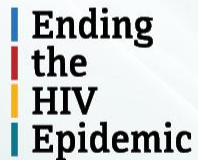


INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New York City
January 17, 2024

WELCOME

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Welcome Remarks

Dashiell Sears, MPP

Regional Director, North
America

Fast-Track Cities Institute



Thank You

- Mayor Eric Adams
- Deputy Mayor for Health and Human Services Anne Williams-Isom
- Mayor's Office of Special Projects and Community Events
- Gracie Mansion Conservatory
- Dr. April Smith-Hirak of the U.S. Department of Health and Human Services, Region 2
- Adrian Guzman, Grant Roth, Molly Dorshimer, and Dr. Sarah Braunstein of the New York City Department of Health and Mental Hygiene
- Dr. Jorge Soler of the New York City HIV Planning Group
- David Martin of the HIV Health and Human Services Planning Council of New York



Thank You (cont'd)

Partner Organizations and Faculty Representatives From:

- Apicha Community Health Center
- Callen-Lorde Community Health Center
- CHASI
- Destination Tomorrow
- Exponents, Inc.
- HEAT Program at SUNY Downstate Health Sciences University
- Housing Works
- Iris House
- Latino Commission on AIDS
- Mount Sinai Institute for Advanced Medicine
- New York City STD/HIV Prevention Training Center
- Project STAY at New York-Presbyterian Hospital
- New York City Health + Hospitals
- The Oval Center at Montefiore Medical Center
- Planned Parenthood of Greater New York's Project Street Beat
- Translatinx Network
- Voces Latinas



Setting the Stage

New York City joined Fast-Track Cities (FTC) in June 2016. **Bronx, Kings (Brooklyn), New York (Manhattan), and Queens Counties** were among the 48 counties included in Ending the HIV Epidemic in the U.S. (EHE) federal initiative announced in 2019.

Fast-Track Cities	Ending the HIV Epidemic
<ul style="list-style-type: none"> • Global initiative, local implementation • Both a technical and political initiative inclusive of engagement from mayor’s office, health department, and community • Targets: <ul style="list-style-type: none"> • 95-95-95 and zero stigma and discrimination by 2025 • Ending the HIV epidemic by 2030 (zero new infections and zero HIV-related deaths) 	<ul style="list-style-type: none"> • Federal initiative, local implementation • HHS inter-agency leadership engaging community and local stakeholders • Targets: <ul style="list-style-type: none"> • Reduce # new HIV infections in the United States by 75% by 2025 • Reduce # new HIV infections in the United States by at least 90% by 2030

Setting the Stage (cont'd)

The purpose of this workshop is to:

- Leverage synergistic efforts of the EHE and FTC initiatives
- Discuss gaps and opportunities to achieving common goals:
 - Prevention and treatment policy implementation
 - Community access to HIV services
 - Criminalization as a barrier to ending HIV
 - Equitable scale up of PrEP
 - Implementation of status neutrality
- Define short-/long-term next steps for addressing EHE and FTC gaps

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Welcome Remarks

José Zuniga, PhD, MPH

President/Chief Executive Officer

IAPAC and Fast-Track Cities
Institute

- Significant **PROGRESS HAS BEEN MADE** in New York City
- Yet, much work remains to ensure **EQUITABLE ACCESS** to:
 - HIV prevention/treatment, **PERSON-CENTERED CARE**, social support
 - Within context of environment enabled to respect every person's **DIGNITY**
- Multistakeholder **HIV COMMITMENT, LEADERSHIP** is critical
 - Including in relation to **POLITICAL DETERMINANTS OF HEALTH**
 - But also **COMMUNITY ENGAGEMENT** that places people at center of HIV response
- EHE and FTC are well **ALIGNED AND SYNERGISTIC**
 - Notably as we strive to attain EHE and FTC (and **NHAS**) objectives
 - On trajectory towards **GETTING TO ZERO** new HIV infections, AIDS-related deaths, stigma
- 1 year from deadline of **REDUCING NEW HIV INFECTIONS BY 75%**

