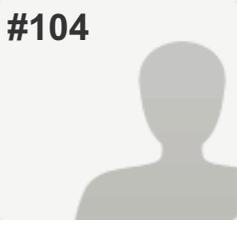


Ending the Epidemic Task Force Recommendation Form

#104



COMPLETE

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

First Name	Mark
Last Name	Harrington
Affiliation	Treatment Action Group (TAG)
Email Address	mark.harrington@treatmentactiongroup.org

Q2: Title of your recommendation Identify and address Implementation Science Research Gaps

Q3: Please provide a description of your proposed recommendation

Identify implementation science gaps and determine what resources are needed to carry out a comprehensive agenda to answer research questions to optimize program outcomes within the Plan. TAG and amfAR have developed a community-driven research agenda to fill gaps in the HIV treatment cascade (<http://www.treatmentactiongroup.org/hiv/filling-gaps>). Implementing this agenda in the New York State context and broadening the implementation science agenda to include prevention, housing and supportive services will provide a stronger evidence base for optimizing resource allocation to achieve the goals and objectives of the Plan.

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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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

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

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?

Addressing implementation science gaps and conducting research to resolve outstanding issues related to implementing comprehensive testing, prevention, care, and supportive services programs will increase the successful implementation of the Plan.

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

Coordinating research initiatives with program providers and affected communities will require a commitment to collaboration and harmonization.

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

Addressing implementation science gaps and conducting research to resolve outstanding issues related to implementing comprehensive testing, prevention, care, and supportive services programs will increase the successful implementation of the Plan. TAG has mapped available CDC research funding to NYS HIV programs and is identifying NIH research funding to NYS-based institutions which will help provide an inventory of existing resources. NYS may need to invest its own resources to address NYS-specific implementation issues.

The costs of the implementation science will be offset by the benefits from applying its results to achieving success of the Plan.

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

Respondent skipped this question

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

Researchers.
Public-health agencies.
Providers.
Insurers.
Government leaders and agencies.
Affected communities.
HIV-negative and HIV-positive individuals.

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

Once the inventory of existing research resources and approaches is complete, the NYS DOH AI and partners should define and allocate resources to answering key questions about how to optimize the delivery of services to achieve the goals of the Plan.

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