

New York City's Experiment for Closing 90-90-90 Gaps

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**New York City Department of Health &
Mental Hygiene**

LONDON

FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

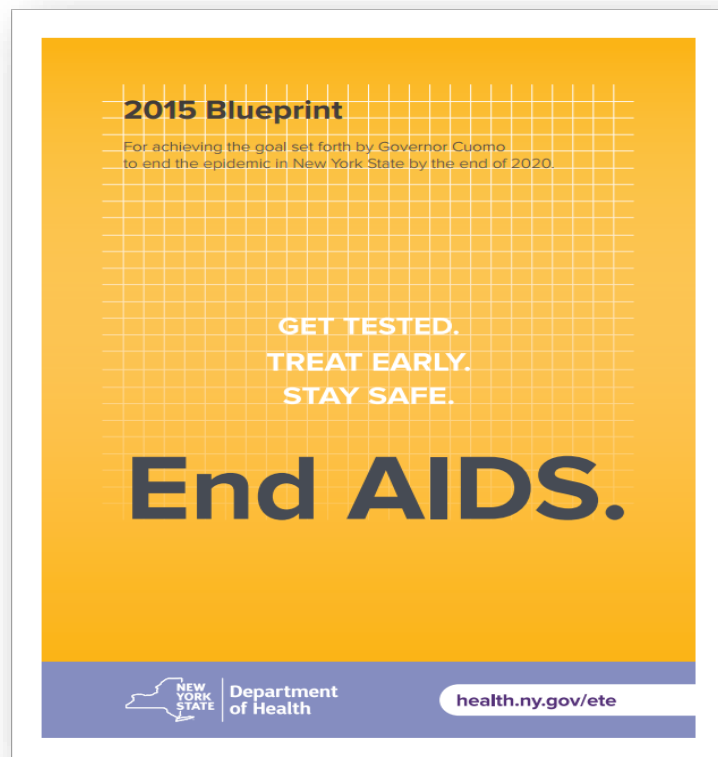
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New York State Blueprint for Ending the Epidemic



- In April 2015, Governor Andrew Cuomo released the New York State Blueprint for Ending the Epidemic, a set of recommendations by community members, government officials, and providers, expanding on his 2014 three-point plan to:
 1. **Identify people with HIV who remain undiagnosed and link them to care;**
 2. **Link and retain people diagnosed with HIV in care to maximize virus suppression so they remain healthy and prevent further transmission; and**
 3. **Provide access to PrEP for people at high risk for HIV infection.**

New York City Ending the Epidemic Plan



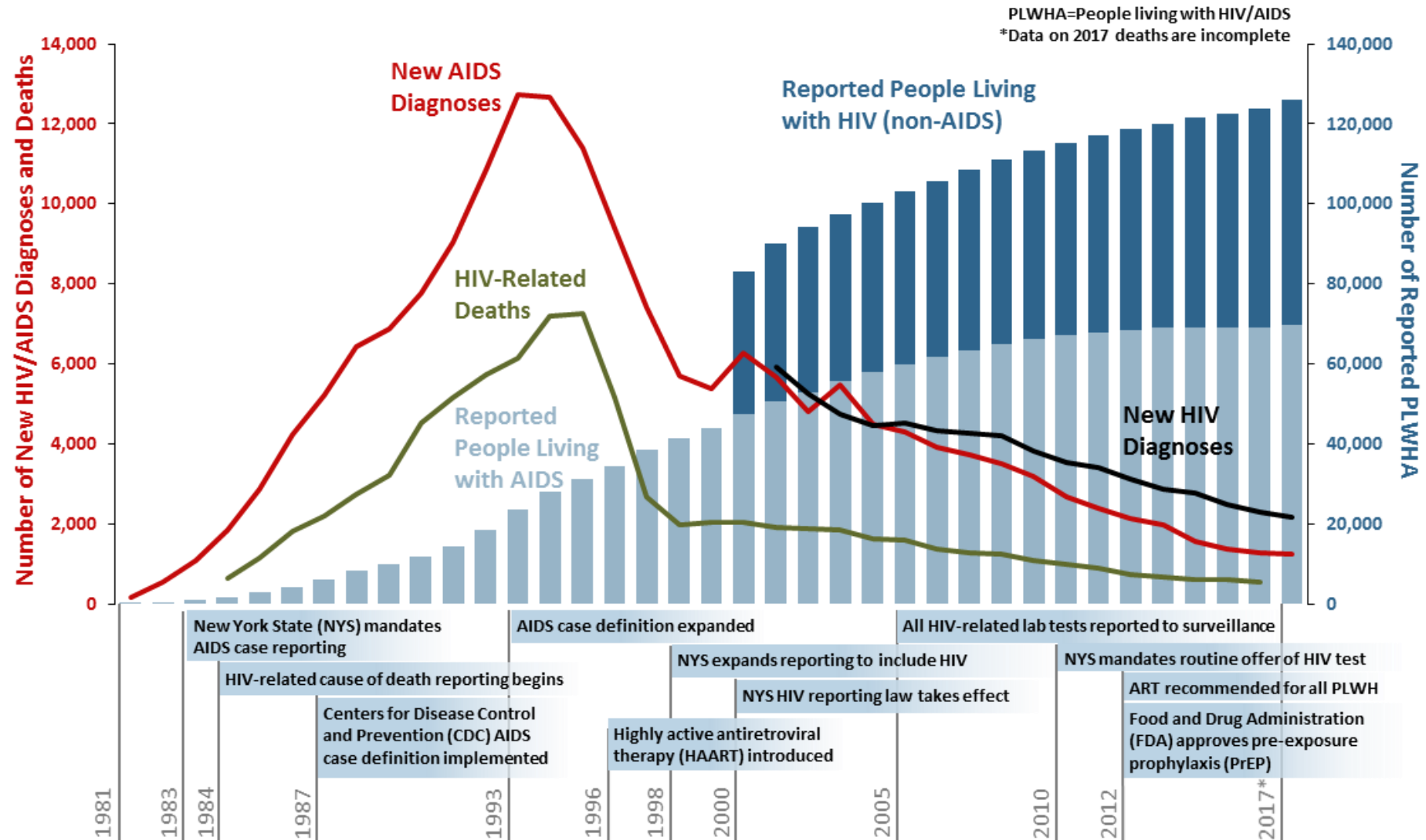
- At the World AIDS Day 2015 citywide event, Mayor Bill de Blasio announced the New York City Ending the Epidemic Plan, a four-part strategy building upon the New York State Blueprint to:

- 1. Increase access to HIV prevention services, including PrEP and PEP;**
- 2. Promote optimal treatment for all New Yorkers with HIV;**
- 3. Enhance methods for tracing HIV transmission; and**

Advance sexual health equity for all New Yorkers

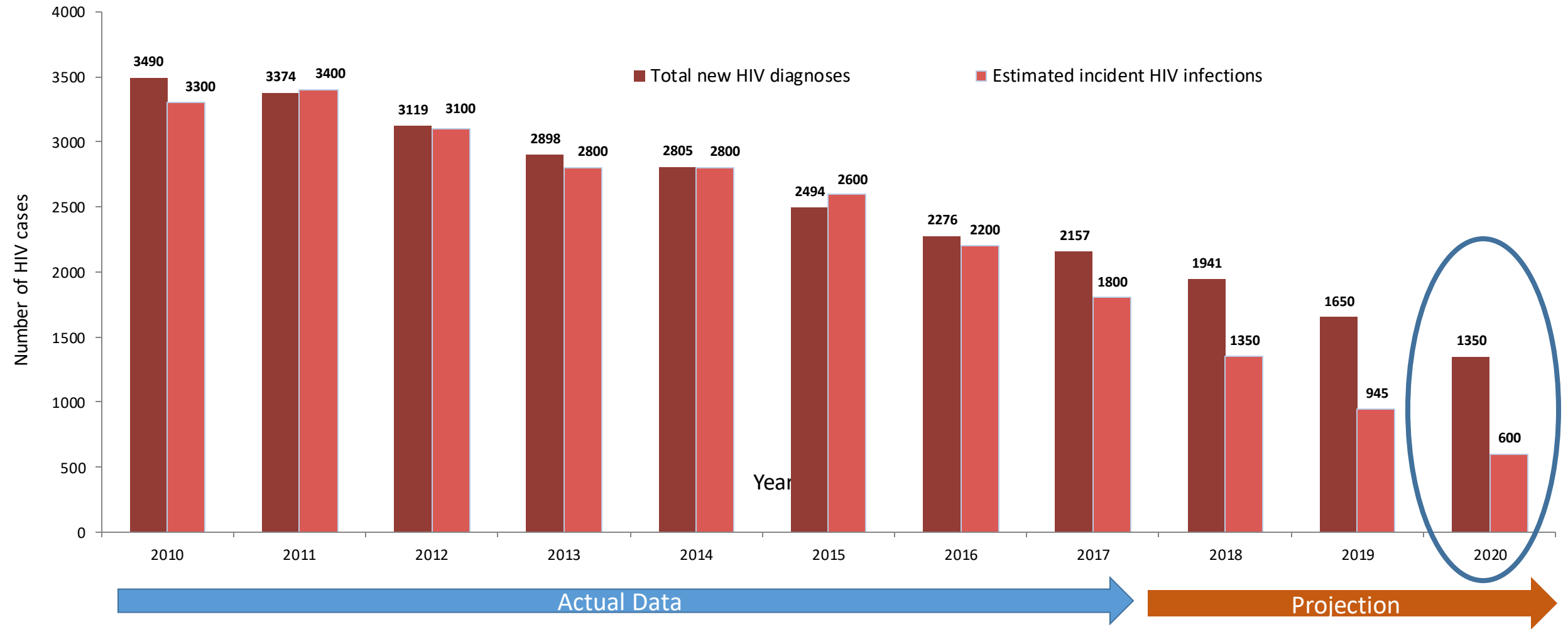
New York City became a Fast Track City in June, 2016.

HISTORY OF THE HIV EPIDEMIC IN NYC



Achieving ETE GOALS:

New HIV Diagnoses and Estimated Incident HIV Infections in NYC, 2010-2020

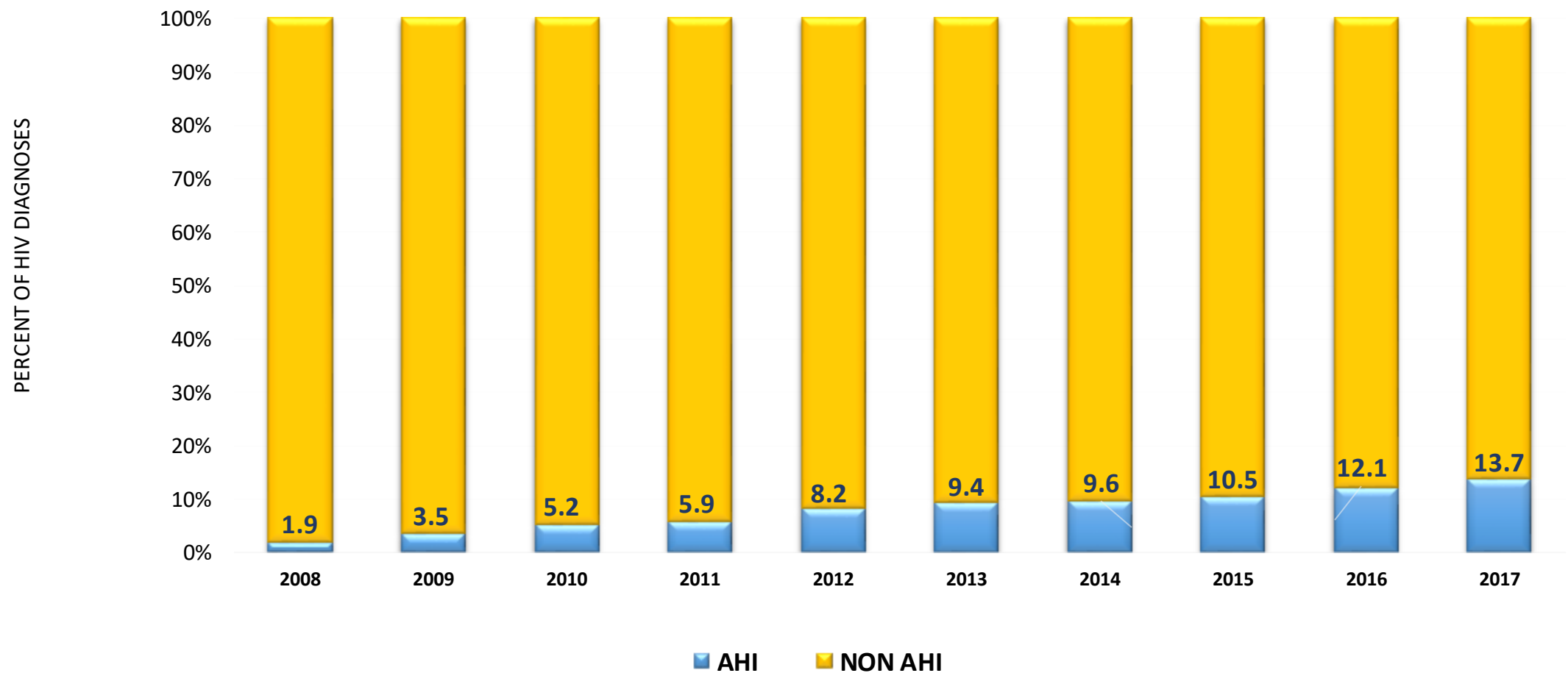


Numbers of new HIV diagnoses from 2010 to 2017 were reported to NYC DOHMH as of March 31, 2018. All data from 2018 to 2020 are projections based on an estimated acceleration of historical declines.