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Welcome Remarks

April Smith-Hirak, PhD

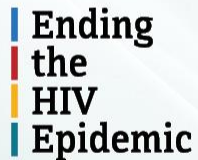
Regional Health Administrator

U.S. Department of Health and
Human Services, Region 2

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Welcome Remarks

Jorge Soler, PhD, MPH

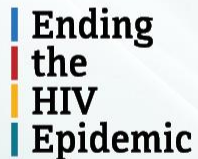
Community Co-Chair

New York City HIV Planning
Group

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Welcome Remarks

Stephen Novis, MBA

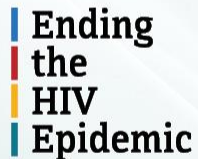
Director of Government
Relations

ViiV Healthcare U.S.

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

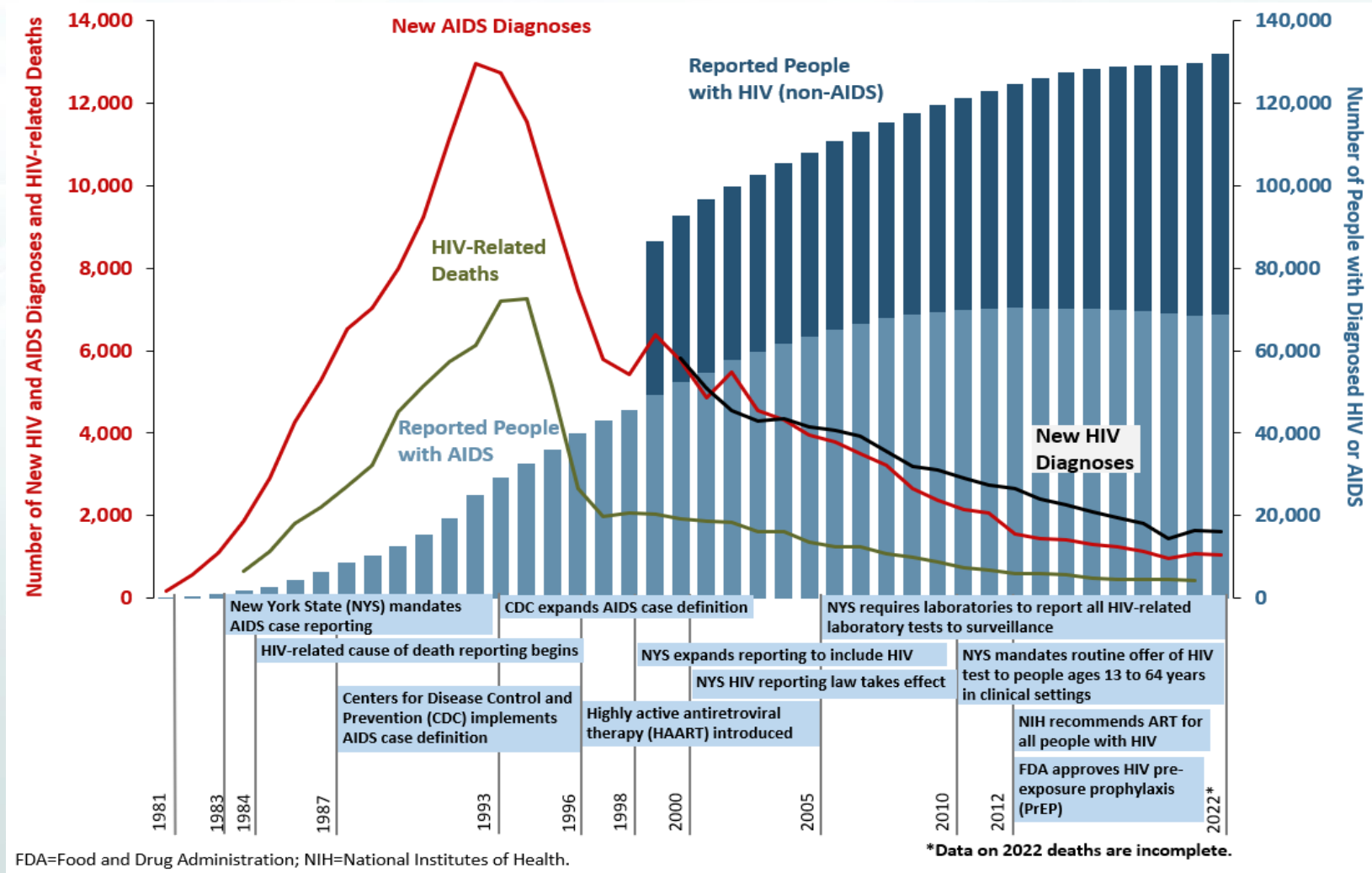
HIV in New York City and the New York City 2020 Ending the HIV Epidemic Plan

