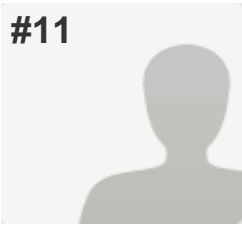


Ending the Epidemic Task Force Recommendation Form

#11



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Q2: Title of your recommendation

Targeted HIV Outreach & Intervention Models for Underserved HIV-positive Populations not in Care

Q3: Please provide a description of your proposed recommendation

Identify and implement effective models of outreach to underserved people living with HIV who are not receiving care, including but not limited to Latino MSM, immigrants and seasonal/migrant workers in rural areas.

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

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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.

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 program

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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)? Unknown

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

It is estimated that less than half of people from underserved communities are receiving anti-HIV drugs. As a result, only slightly more than one-third have their HIV infection under control. By improving outreach to communities at risk and developing culturally and linguistically appropriate outreach to reach more people with HIV testing, improve linkage to and retention in care, improve adherence and reach community viral suppression.

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

Attempting to combat HIV/AIDS through attitude adjustment and behavior modification alone is incomplete and ineffective. A strict behavioral focus may also be misleading and increase stigma by implying that individuals' bad decisions are solely to blame for their poor health outcomes. Raising public awareness about the social, political, and economic conditions that exacerbate HIV/AIDS may combat the racial stereotype that blacks and Latinos suffer from higher HIV/AIDS prevalence because of their irresponsible sexual practices or hyper-homophobic cultures. Effective models of outreach to underserved PLWHIV who are not receiving care, including but not limited to Latinos is needed.

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

There needs to allotted budget items to reach underserved communities.

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

ROI TBD

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

Clients living with HIV
Community-at-large (reaching community viral suppression)
Government (decreased expenses on Medicaid)

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

More research targeting these populations with specific culturally and linguistically appropriate interventions, and monitoring is needed.

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Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member,

Other (please specify)

Ad Hoc End of AIDS Community Group: ACRIA, Amida Care, Correctional Association of New York, Jim Eigo (ACT UP/Prevention of HIV Action Group), GMHC, Harlem United, HIV Law Project, Housing Works, Latino Commission on AIDS, Legal Action Center, Peter Staley (activist), Terri L. Wilder (Spencer Cox Center for Health), Treatment Action Group, VOCAL New York