So, how are we doing?

- Larger proportion of new HIV diagnoses made in the acute phase of infection

Proportion of new HIV diagnoses determined to be AHI, NYC, 2008-17



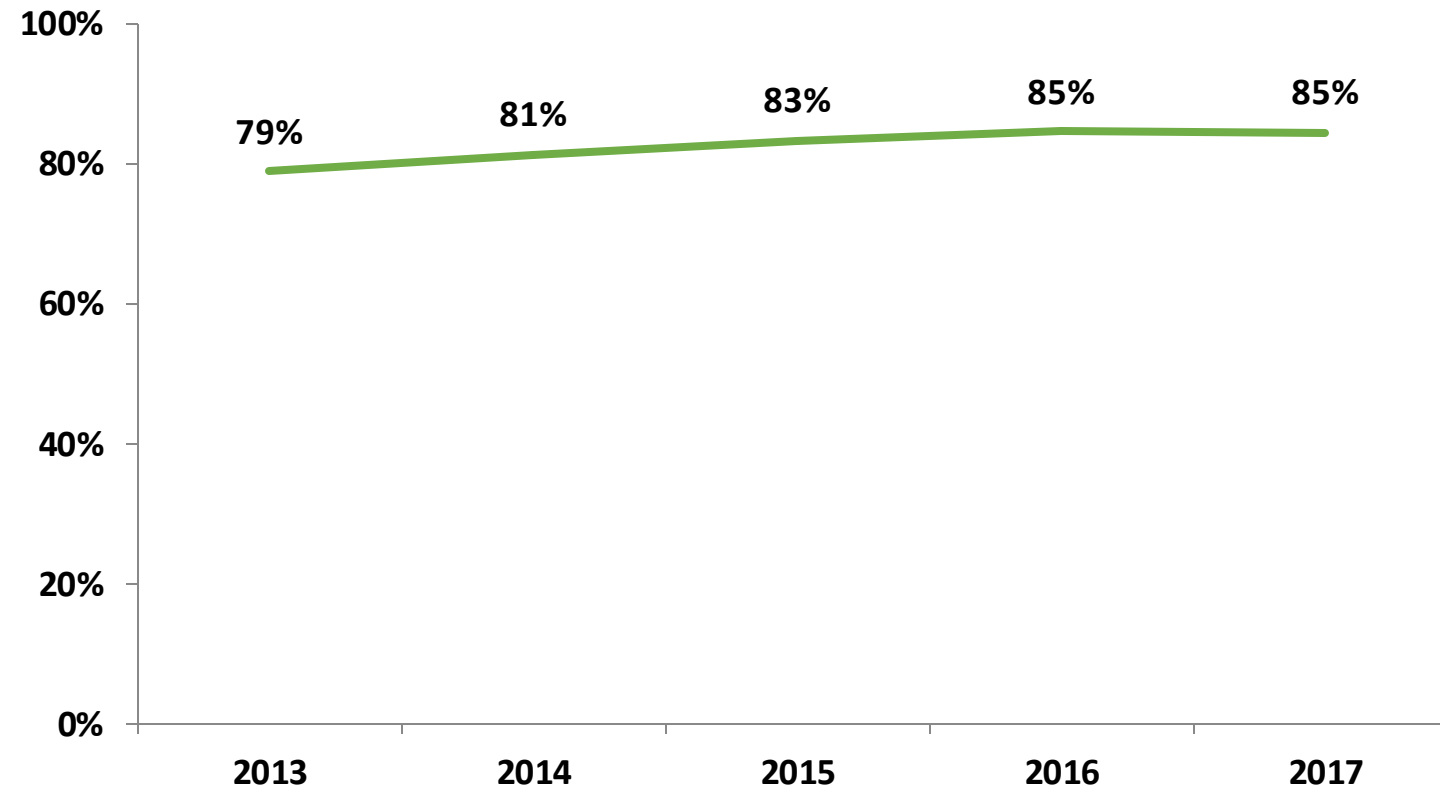
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

So, how are we doing?

- Larger proportion of new HIV diagnoses made in the acute phase of infection

Diagnosing people with HIV earlier

Viral Suppression¹ Among People in HIV Medical Care², NYC 2013-2017

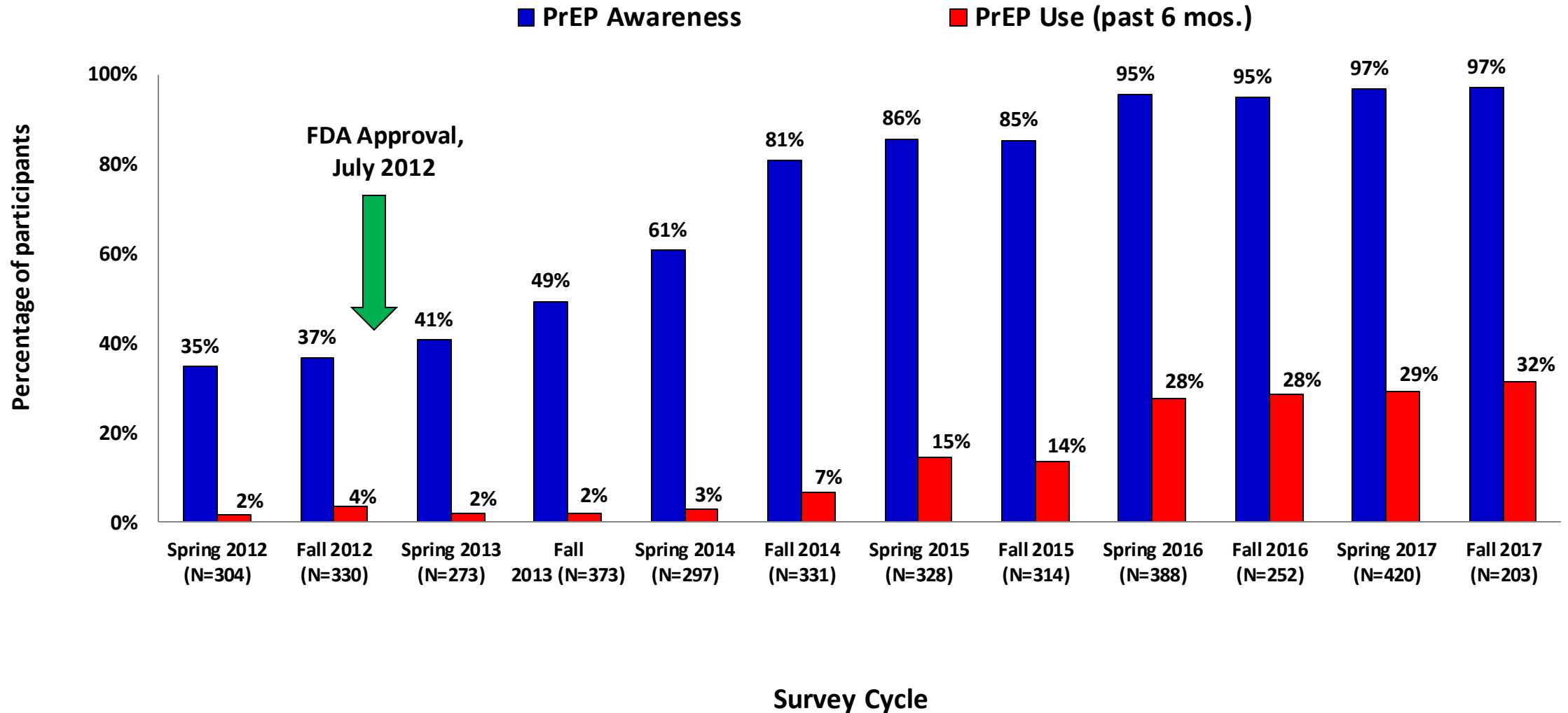


Viral suppression among people in HIV medical care increased in New York City from 2013 to 2017.

¹Last HIV VL value in 2017 was <200 copies/mL.

²At least one HIV VL/CD4 in 2017; includes those ages 13 and older.

PrEP Awareness and Use among MSM*, Sexual Health Survey, Online Sample, NYC, 2012-2017



*Sample includes sexually active MSM aged 18-40 years and who do not report HIV-positive status

So, how are we doing?

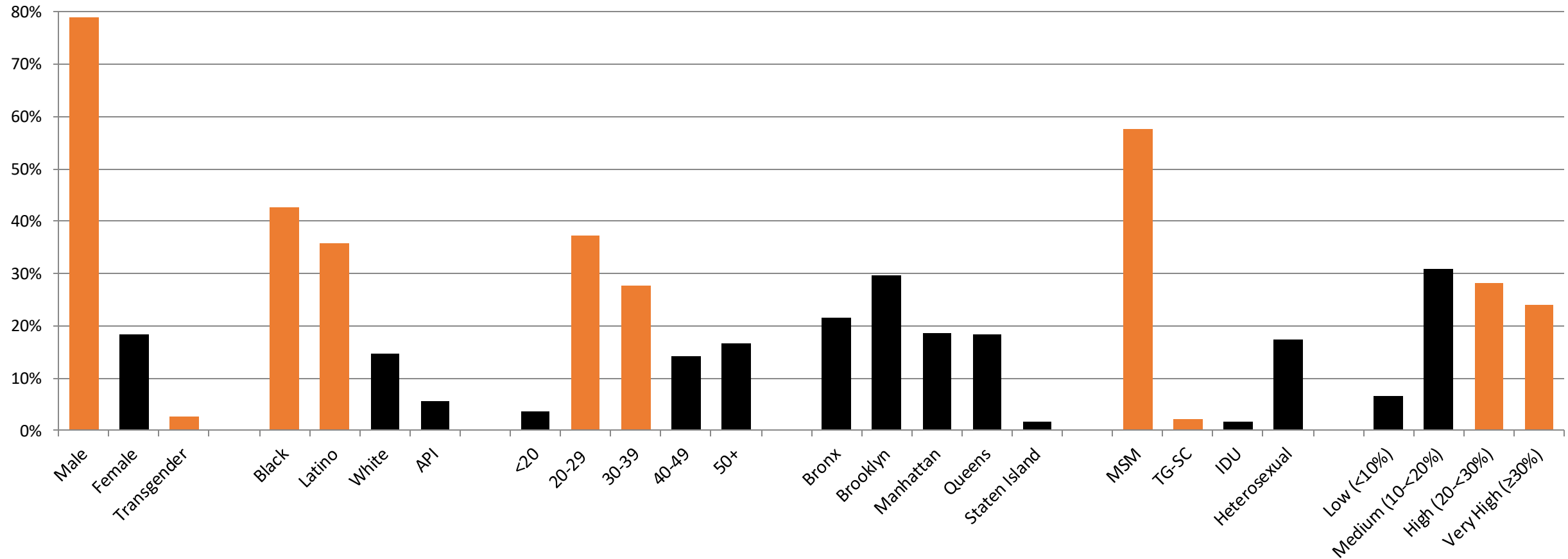
- Larger proportion of new HIV diagnoses made in the acute phase of infection

Diagnosing people with HIV earlier

- Increasing rates of viral load suppression
- Increasing rates of PrEP use in men who have sex with men