Sarah Braunstein, PhD, MPH

Assistant Commissioner, Bureau
of Hepatitis, HIV, and STIs

New York City Department of
Health and Mental Hygiene

History of the HIV Epidemic in New York City, 1981-2022

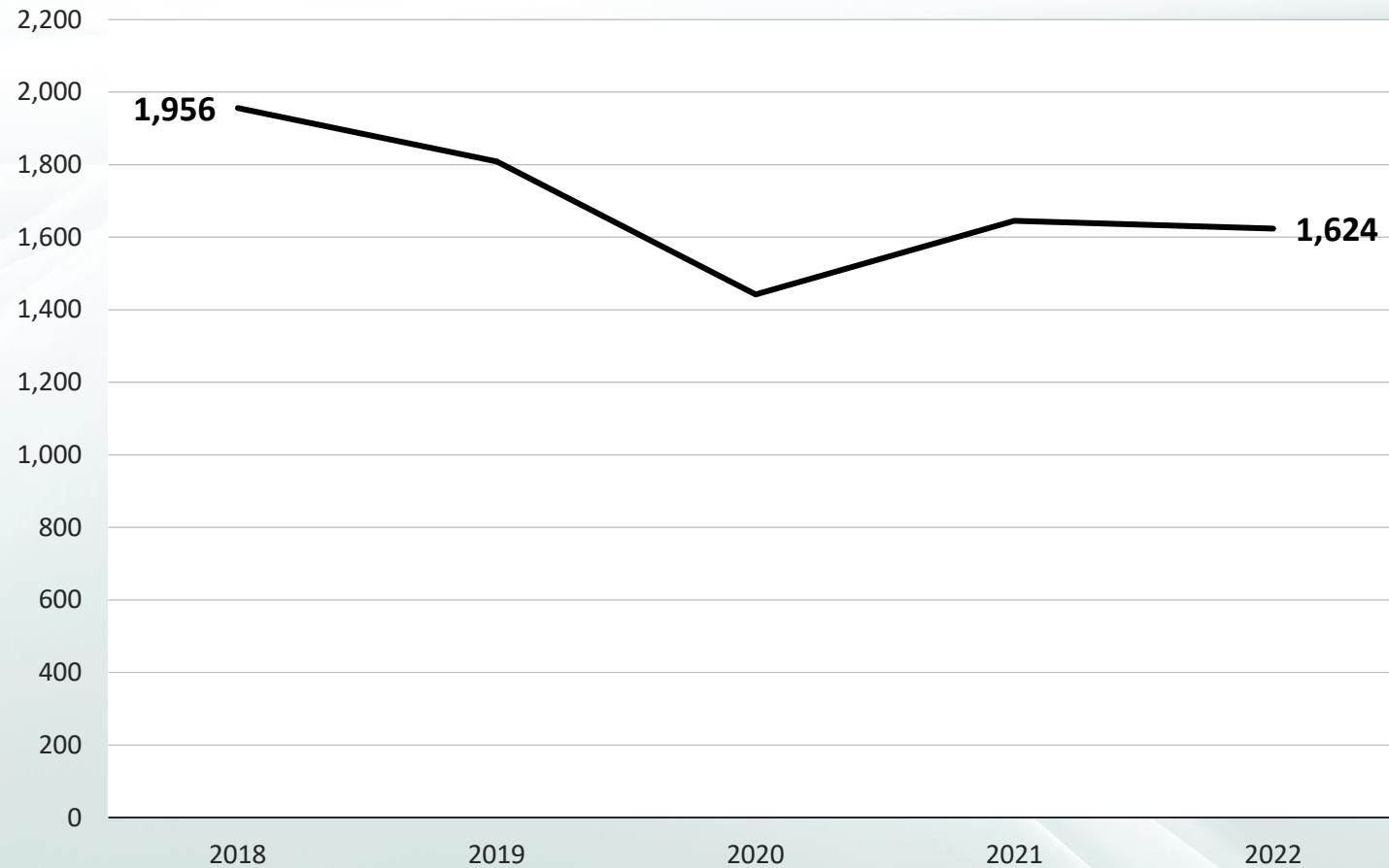


As reported to the N.Y.C. Dep't of Health & Mental Hygiene by Mar. 31, 2023.

HIV in New York City, 2022

- **1,624 new HIV diagnoses**
 - 19.2 HIV diagnoses per 100,000 population
- **1,038 new AIDS diagnoses**
- **1,603 deaths among people with HIV**
 - Age-adjusted death rate: 11.1 per 1,000 people with HIV

