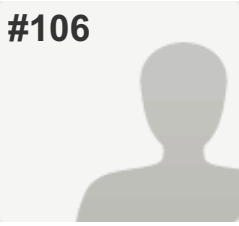


# Ending the Epidemic Task Force Recommendation Form

#106



**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	Gale
Last Name	Burstein
Affiliation	Erie County Department of Health
Email Address	gale.burstein@erie.gov

**Q2: Title of your recommendation** Expand peer to peer HIV education network in schools

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

In many NYS high schools, organized GLBTQ peer educational, referral, and advocacy groups exist, such as the Gay-Straight Alliance (GSA; <http://www.gsanetwork.org/>) and Gay & Lesbian Youth Services (GLYS). These existing infrastructures can be strengthened with funding and programs to support peer to peer education regarding PrEP with direct linkages to care.

**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

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)**

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.

**Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?**

Other (please specify)  
Change to existing policy and 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,  
Statutory change required

**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 PrEP awareness among young MSM which is population with greatest rise in HIV incidence.  
Using existing infrastructure to implement this program  
Increased PrEP acceptance and normalization among young MSM which is population with greatest rise in HIV incidence.

## Ending the Epidemic Task Force Recommendation Form

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

Schools may be resistant

Cost

Fidelity of messaging

Identifying youth-friendly providers to offer PrEP

PrEP for minors is off-label so may not be covered by health plans and providers may refuse to provide.

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

Cost of recruiting/advertising program

Cost of training

Cost of supervising

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

Savings associated with receipt of early identification and treatment

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

Youth

Adolescent providers

Schools

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

# peers trained

# youth referred to PrEP

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**Q15: This recommendation was submitted by one of the following** Ending the Epidemic Task Force member