

**Ending the Epidemic Task Force
Committee Recommendation
CR20**

Recommendation Title: State-wide Antiretroviral Prophylaxis (nPEP and PrEP) Education

- 1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 3**
- 2. Proposed Recommendation:** Access to information is critical to the success of nPEP and PrEP use and adherence. The antiretroviral prophylaxis (ARV-P) sub-subcommittee received multiple recommendations regarding a “provider” (social service, medical provider, and/or behavioral health) education campaign as well as a media and education campaign for certain key populations. Education programs must be established to educate a broad range of potential nPEP and PrEP clients and providers of all varieties. These education programs must target:
 - 1) Potential nPEP and PrEP clients through culturally appropriate social media campaigns focusing on task force-identified key populations (i.e. women, young men who have sex with men, adolescents through older adulthood, drug users, transgender men and women, black and Hispanic community members, sex workers partners of people with HIV).
 - 2) People on nPEP and PrEP to maintain knowledge of the intervention and support adherence.
 - 3) Providers of service or support to potential nPEP/PrEP clients and nPEP/ PrEP users. These are broadly defined as:
 - Medical providers, in community, hospital private practice settings
 - Social service providers and peer staff
 - Behavioral health providers (including Office of Alcoholism and Substance Abuse Services (OASAS) staff)
 - Correctional setting staff and peers

The following elements were identified as areas of emphasis for these educational programs/campaigns:

- 1) nPEP is an intervention that is time sensitive (within 36 hours, ideally within 2 hours after exposure) and is an important gateway to PrEP and other preventive services.
- 2) Medical and administrative technical assistance must be offered via live or web-based “education” to providers of service or support to better implement these nPEP or PrEP-related programs in their respective settings.



- 3) Education for the community must include culturally-specific messaging and include input from the community it targets.
 - 4) Events focusing on key populations such as “Pride in the City” (i.e. Black Gay Pride) must feature nPEP and PrEP-related social marketing supported by this education initiative.
 - 5) Mobile and web-based applications must be developed to provide information and linkage to ARV-P providers/support services.
 - 6) Collaborative relationships with professional organizations for providers of all varieties (medical, social, and behavioral) must be included to coordinate education/campaign delivery and dissemination.
 - 7) Urgent care centers must be a target for this information.
 - 8) Education must include resources that define clear regional pathways for connection of ARV-P clients to preventive primary care sites who have demonstrated ability and willingness to provide nPEP and PrEP along with other preventive services (condom distribution, etc.). This requires infrastructural investment and technical support.
 - 9) A state-wide ARV-P detailing campaign and implementation workshops for administrators and medical providers, modeled after the New York City Department of Health and Mental Hygiene detailing campaign, must be funded and implemented in New York. Encourage providers of non-clinical services to people at risk of HIV, including HIV testing, HIV prevention education and services, mental health, substance use and other health and social services, have at least annual HIV prevention training with a focus on ARV-P.
 - 10) Funding for patient navigators and/or ARV-P coordinator positions must be identified to assist patients accessing ARV-P services. Peers must be used when appropriate to provide client level education and be supported with a living wage.
 - 11) ARV-P health educators/ambassadors from key populations must be identified, funded and supported to work in the community to increase knowledge of ARV-P interventions.
3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** N/A
 4. **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)?** N/A



- 5. Please list the TF numbers of the original recommendations that contributed to this current version:** TF5, TF13, TF17, TF20, TF71, TF108, TF119, TF120, TF121, TF124, TF125, TF126, TF162, TF166, TF173, TF189, TF191, TF204, TF211, TF214, TF215, TF229, TF230, TF238, TF242, TF279, TF281.