Number of New HIV Diagnoses in New York City, 2018-2022



New HIV Diagnoses and Estimated HIV Incidence¹ in New York City, 2018-2022²

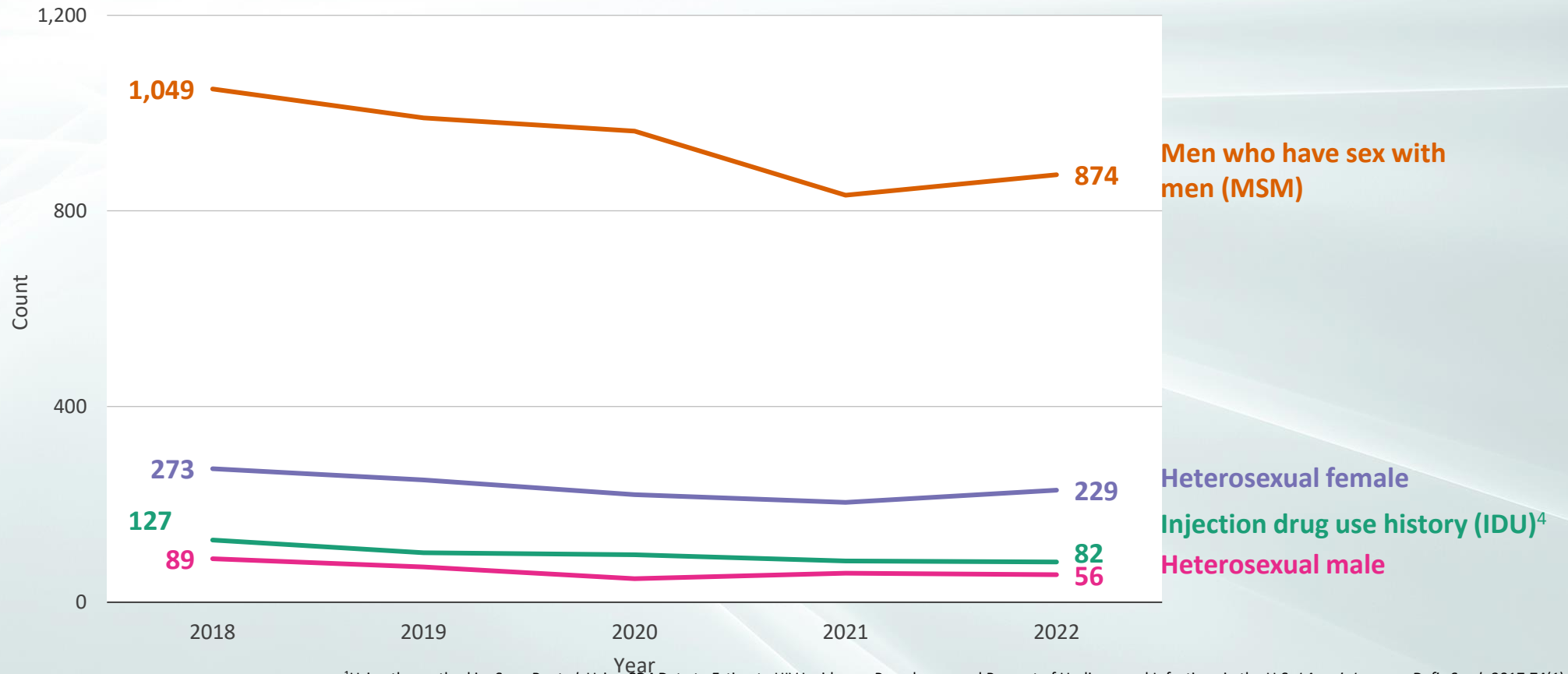


¹Using the method in: Song R, *et al.* Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the U.S. *J Acquir Immune Defic Syndr* 2017;74(1):3 3-9.

²2022 incidence estimates are preliminary.