Decreasing rate of new HIV infections

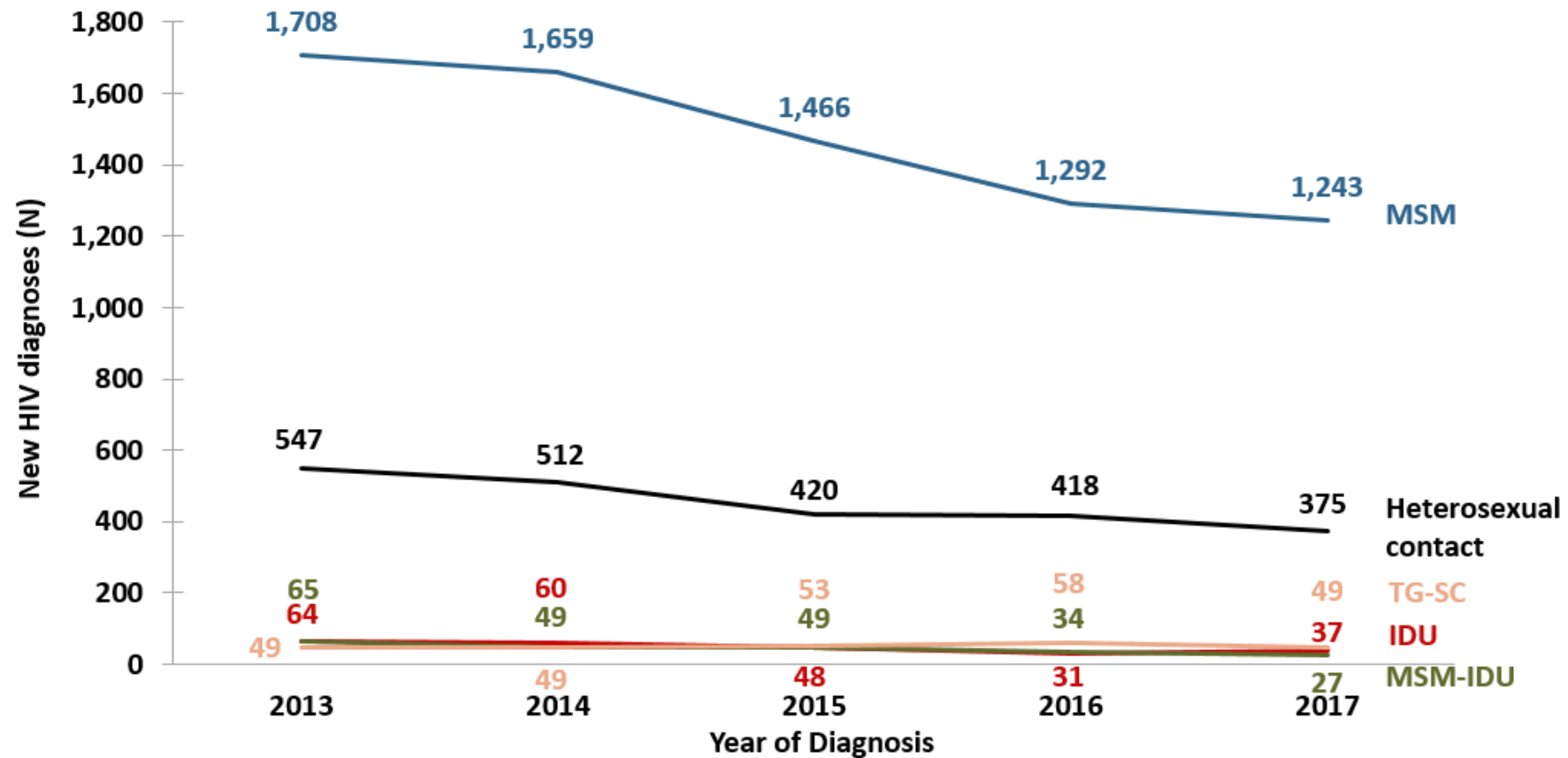
New HIV Diagnoses, NYC, 2017



Source: NYC DOHMH, Bureau of HIV Surveillance Data

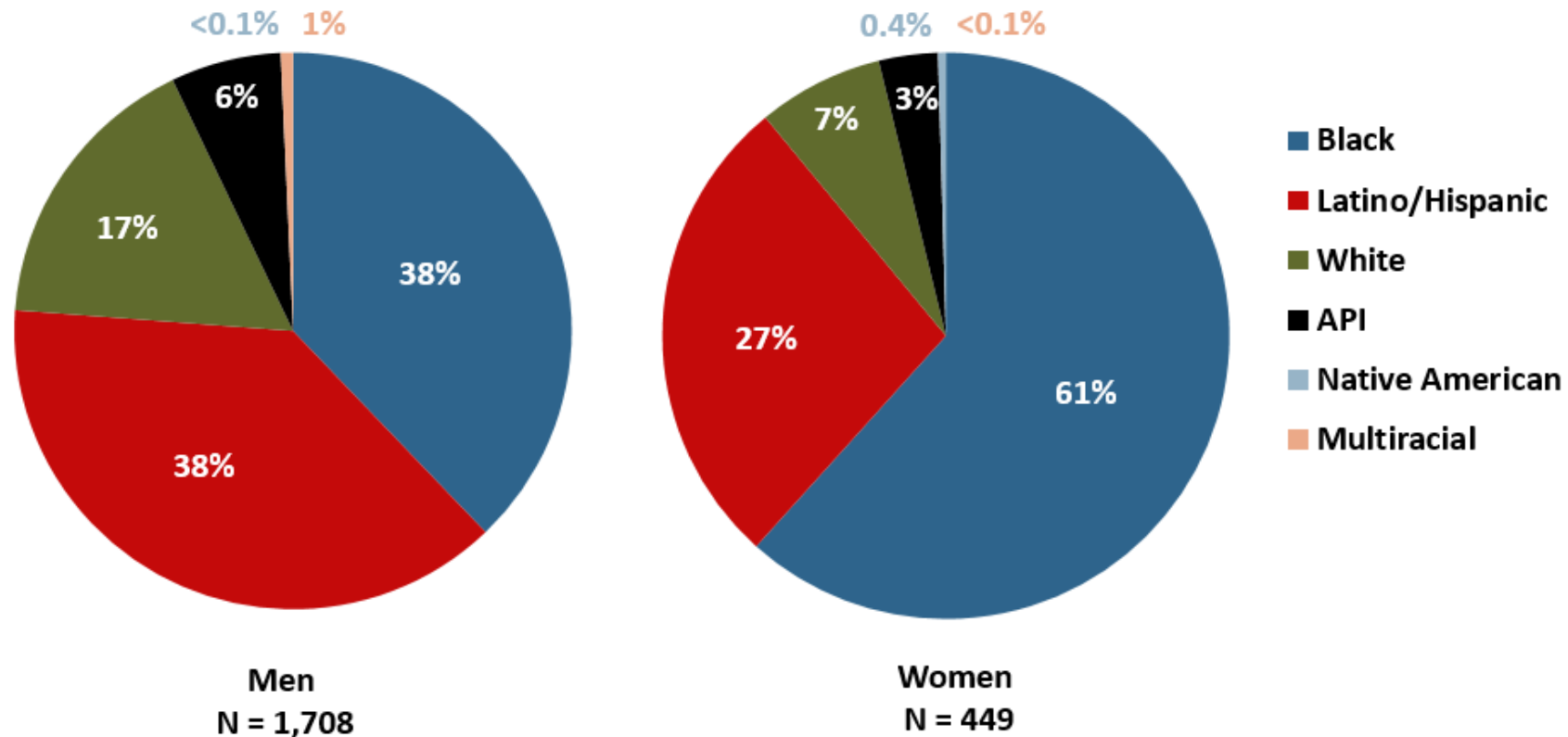
*MSM=Men who have sex with men, TG-SC=Transgender people with sexual contact, IDU=People with injection drug use history

NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION RISK IN NYC, 2013-2017



In NYC, the number of new HIV diagnoses decreased in all transmission risk groups between 2013 and 2017, except among TG-SC which remained stable.

NEW HIV DIAGNOSES BY RACE/ETHNICITY AND GENDER IN NYC, 2017



Blacks and Latinos/Hispanics accounted for 76% and 88% of new HIV diagnoses in men and women, respectively, in NYC in 2017.

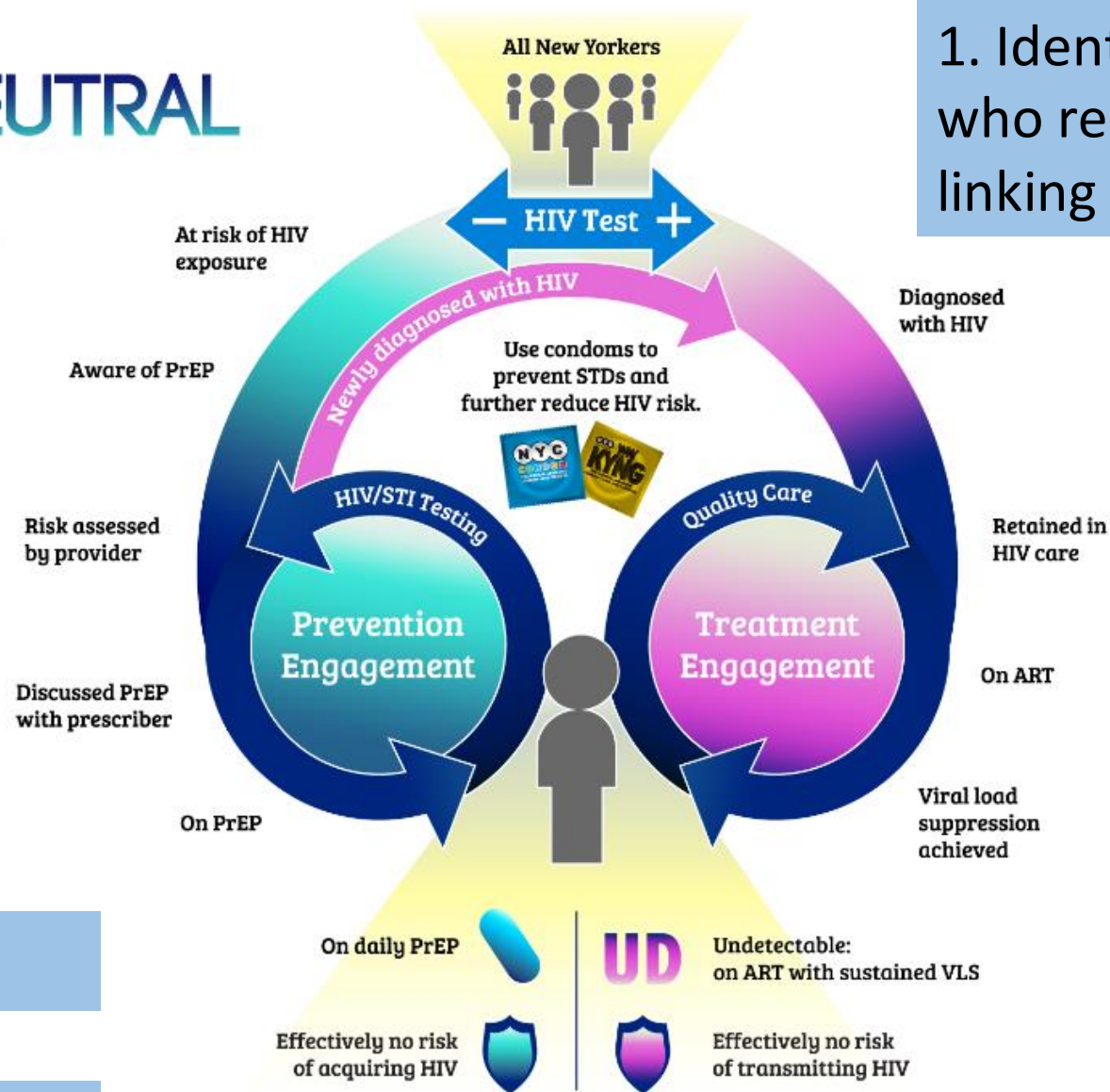
Women includes transgender women and men includes transgender men. API= Asian/Pacific Islander.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

