEP, as well as, ensure that HIV positive individuals are connected to HIV medical care and receive the support needed to stay in care. Culturally competent, community-based providers are trusted providers and engrained in the communities they serve. These populations often find CBOs more welcoming and less intimidating than larger medical institutions such as hospitals. In addition, street-based programs meet people where they are geographically, physically, emotionally and socially, helping to break down barriers to access and serving as a gateway to prevention and medical care services.

By ensuring adequate funding to CBOs that provide HIV prevention services in high-need communities, New York State will ensure that the hardest to reach New Yorkers are not left behind. In New York City, we know that race, poverty, gender and age are all factors in HIV transmission. For example, there are more than 32,500 women living with HIV/AIDS in NYC. 91% of HIV positive women in New York City are African American or Latina and over 90% of live below the poverty line. Age is also a factor in new HIV diagnosis. Young people ages 20-29 have the highest rate of new diagnoses at 34% followed by individual ages 30-39 at 24%. (HIV Surveillance Annual Report, 2012, NYC Department of Health and Mental Hygiene (Dec 2013) http://www.nyc.gov/html/doh/downloads/pdf/dires/surveillance-report-dec-2013.pdf) According to the Center for Disease Control (CDC), “in 2010, African American women accounted for … 29% of the estimated new HIV infections among all adult and adolescent African Americans.” Moreover, 87% of new HIV infections among African American were “attributed to heterosexual contact.” The “estimated rate of new HIV infections for African American women… was 20 times that of white women.” These statistics reaffirm the need to support CBOs and providers in reaching women of color and young people to provide prevention services, screening, and linkage to care for HIV positive individuals. (HIV Among African Americans Factsheet, CDC, http://www.cdc.gov/hiv/risk/racialethnic/aa/facts/index.html)

At PPNYC, we offer affordable HIV testing and counseling for all people who walk through our doors regardless of income, immigration status or sexual orientation – no matter what. It is essential that New York City’s safety net providers and educators have the tools and funding necessary to educate people in HIV prevention and provide HIV testing to those at risk of transmission and continuous medical care to those who are already infected. We look forward to working with the Task Force and New York State to ensure all people get the information and health care services they need.

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

None.

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

The estimated cost of implementing this recommendation would be based on the scope and breadth of interventions funded to be delivered by community-based organizations.

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

The return on investment would vary based on the scope and breadth of interventions being implemented by community-based organizations; cost-effectiveness (CE) analysis should be calculated based on quality-adjusted life year (QALY), an outcome measure that considers both the quality and the quantity of life lived. The QALY is based on the number of years of life added by the intervention. HIV interventions intended to improve and/or extend the lives of HIV positive persons can be evaluated to determine the number of additional QALYs gained (or saved) that would have otherwise been lost. Most outcome measures, including infections averted, life years gained and new HIV diagnoses, can be translated into QALYs, thereby providing a consistent measure of comparison across many different types of intervention programs. When evaluating several such programs in CE analysis, the CE ratio can be expressed in terms of cost per QALY gained.

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

Other high-risk communities, such as women of color and young people would benefit from this recommendation. By providing additional funding to CBOs doing this work on the ground, we can help best reach the range of high-risk communities in New York State. In addition, HIV+ individuals will also benefit by retaining-care to help suppress their viral load.

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

Community-based providers should be held accountable to meet quality standards and performance metrics across the various prevention and care interventions

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