As reported to the N.Y.C. Dep't of Health & Mental Hygiene by Mar. 31, 2023.

Estimated HIV Incidence¹ in New York City by Sex Assigned at Birth² and Transmission Category, 2018-2022³



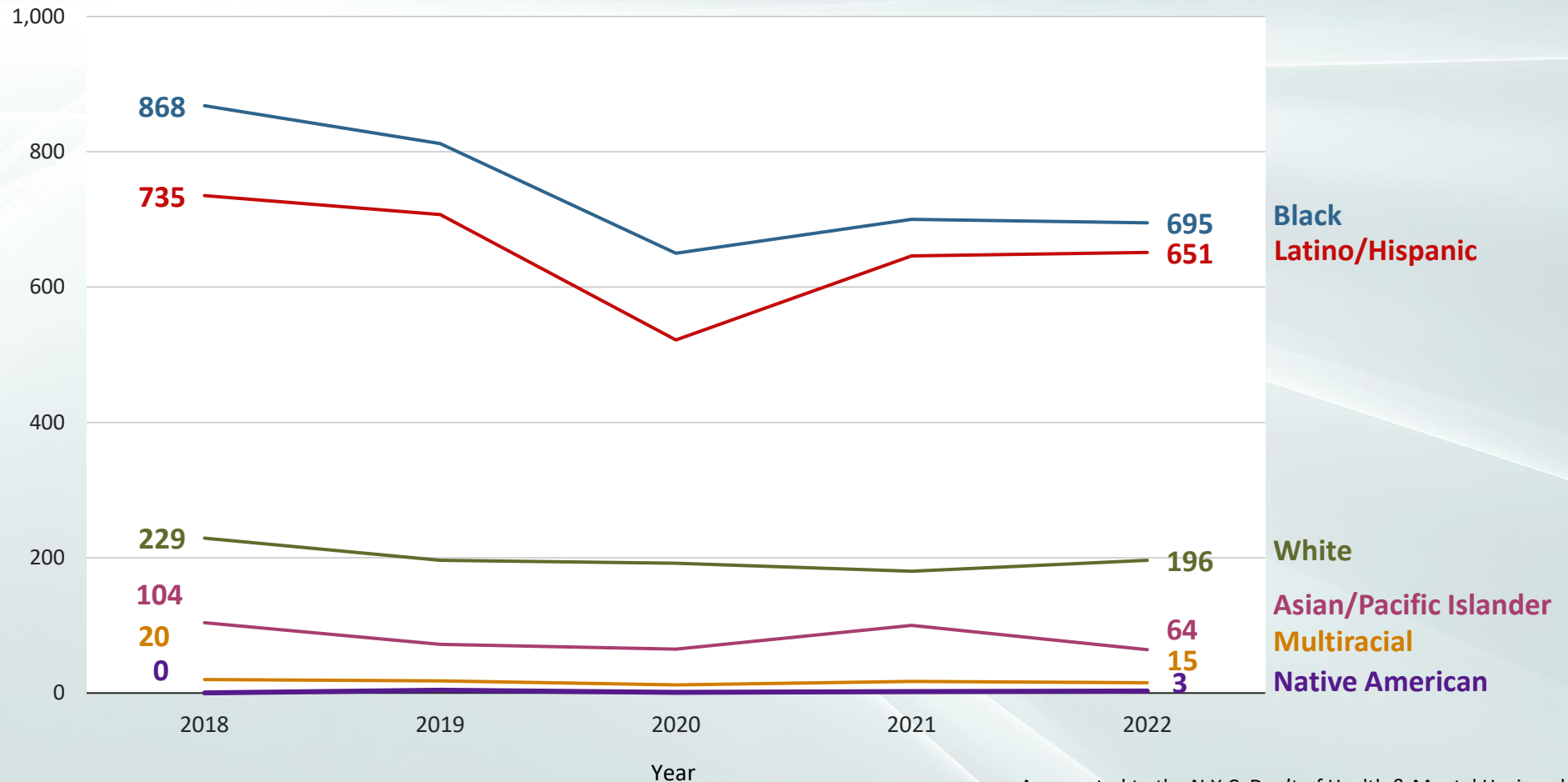
¹Using the method in: Song R, *et al.* Using CD4 Data to Estimate HIV Incidence, Prevalence, and Percent of Undiagnosed Infections in the U.S. *J Acquir Immune Defic Syndr* 2017;74(1):3 3-9.

