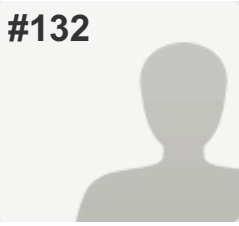


# Ending the Epidemic Task Force Recommendation Form

#132



**COMPLETE**

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PAGE 1

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

First Name	John
Last Name	Wikiera
Affiliation	CNY HIV Care Network Chair, CNY PWA, Consultant, NYS DUR & Quality Com. member
Email Address	jwikiera@aol.com or cnyhivcarenetwork@gmail.com

**Q2: Title of your recommendation**

Please consider the following

**Q3: Please provide a description of your proposed recommendation**

I would recommend that the committee considers the following:

- 1) Regional Consumer advisory committee's, this could help guide discussion on the needs specific to each region. And meetings with all regional cab's could be conducted with the NYS committee to assist them or guide them in their decision making process. This could be done via social media. Our most rural area consumers may appreciate the opportunity to give their input for a change.
- 2) More "peer based/lead" educations & the hiring of more peers to assist clinicians/clinics to meet the goals.
- 3) Be sure there is proper & adequate funding in place to meet all goals, hiring peers will not place a burden on the already stretched too thin current staff. Peers have a unique position that can help facilitate optimal results.
- 4) Conduct ongoing meetings with providers from each county to discuss what is working, not working and what is needed to achieve optimal results. This can be done through social media as well. Maybe a quarterly meeting.
- 5) Make sure Upstate has the same "housing" assistance as Downstate. There are far too many "very long" waiting lists for safe adequate housing. This as we all know prevents TA and can lead to further health problems. Addressing housing on a "state" level would be ideal and would show that Upstate and Downstate have equal housing opportunities. Every housing apartment building, complex, units with several subsidized apartments should be required to hold tenant meetings and the person leading the meeting should "NOT" be employed by that buildings owners or staff. There should be trained peers that would conduct quarterly meetings to discuss problems or to be a designated as a point of contact for complaints.
- 6) Where available, the committee Rep should ask to present at a HIV Care Network meeting to give updates, ask for help getting information out, and to help collaborate on a legislative

## Ending the Epidemic Task Force Recommendation Form

**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

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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

**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.

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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

## Ending the Epidemic Task Force Recommendation Form

and enhance access to care and treatment leaving no subpopulation behind.

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?**

Change to existing policy,  
Other (please specify)  
possibly more than one answer

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

Unknown,  
Other (please specify)  
I don't think any laws come into play on this

**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?**

Benefits are the more people who are engaged in this work and talking about it, the more acceptable it becomes for everyone. And more easily accepted, especially when talking about funding for Prep.

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

I think a concern would be if proper funding is not in place, you can't tell people go get tested or get back in treatment, there wouldn't be adequate services available. There does not need to be huge sums of money to engage discussion and track data, but some additional funding is crucial to making this all work.

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

NA

Ending the Epidemic Task Force Recommendation Form

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

NA

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

Key people, Consumers first and foremost. We have an obligation to provide adequate housing and treatment services, and not just for HIV. Other diseases such as HCV need to be addressed in a similar way.

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

I believe you can rely on some of the information I provided about regarding advisory type committee work.

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

Advocate,

Other (please specify)

I am an advocate, consumer, member of the public, a provider, etc