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

First Name Ronald
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For A Better Community, Action Front

Center, Trillium Health

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Q2: Title of your recommendation Reaching Marginalized Peoples,

Transgendered, Undocumented Peoples,

Communities Of Colored Peoples.

Q3: Please provide a description of your proposed recommendation

I believe that mass media, prime time tv needs to be utilized today to educate the masses as to what it means to be HIV positive today verse what it meant in the 1980,s and early 1990,s That HIV has no recognizable face today and that people are living health lives by being on their medications. People in general are still scared to touch people, share eating utensils, share the same breathing spaces. I believe that if mass media was used to educate in 2 or 3 minutes segments during prime tv station at prime time hours information would reach huge masses of people across our state and nation. This information would help communities of color where people tend to hold on to the stereo type of perception of what HIV/AIDS meant in the pass. Strategies also need to be developed to reach and help people that have been marginalized like Transgender individuals and undocumented aliens who often have no health insurance, are living in fear of deportation and those who are uninsured because of gender identity.

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

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

Ending the Epidemic Task Force Recommendation Form

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

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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.

Ending the Epidemic Task Force Recommendation Form

	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
Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Unknown
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 t	his recommendation?
Would reach large populations of people across our nation.	
Q10: Are there any concerns with implementing this re	ecommendation that should be considered?
How masses of people would reaction to being educated a where the numbers of cases are headed.	s to what it means to be HIV/AIDs positive and
Q11: What is the estimated cost of implementing this calculated?	recommendation and how was this estimate
Don,t know	
Q12: What is the estimated return on investment (ROI) calculated?	for this recommendation and how was the ROI
To keep our populations from becoming infected and reducing medical cost and care.	
Q13: Who are the key individuals/stakeholders who we	ould benefit from this recommendation?
Our populations of people as a whole and our nations youth.	
Q14: Are there suggested measures to accompany thi monitoring its impact?	s recommendation that would assist in
Outreach education, education about condom use and protections.	
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Q15: This recommendation was submitted by one of	Consumer,