NEW YORK CITY'S HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE

3. Providing Pre-Exposure Prophylaxis (PrEP) to high-risk persons to keep them HIV-negative

4. Eliminate HIV stigma

5. Apply a racial equity and social justice lens



1. Identifying persons with HIV who remain undiagnosed and linking them to health care

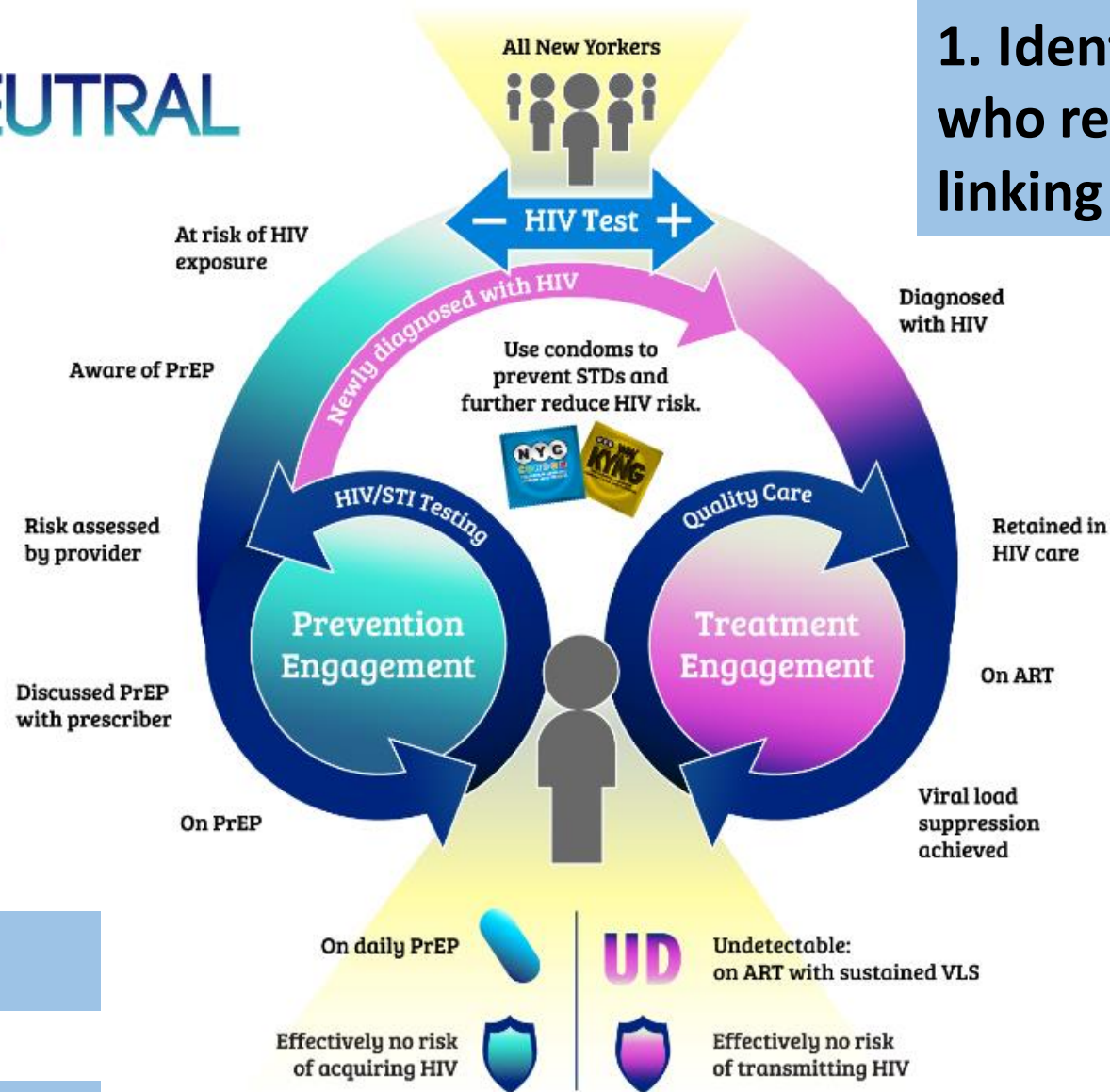
2. Linking and retaining persons with HIV to health care, to maximize virus suppression so they remain healthy and prevent further transmission

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HIV Testing: Community Mobilization & Online Outreach

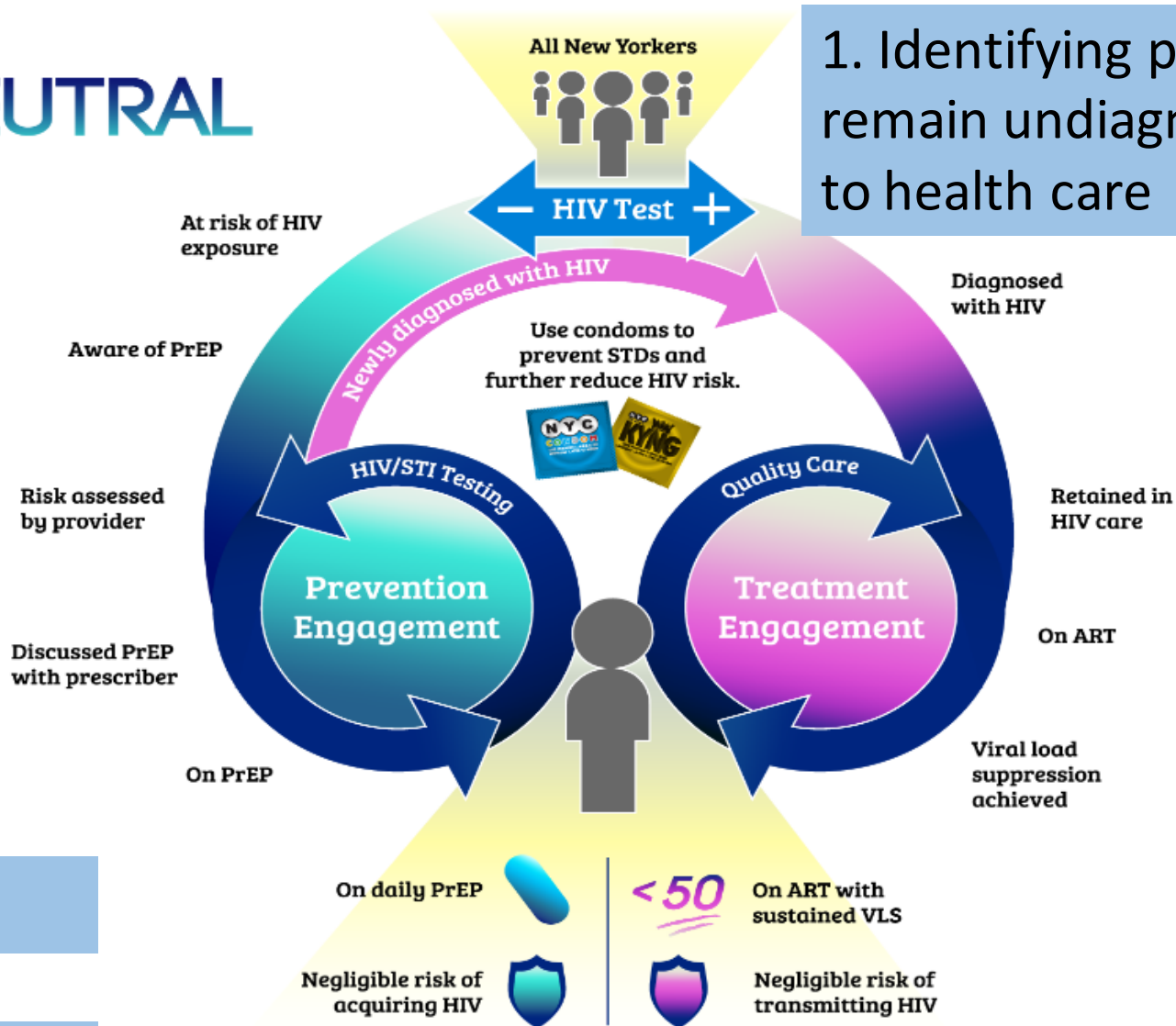


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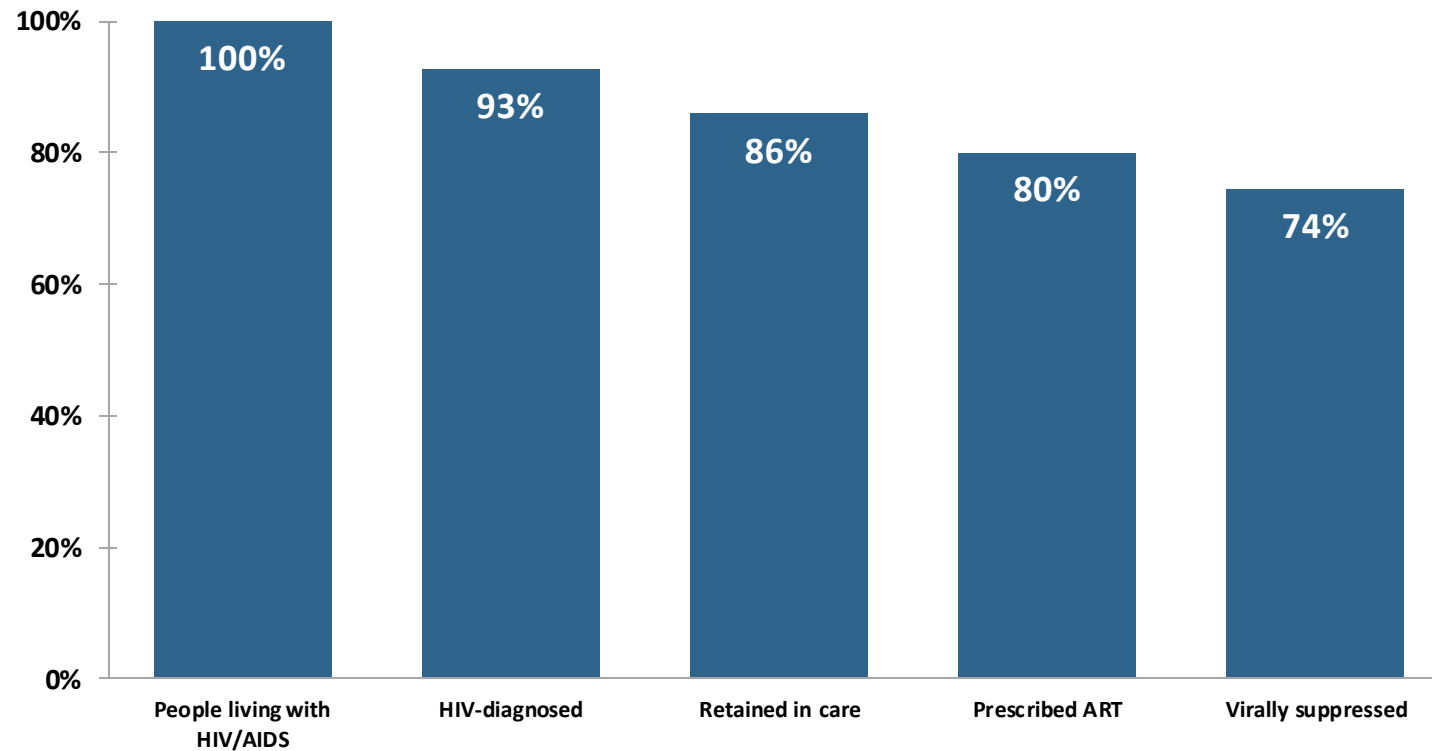
5. Apply a racial equity and social justice lens



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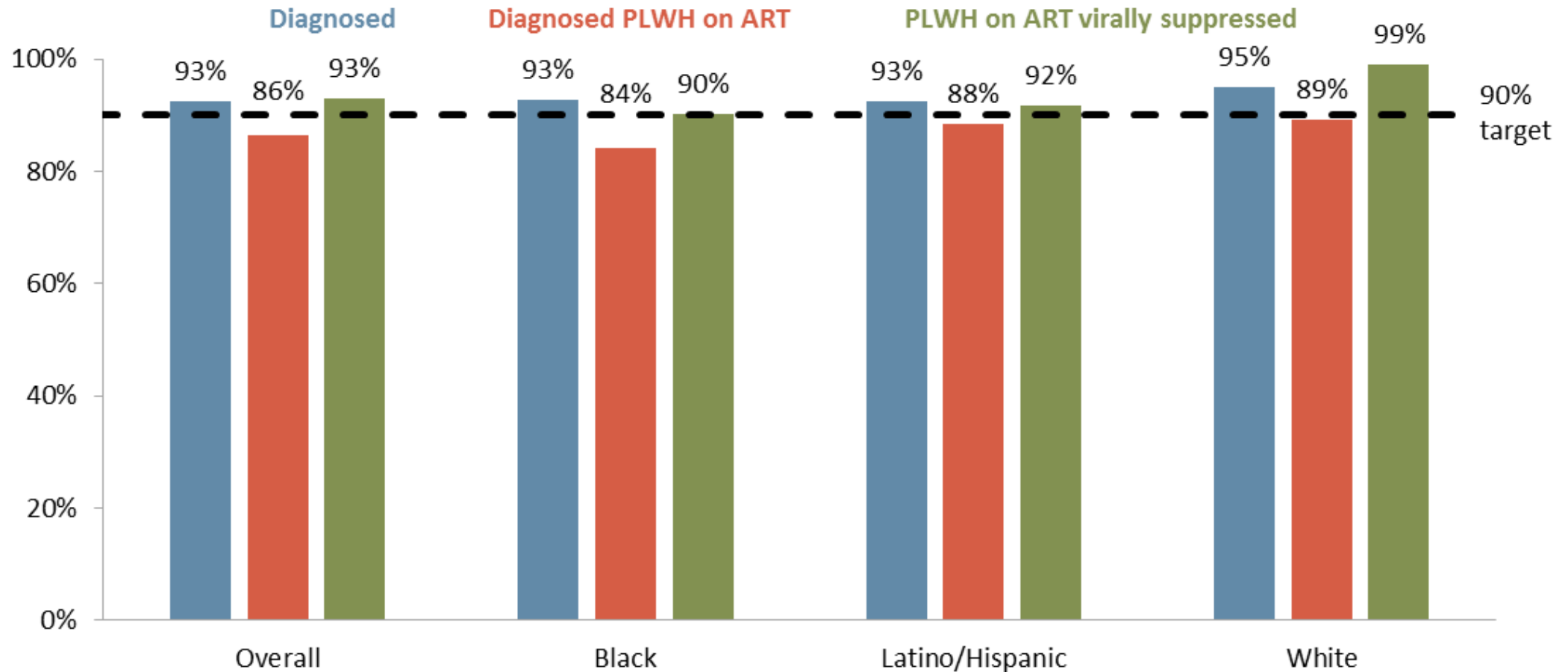
Proportion of PLWH in NYC Engaged in Selected Stages of the HIV Care Continuum, 2017



Of approximately 90,500 PLWHA in NYC in 2017, 74% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

UNAIDS 90-90-90 targets for PLWH in NYC, overall and by race/ethnicity, 2017



As reported to the New York City Department of Health and Mental Hygiene by March 31, 2018.

