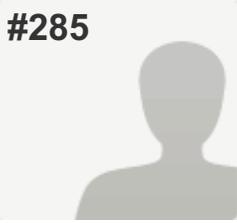


# Ending the Epidemic Task Force Recommendation Form

#285



**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                   |
| Email Address | mark.harrington@treatmentactiongroup.org |

**Q2: Title of your recommendation**

Conduct at least three statewide HIV prevalence surveys between 2016-2020 to measure the baseline, interim, and final results of the Plan

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

Conduct at least three statewide HIV prevalence surveys between 2016-2020 to measure the effects of the Plan.

1. Conduct an initial HIV prevalence survey at as many emergency departments as possible in NYC + NYS (NYC is already planning this) in 2016 to determine the number of people living with HIV in NYS, to set a baseline prevalence number for the Plan, and to drive the development of strategies to better ensure all people with HIV are diagnosed, linked to, and retained in care.
2. Conduct a broader HIV prevalence survey in 2018 including emergency departments, STI clinics, correctional facilities, and other places where people live and/or seek health services to broaden and deepen the understanding of HIV prevalence in NYS, including among key populations, and measure progress towards achieving the Plan goals.
3. Conduct the broadest possible HIV prevalence survey in 2020 to measure the state of the epidemic in NYS after six years of Plan implementation and to set the groundwork for the following decade of keeping HIV/AIDS at or below elimination thresholds.

**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

## Ending the Epidemic Task Force Recommendation Form

**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?**

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

**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?**

Regular and more in-depth prevalence surveys will help to guide resource investments and interventions and are required to measure Plan baseline, interim progress, and final results.

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

Current HIV prevalence estimates are based on a single-emergency department study from the Bronx.

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

The routine HIV testing legislation should be implemented anyway, but many ED staff have reported that the fact that this requirement is an "unfunded mandate" deters full implementation. NYS must take steps to ensure that the existing legislation is fully implemented, consider whether reimbursement is needed to help assure this, and provide resources to carry out the biannual prevalence surveys.

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

Unknown at this time.

## Ending the Epidemic Task Force Recommendation Form

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

PLHIV  
People at risk for HIV  
Affected communities  
Providers  
Insurers  
Public health officials  
CBOs  
ASOs

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

Public education campaigns would help to drive demand for these data and to ensure that the maximum number of people participate in the prevalence surveys.

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### **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