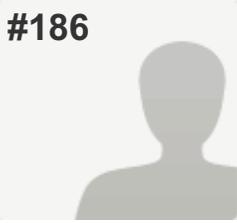


Ending the Epidemic Task Force Recommendation Form

#186



COMPLETE

Collector: Web Link (Web Link)

Started: Thursday, November 20, 2014 1:51:36 PM

Last Modified: Thursday, November 20, 2014 3:02:41 PM

Time Spent: 01:11:05

IP Address: 24.215.246.253

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

First Name	Marcelo
Last Name	Maia
Affiliation	ACT UP NY
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Q2: Title of your recommendation Busting HIV Myths - k-12 HIV Curriculum

Q3: Please provide a description of your proposed recommendation

Since the beginning of the epidemic, HIV has been crowned with several myths. first and probably one the most damaging, it was identified as a gay disease, that only homosexuals were affected, that masculine men were safe, that straight people had nothing to worry.

Since then, a lot has changed, but many of the myths persist. Even though not only associate with gay men, gay men continue being the most affected group locally, nationally and internationally. the idea that HIV only affect gay men, specially feminine gay men still holds value on the decision making process of young blacks and latino men that have sex with men and other gay men.

Myths can only be busted with facts, knowledge and education. it is my concern that young gay men and other msm of color are prime candidates to HIV infection. These young men leave high-schools and get in line for possible HIV exposure. NYC has a k-12 HIV curriculum, which is still laced with Bush era strategies like abstinence. Meanwhile over 60% of young men on 12 grade reported having sex, some without condoms. The curriculum must be updated and prevention strategies revised to conform with latest prevention options. The implementation of the curriculum is perhaps the biggest hindrance, teacher must be comfortable teaching and talking about sexuality and HIV prevention, support and care. NYC HIV curriculum, once updated needs to become a norm on schools in NY.

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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)

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

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Other (please specify)

HIV education, prevention and care.

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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?

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

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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)?

Within the next year

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

Over 1/2 of the persons tested positive are gay men and other msm, while young men of color continue experiencing the highest increases on transmission rates, basically because of lack of knowledge and access to information. By 2020 young gay men leaving high-school today will be in their early 20s and part of the population with the highest number of infections.

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

The concern is with providing young men of color who have sex with men, gay men, and young men and women at risk for HIV, with the tool to protect themselves. Parents should not have the option of denying their kids the access to information which may protect them from HIV, as they have no right to deny those who are having sex to have access to condoms.

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

The K-12 HIV curriculum is already in use NYC, it just needs to be revised and the implementation evaluated. The costs for that would be negligible. As for implementation on the rest of the state, costs would be minimal, since no hiring would be necessary only training of teachers using the curriculum.

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

this is a difficult question, but I don't see how NY will reach the goal of reducing transmission below epidemic levels without it.

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

Young gay and other msm of color, young women of color and young people in general in the school system, who are having sex and those who will start once graduating, just about all of them.

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

Yes, the curriculum must be constantly evaluate for implementation, performance and efficacy. Simple surveys of high school students could provide information on areas & schools where education must be improved.

Q15: This recommendation was submitted by one of the following

Advocate,

Other (please specify) HIV Activist