Maximize Viral Load Suppression: *The Undetectables Program*

Scale up of Housing Works-developed intervention

7 providers
implemented
Undetectable model at
17 sites

Multi-domain strategy – social, medical, behavioral, and
beyond

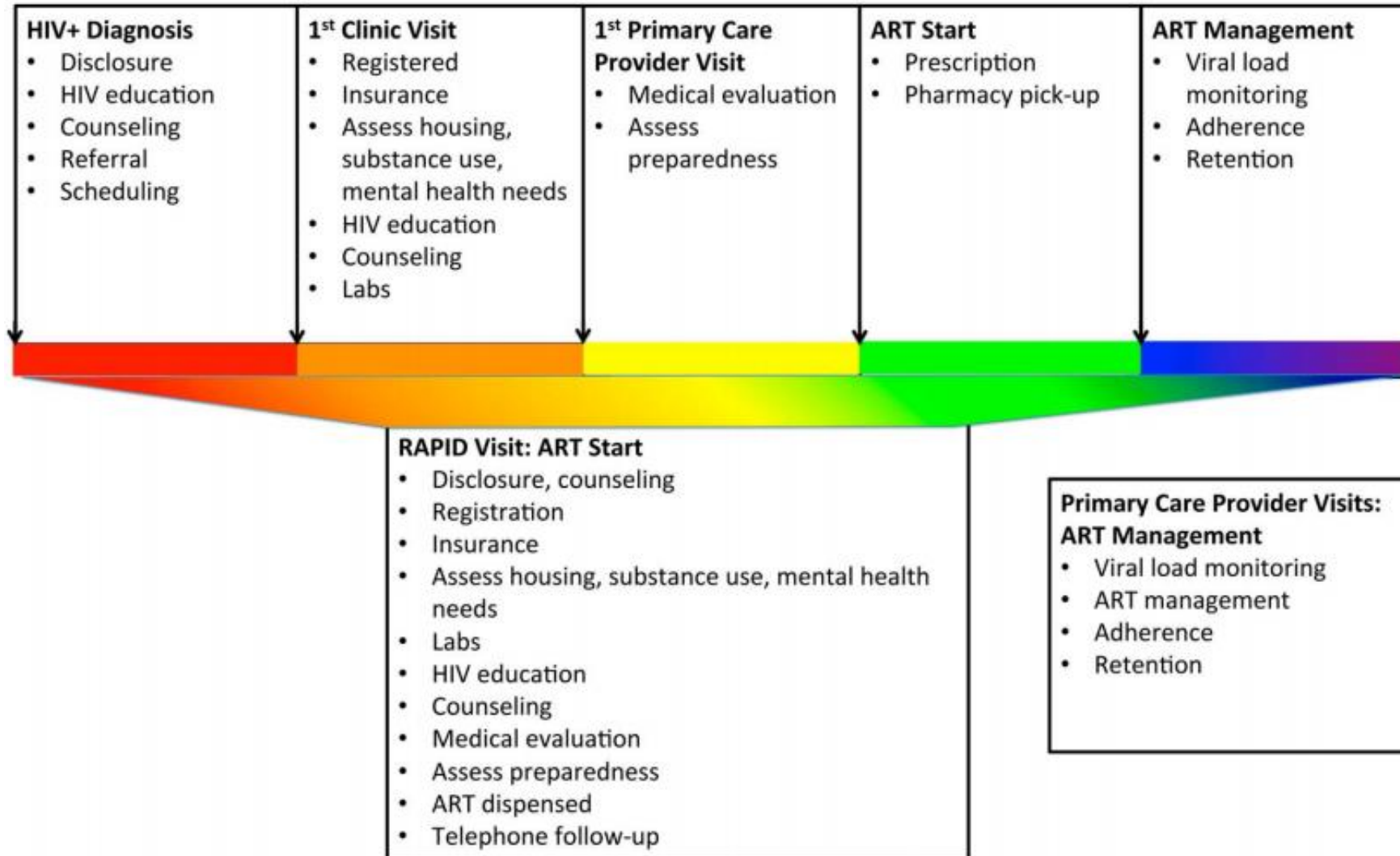
2,361 unique clients
enrolled as of 12/18

Use of financial incentives for viral suppression

5,630 unique clients
who have received
an incentive



Maximize Viral Load Suppression: Promoting Immediate Antiretroviral Treatment (iART)



Maximize Viral Load Suppression: Promoting Immediate Antiretroviral Treatment (iART)



"JumpstART"*

Launched 11/23/16

STARTED IN ONE CLINIC
NOW IN ALL CLINICS

376 JumpstARTs
72% Black/Latino



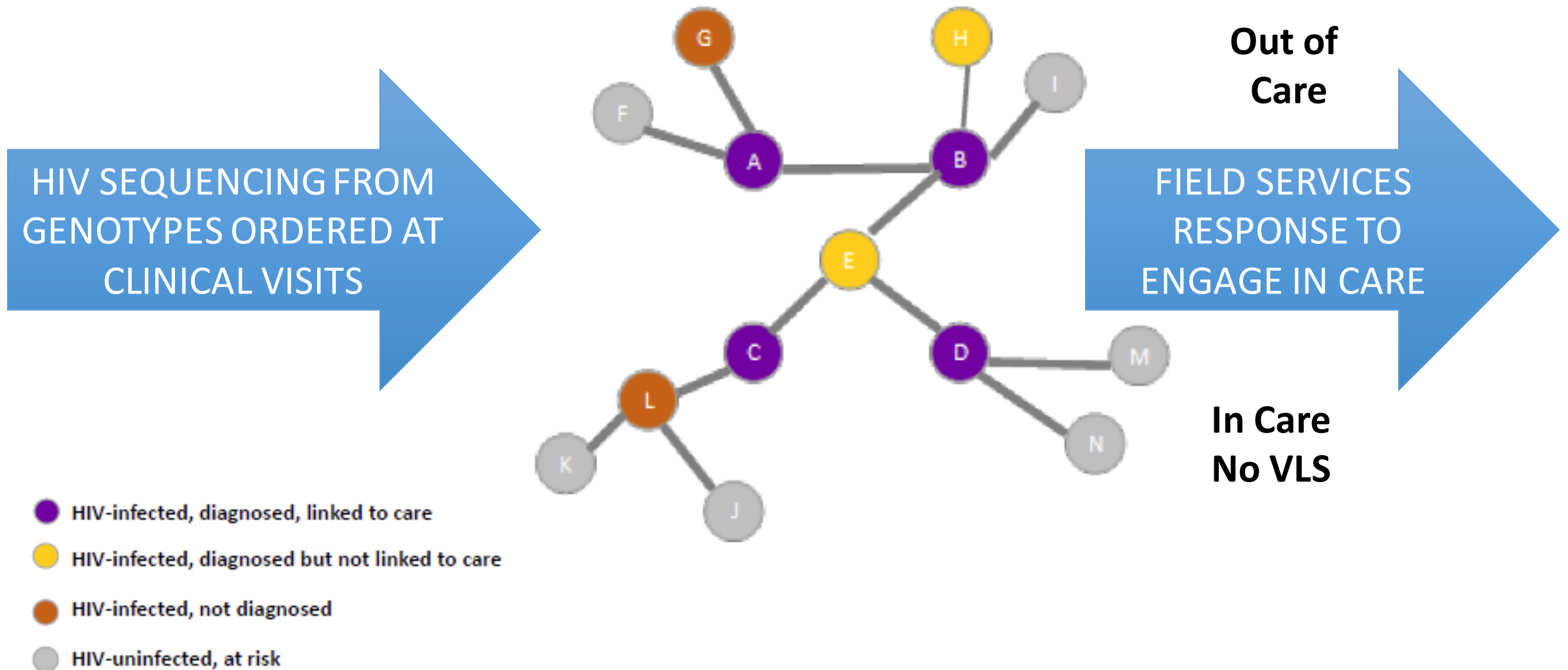
New York City Department of Mental Health and Hygiene
Bureau of HIV/AIDS Prevention and Control

Immediate Antiretroviral Therapy in NYC Expectations for NYC Health Department Clinical Partners

1. Use these **Expectations** to ensure that your clinic is ready to offer immediate HIV antiretroviral therapy (ART) to appropriate patients
2. **Pledge** to fulfill them and become an immediate ART Clinical Partner
3. Receive **referrals** for patients needing immediate HIV treatment