²CDC estimation methodology produces results by sex assigned at birth and not gender identity.

³2022 incidence estimates are preliminary.

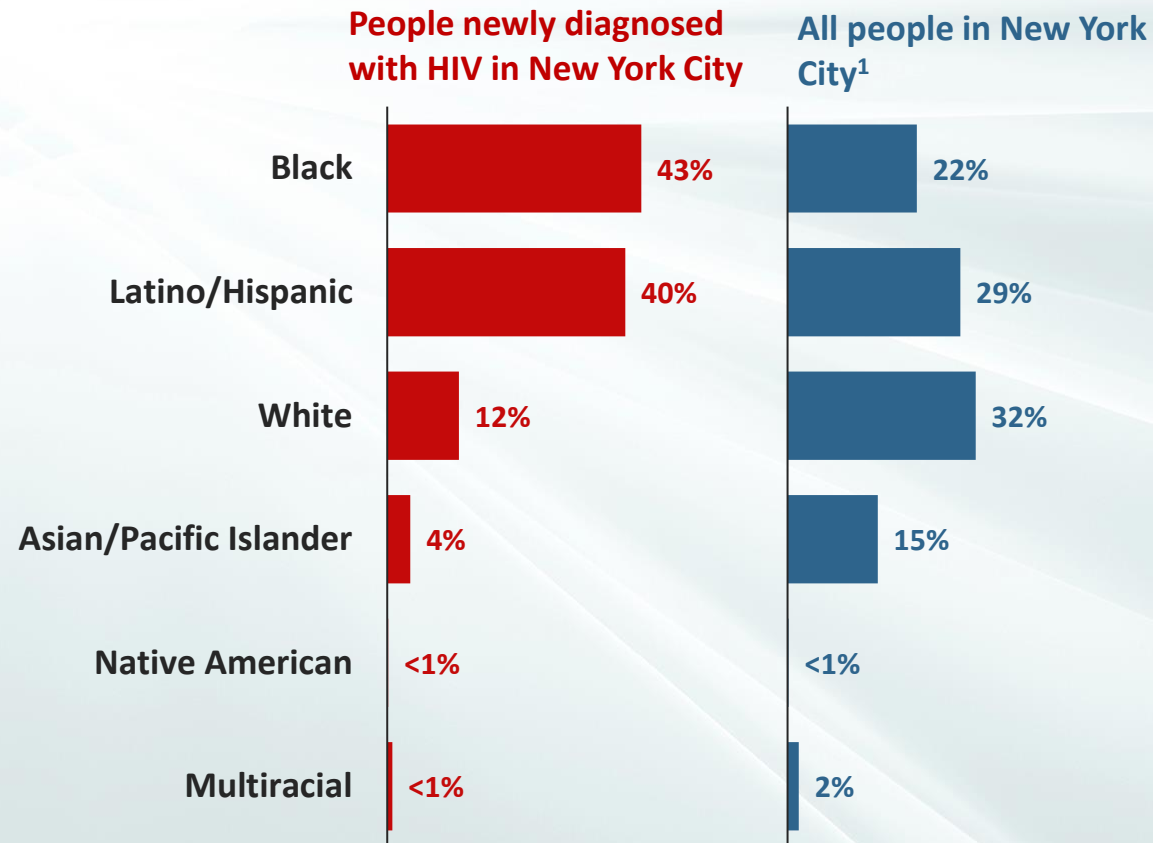
⁴IDU includes males and females with injection drug use history, including MSM-IDU. As reported to the N.Y.C. Dep't of Health & Mental Hygiene by Mar. 31, 2023.

