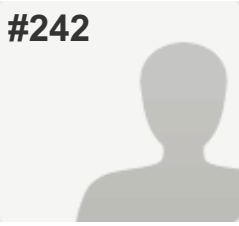


Ending the Epidemic Task Force Recommendation Form

#242



COMPLETE

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PAGE 1

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

First Name	Shaneequa
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Affiliation	Harlem United
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Q2: Title of your recommendation Increase funding for prevention, education, and testing efforts among seniors and older adults living with HIV/AIDS.

Q3: Please provide a description of your proposed recommendation

A growing number of older people now have HIV/AIDS. Almost 40% of all people with HIV/AIDS in this country are age 50 and older. (CDC, 2014; NIA, 2013). Older adults are diagnosed later in life and frequently with an AIDS diagnosis, suggesting that the current HIV-testing guidelines should go beyond the current limit of age 65. This late diagnosis and testing are the results of several issues including: doctors are not routinely testing or discussing testing with older patients; older people frequently mistake the signs of HIV/AIDS for the aches and pains of normal aging; many older adults lack the sexual knowledge about HIV transmission and treatments and providers are hesitant to have these sexual health discussions with older adults due to stigma and discrimination. Few prevention efforts explicitly target older adults with age-sensitive information and education.

In ending the epidemic, the following recommendations are suggested:

- Increased promotion and encouragement of HIV testing among the senior population (55+), including outreach to nursing homes & assisted living facilities, senior communities and Naturally Occurring retirement communities (NORC).
- The NYSDOH and AI should put forth programs and initiatives regarding safe sex practices and HIV preventative measure that are linguistically and culturally competent, taking into consideration race, culture, and sexual orientation of older adults.
- Increased marketing campaigns should be targeted not only older adults but also caregivers, medical and social support providers to encourage regular HIV testing and safer sex & harm reduction practices.

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

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)

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.

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?

Increased number of older adults who are knowledgeable about HIV/AIDS preventative measures, encouraging safe practices and thus reducing transmission rates. Increased testing measures decreases the number of unknown HIV infections and ensures earlier linkages to care, resulting in better health outcomes.

Ending the Epidemic Task Force Recommendation Form

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

Limited funding available; limited available research and proven practices on engaging seniors in HIV/AIDS and sexual health discussions.

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

Currently the CDC funds prevention services in NYS at the cost of \$60,693,234 (CDC, 2014). The total amount dedicated towards older adults are unknown, however a minimum of \$250,000 is suggested to facilitate the creation of prevention materials and programs geared specifically to older adults.

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

Reduced cost to Medicaid and Medicare as older adults will be diagnosed earlier, decreasing the number of AIDS diagnoses and linking infected older adults to appropriate care, is expected to improve health outcomes.

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

Seniors, older people living with HIV/AIDS, overall general population; NYS Medicaid, Medicare

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

Monitoring the rates of new HIV/AIDS diagnoses among those 50 years and older. With successful implementation, a reduction in the percentage of new infections/diagnoses among OPLWHA (those over 50) – currently 17%, with the hope to reduce that number to 10% by the end of 2020.

Q15: This recommendation was submitted by one of the following Advocate