* As of August 2018

Maximize Engagement in Care & Viral Load Suppression: Molecular HIV Surveillance



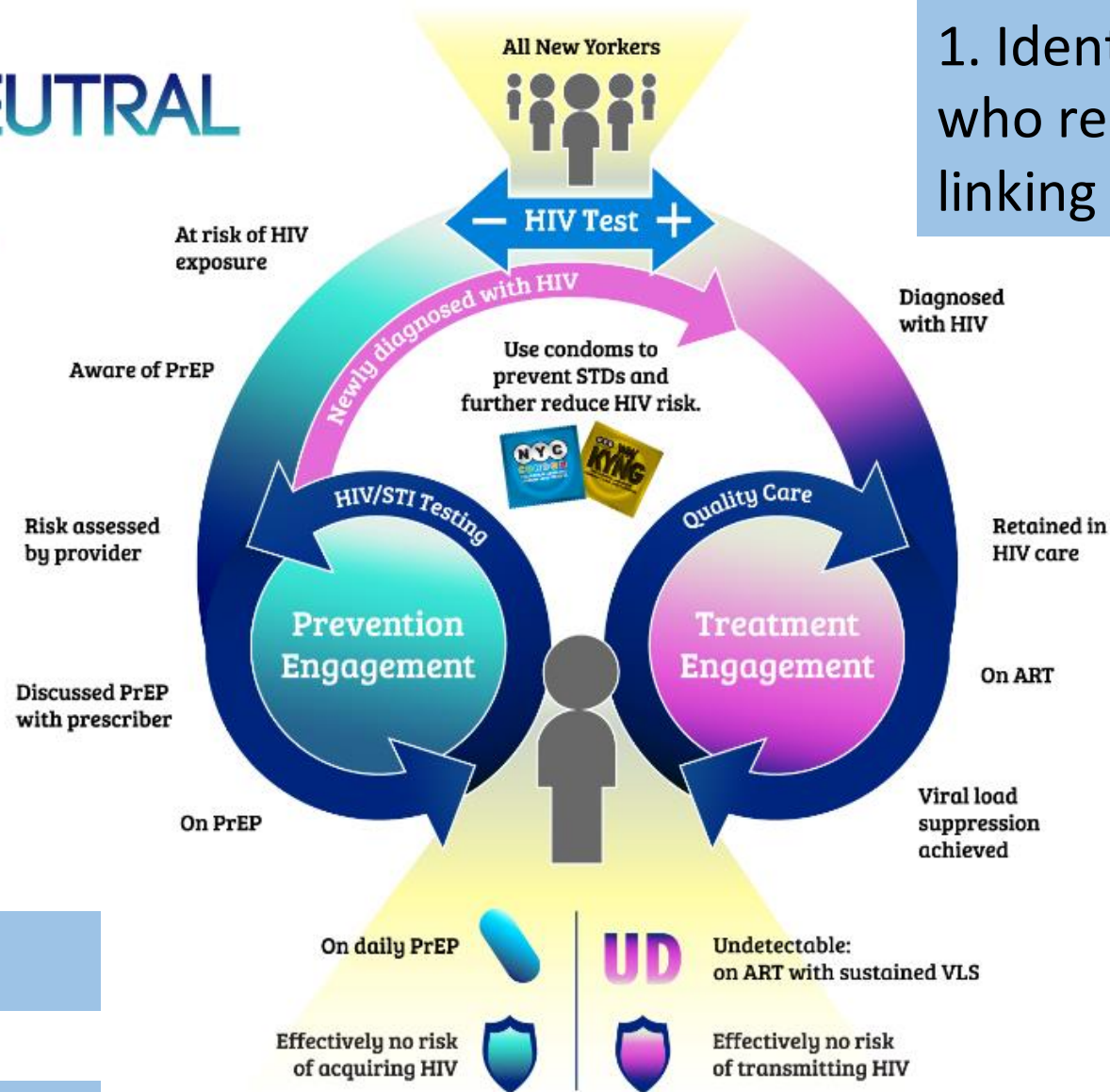
Courtesy: Dr. Alexa Oster, CDC

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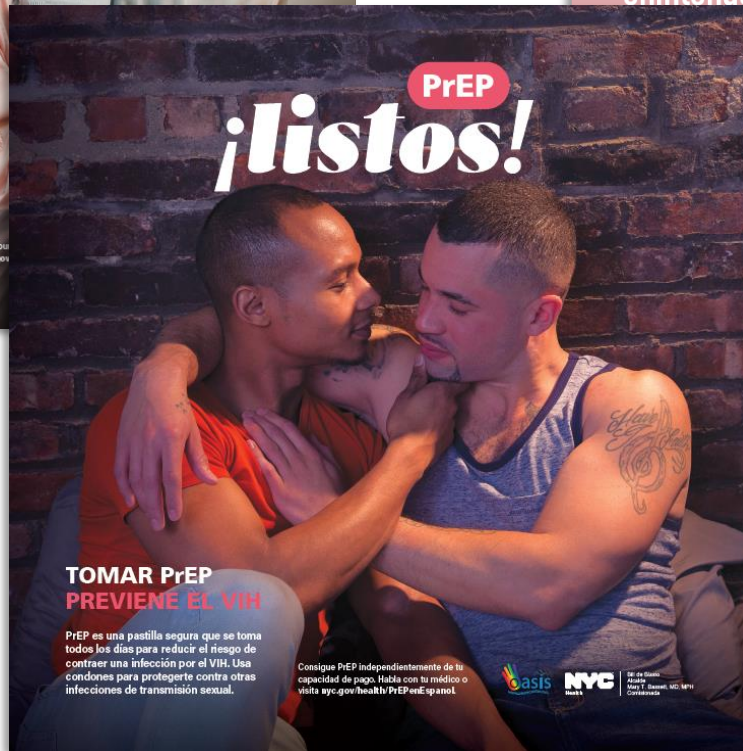
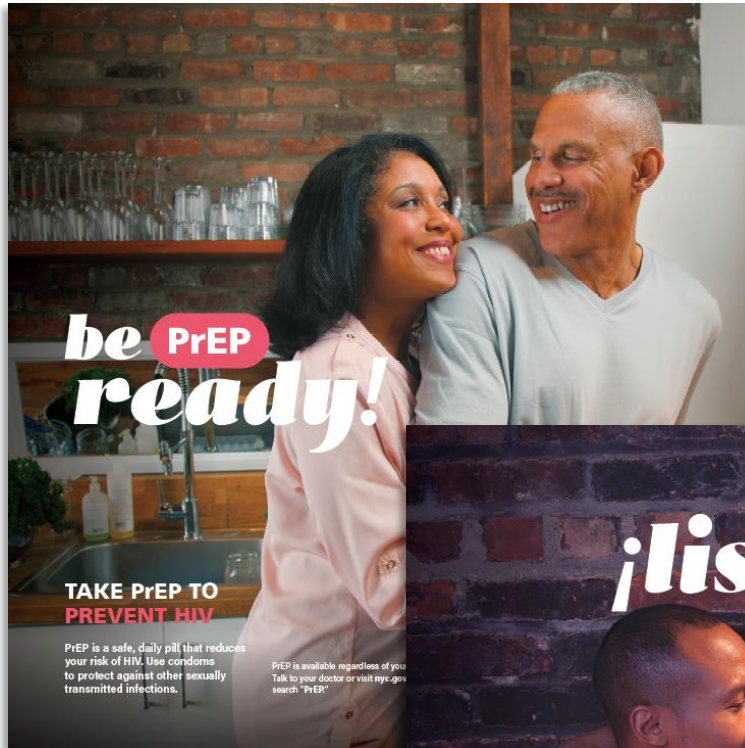
5. Apply a racial equity and social justice lens



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Promoting Pre-Exposure Prophylaxis (PrEP): Social Marketing Campaigns



Promoting Pre-Exposure Prophylaxis (PrEP): Social Marketing Campaigns

CON LA PRUEBA ESTOY **ilisto!**

HAZTE LA PRUEBA DEL VIH CADA 3 A 6 MESES.

La prueba del VIH está disponible independientemente de tu estado migratorio o capacidad de pago, incluso si no tienes seguro.

Envía el mensaje de texto **SABER** al 877677 para encontrar el sitio más cercano donde hacerte la prueba, o visita nyc.gov/health y busca "HIV test" (prueba del VIH).

NYC Health

Dr. de Blasio
Rafael
Chen, Baruch, MD
Comandante interino

CON EL TRATAMIENTO, ESTOY **ilisto!**

EL TRATAMIENTO CONTINUO DEL VIH TE MANTIENE SALUDABLE.

Si sigues un tratamiento y tienes una carga viral indetectable, no transmitirás el VIH. El tratamiento está disponible en Nueva York, independientemente de tu capacidad de pago o estado migratorio.

Envía el mensaje de texto **GUÍDATE** al 877677 para encontrar un proveedor médico, o visita nyc.gov/health y busca "HIV care" (tratamiento del VIH). #UequalaU

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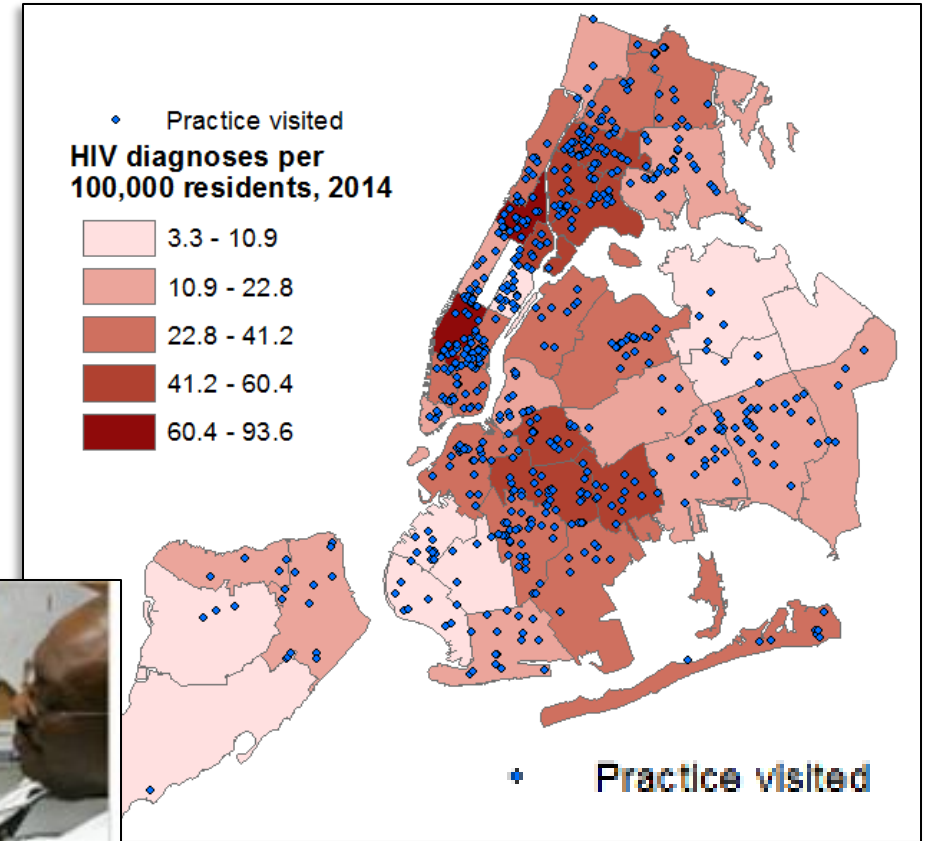
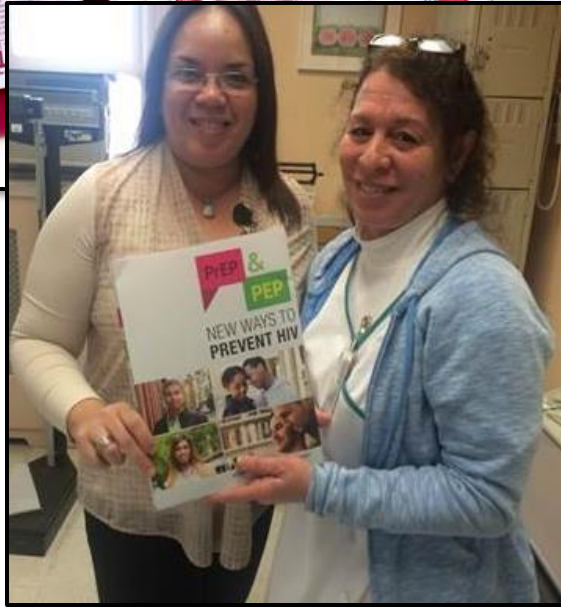
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Promoting Pre-Exposure Prophylaxis (PrEP) among Providers : PrEP/PEP Public Health Detailing



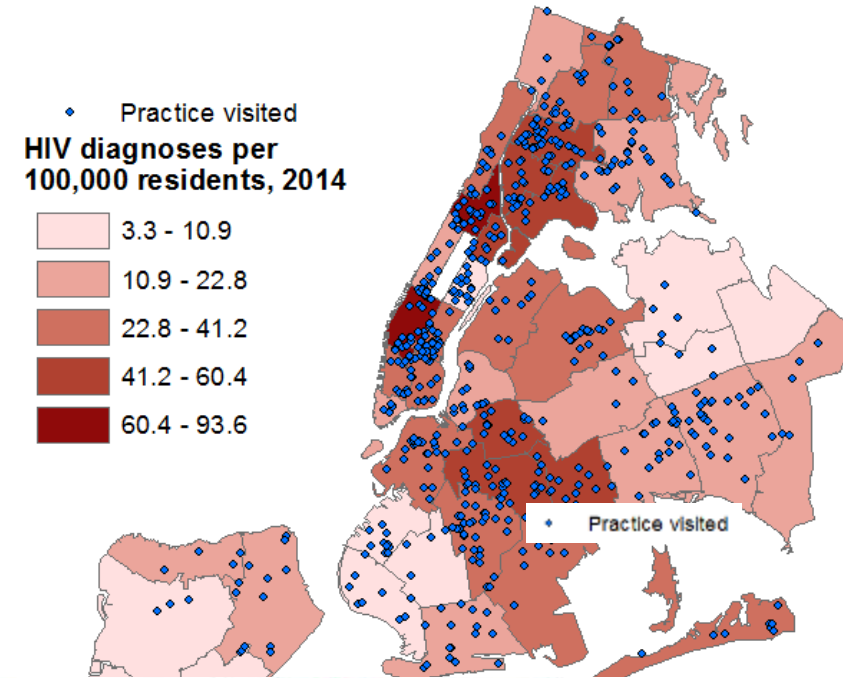
Promoting Pre-Exposure Prophylaxis (PrEP) among Providers: PrEP/PEP Public Health Detailing

During four 10-12 week campaigns (2014-2017), representatives have:

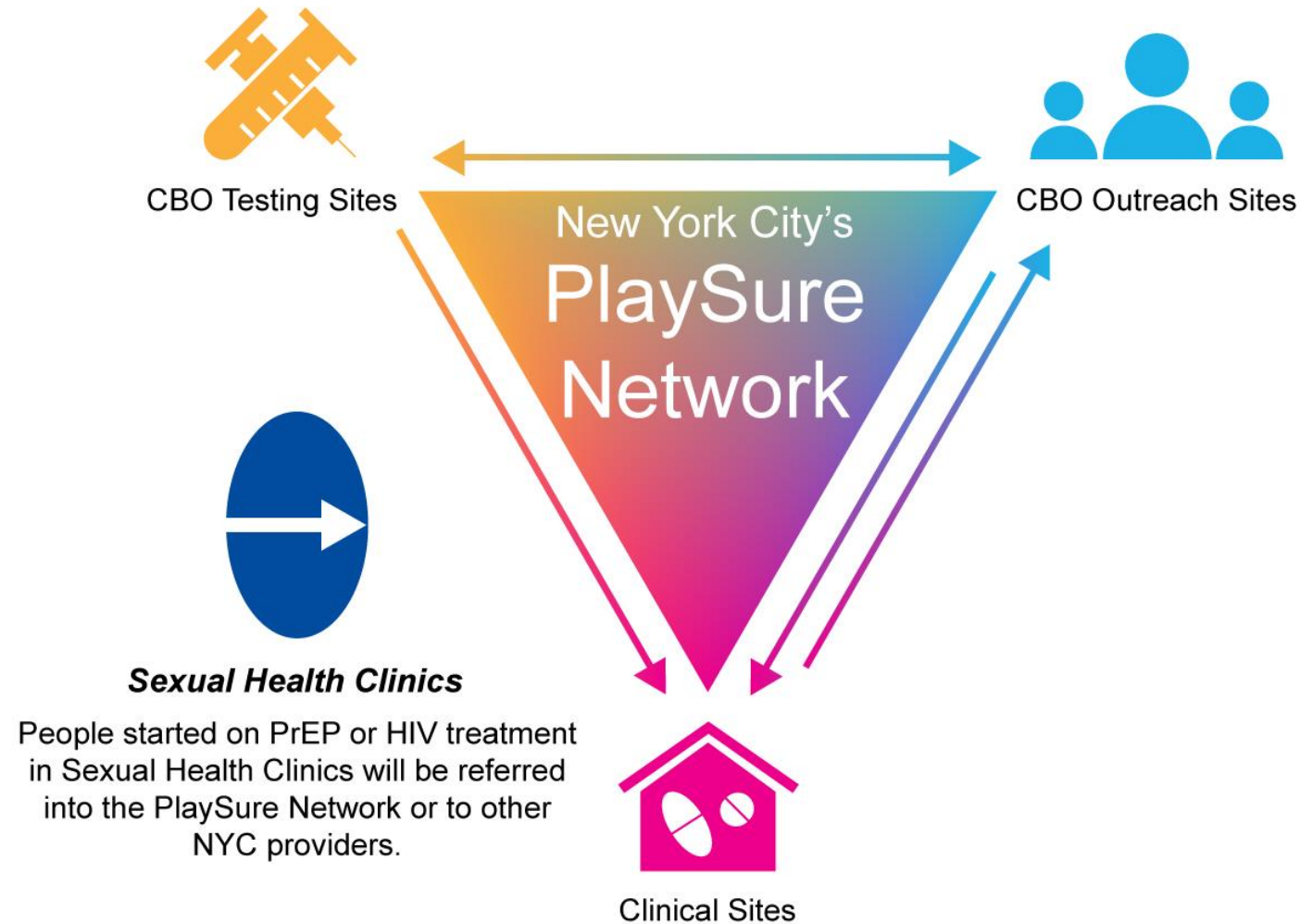
- Visited approximately 1,300 facilities
- Interacted with over 5,000 clinical staff
- Detailed almost 2,500 prescribing providers

Over two 10-12 week campaigns in 2018-2019, detailers will visit:












- Over 1000 women's healthcare providers across over 800 facilities across NYC
- Prioritization for visits will be based on federal funding for family planning services and/or facilities and neighborhoods with higher HIV/STI diagnosis rates



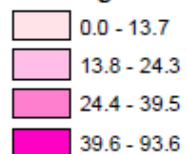
Increasing Access to HIV Prevention Services: the PlaySure Network



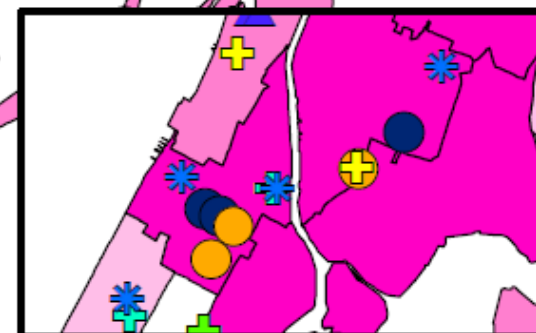
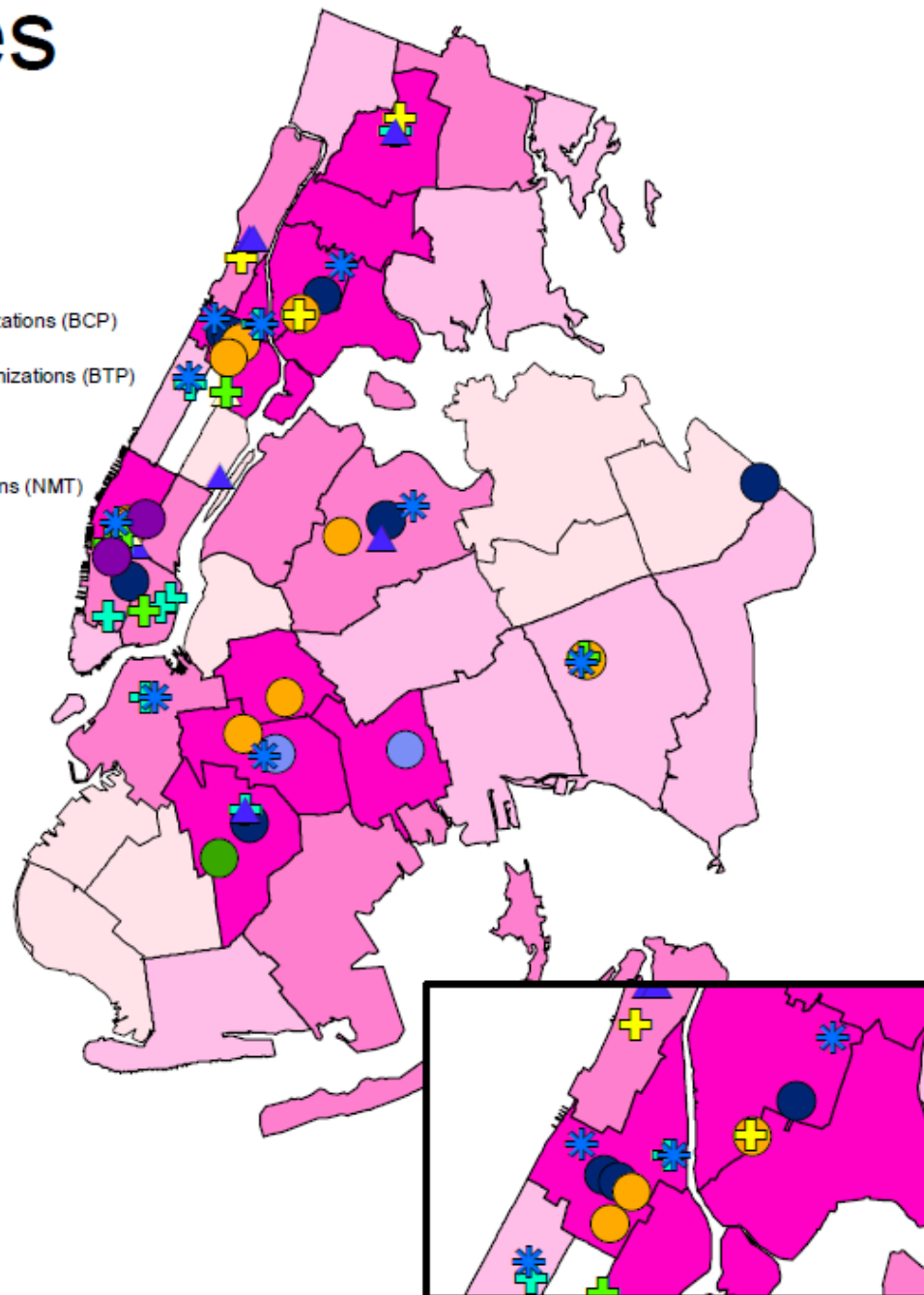
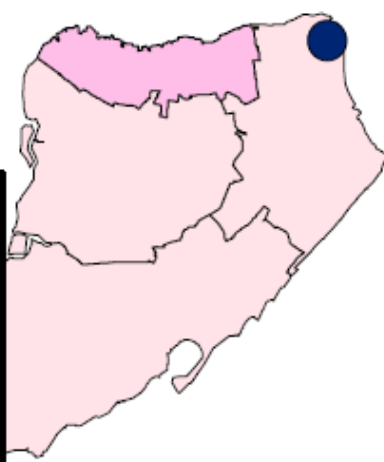
PlaySure Network Sites

-  PrEP For Adolescents (ADL)
-  Evidence-Based Interventions for Biomedical Prevention: Clinical Settings (EBP)
-  Sexual and Behavioral Health Services for Priority Populations (SBH)
-  NYC DOHMH BSTDC Sexual Health Clinics
-  Outreach and Status-Neutral Prevention and Care Navigation in Brooklyn: Community Based Organizations (BCP)
-  HIV Testing and Status-Neutral Prevention and Care Navigation in Brooklyn: Community Based Organizations (BTP)
-  Leveraging HIV Testing for Linkage to Prevention: HIV Testing Programs (LTP)
-  HIV Prevention Navigation at NYC DOHMH BSTDC Clinics for MSM of Color and Transgender Persons (NMT)
-  Outreach and Education for Combination Prevention: Community-Based Organizations (OCP)
-  PEP Centers of Excellence - On Call Clinical Services (PCC)
-  PEP Centers of Excellence (PCE)

HIV diagnoses per 100,000 pop.



Lower Manhattan



Harlem/South Bronx

Increase Access to HIV Prevention Services:

PEP Call Center and Centers of Excellence

24-HOUR PEP LINE

Clinician Staffed

Free PEP starter packs
prescribed without a visit
at a 24-hour pharmacy

Link to PEP Center of
Excellence
next business day



PEP CENTERS OF EXCELLENCE

Urgent care model

Immediate starts
regardless of insurance
status

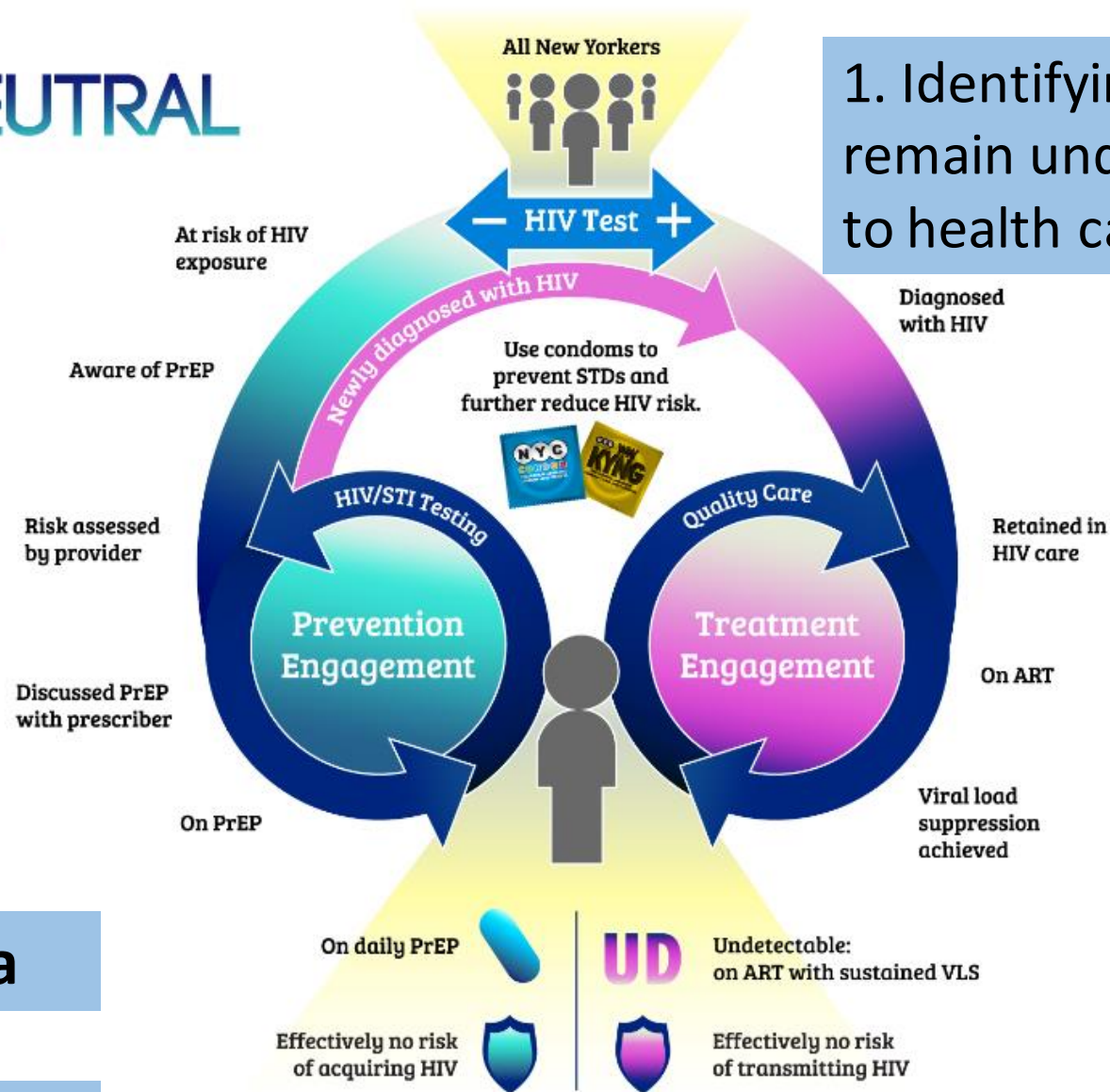
PrEP linkage

NEW YORK CITY'S HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE

3. Providing Pre-Exposure Prophylaxis (PrEP) to high-risk persons to keep them HIV-negative

4. Eliminate HIV stigma

5. Apply a racial equity and social justice lens



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People at risk of HIV exposure **taking daily PrEP** and people with HIV **with sustained viral load suppression** do not acquire or transmit HIV.

Eliminating Stigma: Project Accept LGBT Youth (ALY)

Gay or not, you are my child.
I've got your back.



Love and support your gay child.

Find out how at: camba.org/projectALY
Learn about our Parent Groups.
(718) 675-3372

 CAMBA
where you can

This project was funded in part by the New York City Department of Health and Mental Hygiene through a contract with Public Health Solutions. No contents are solely the responsibility of CAMBA and do not represent the official views of the funder.

You accepted me then.
Accept me now.



Support your transgender child.

Find out how at: camba.org/projectALY
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facebook.com/cambainc (718) 675-3372

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En este mundo caótico, hay una cosa
con la que mi hijo debería de contar:
el amor y apoyo de sus padres.



Apoya incondicionalmente a tu hijo LGBTQ.

Para saber más: CAMBA.org
(718) 675-3372

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What is NYC DOH doing to spread the word about U=U?



Summary – The New York City Health Department urges medical providers to:

- Inform patients living with HIV that if they maintain an undetectable viral load, they have **effectively no risk** of transmitting HIV to their sexual partners.
- Encourage HIV-positive patients and their partners to discuss options for HIV and other sexually transmitted infections (STI) prevention, including HIV and STI treatment, condoms, PrEP and emergency PEP.

November 28, 2017

Dear Colleague,

Antiretroviral medicines can effectively eliminate the risk of sexual transmission of HIV. We urge medical providers to educate their patients with HIV that "Undetectable is Untransmittable," or "**U = U**."

New clinical research has generated abundant evidence that individuals with undetectable viral loads do not sexually transmit HIV. [HPTN 052](#) was the first clinical trial to demonstrate no linked transmissions from people with suppressed viral loads to HIV-negative sexual partners. More recently, two observational cohort studies – [PARTNER](#) and [Opposites Attract](#) – followed male and heterosexual couples in which one partner was receiving antiretroviral treatment for HIV and the other partner was HIV-negative. During more than 1,800 couple-years of follow-up, male couples had anal sex without condoms [more than 34,000 times](#) and heterosexual couples had vaginal or anal sex without condoms [more than 36,000 times](#) with zero linked HIV transmissions documented when the HIV-positive partner was virally suppressed.

In August 2016, New York City (NYC) became the first jurisdiction in the United States to join the "U" campaign when the NYC Health Department signed a [consensus statement](#) affirming that people with HIV who have maintained an undetectable viral load for at least six months **do not** sexually transmit HIV. In September 2017, the [Centers for Disease Control and Prevention](#) and the [New York State Department of Health](#) agreed that people who maintain an undetectable viral load have **effectively no risk** of transmitting HIV to their sexual partners.

The Health Department asks providers to counsel patients with HIV that if they take their antiretroviral medicines every day and maintain an undetectable viral load, they will avoid damage to their immune system and will not transmit HIV to their sexual partners. Encourage people with HIV who are not being treated to start antiretroviral treatment to protect their health and to prevent transmitting HIV to their sexual partners. Refer patients who require support adhering to treatment or staying in care to programs such as the [Undetectables](#), the [Positive Life Workshop](#) and the [NYC Ryan White Care Coordination Program](#) (if eligible for Ryan White services).

Couples share the responsibility of preventing HIV. Counsel both HIV-positive patients and their partners on strategies to maintain a healthy, fulfilling and worry-free sex life, including the use of [condoms](#), [HIV treatment](#) and [PrEP \(Pre-Exposure Prophylaxis\)](#) or [PEP \(Post-Exposure Prophylaxis\)](#). Encourage HIV-positive patients to talk to their current or potential partners about what an



HIV Undetectable = Untransmittable (U = U)

Medicines to treat HIV can eliminate the risk of sexual transmission. In August 2016, the New York City (NYC) Health Department **agreed** with other public health and medical organizations that people with HIV who maintain an undetectable viral load for at least six months do not transmit HIV through sex. In September 2017, the [Centers for Disease Control and Prevention](#) and the [New York State Department of Health](#) (PDF) agreed with this finding, which is known as "Undetectable = Untransmittable," or "**U = U**".

[How does HIV treatment prevent HIV transmission?+](#)

[What does "undetectable" mean? +](#)

[How do we know that "Undetectable = Untransmittable"?+](#)

[How do I get my viral load to be undetectable?+](#)

[If I am HIV-negative, should I avoid having sex with people who have HIV?+](#)

[If my partner tells me they have an undetectable viral load, should we still use condoms?+](#)

[If I am on HIV treatment, should my partner be on PrEP?+](#)

BHIV Eliminating Stigma Activities: Promoting U=U



**Data Collection
& Analysis**



**Provider Outreach
& Trainings**



**Community
engagement**

SEX

MADE EQUAL

HIV CANNOT be passed
if the virus is undetectable.

HIV treatment makes the virus undetectable
so it cannot be passed through sex.

Gonads offer protection against sexually transmitted infections.
In New York, HIV testing and treatment is available regardless of
your ability to pay or your immigration status.

Get tested. Start treatment. Stay undetectable.

FOR MORE INFORMATION

Text **CARE** to 877877 or visit nyc.gov/health and search **U equals U**

Message and data rates may apply. Text STOP to quit. HELP for more information. For Terms of Use and Privacy Policy, visit nyc.gov/health.



#UequalsU

DATING

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#UequalsU

HOOKUPS

MADE EQUAL

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#UequalsU

LOVE

MADE EQUAL

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#UequalsU

SEX

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#UequalsU

NYC
Health

03.19.18
Kerry
Jacks-Bell, MD
Communicable

HOOKUPS

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#UequalsU

NYC
Health

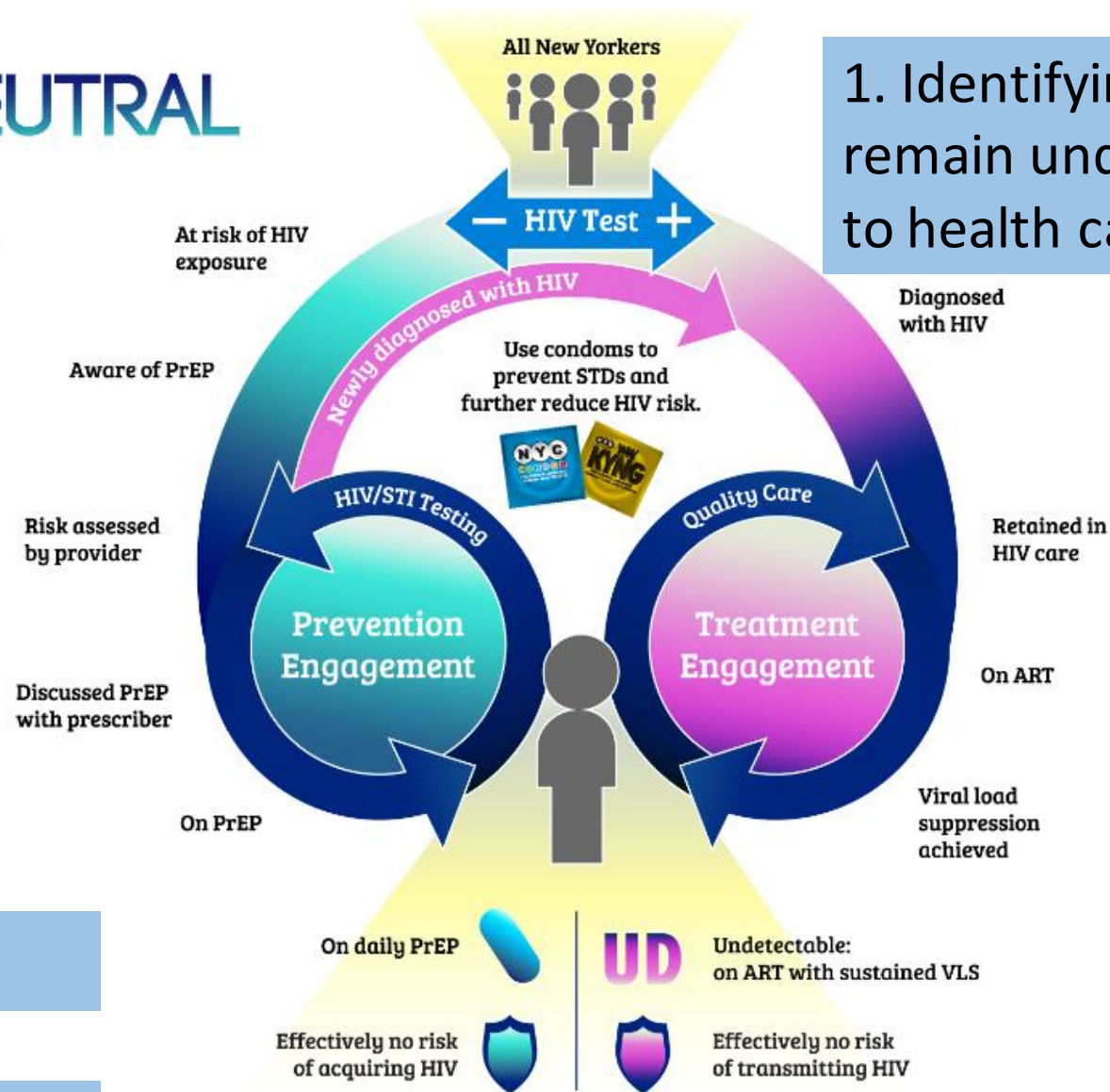
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Kerry
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Building a Foundation for Equity: NYC Health's Race to Justice



- **Building staff awareness about racism & other systems of oppression and skills to address these systems**

- **Examining how structural racism & other systems of oppression impact DOH's work**
- **Implementing policies to lessen these impacts**

- **Strengthening collaborations with NYC's communities to counter these systems**

RACE TO JUSTICE | Advancing Racial Equity & Social Justice

Race to Justice

Theory of Change: *Building Organizational Capacity to Reduce Inequities and Advance Structural Change*

Organizational Alignment & Capacity Outcomes

Racial Equity and Social Justice reflected in...

Organizational
Commitment and
Leadership

Budgets and
Contracts

Workforce Equity
and Competencies

Internal and
External
Communications

Community
Engagement and
Partnerships

Data Collection
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**Undoing Racism
Workshop Training for
Senior Leadership**



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**Government Alliance
Racial Equity (GARE) Tool
Pilot Project to evaluate
equity in the RFP process**



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Practice Outcomes

- 1) Policies
- 2) Programs and Services
- 3) Research and Evaluation

That:

- contribute to the understanding of and advance health equity
- address structural racism and its impact
- Address the root causes of health inequities

Organizational Capacity Building for TGNC- and Black MSM-Led Grassroots Organizations



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Community-Level Impact

**Measurable
reduction of
health
inequities**

New York City is:

People Centered

Status Neutral

Equity Focused

#PLAYSURE

Thank you!