Number of New HIV Diagnoses in New York City by Race and Ethnicity, 2018-2022



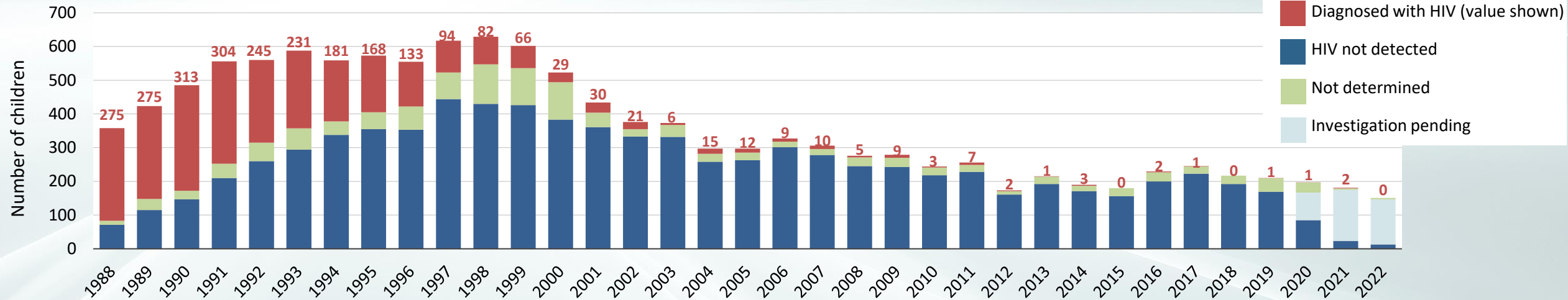
As reported to the N.Y.C. Dep't of Health & Mental Hygiene by Mar. 31, 2023.

Proportions of People Newly Diagnosed with HIV and All People¹ in New York City by Race and Ethnicity, 2022



¹New York City population calculated using N.Y.C. Dep't of Health & Mental Hygiene population estimates, modified from U.S. Census Bureau intercensal population estimates, updated Sept. 2022. As reported to the N.Y.C. Dep't of Health & Mental Hygiene by Mar. 31, 2023.

All HIV-Exposed Births and Current HIV Status¹ of Children Born to Women² with HIV at Select Medical Facilities³ by Year of birth in New York City, 1988-2022⁴



Milestones in Reduction of Perinatal HIV Transmission

1985: CDC recommends that women with HIV avoid breastfeeding.⁵

1994: ACTG 076 study shows that AZT reduces perinatal transmission.

1997: Routine newborn screening begins in New York State.

1999: New York State implements expedited testing in obstetrical settings.

2015, 2018, and 2022: No perinatal transmissions reported in children born in New York City.

2020 to 2022: Due to COVID-19, exposure investigations were significantly curtailed; however, all HIV-antibody positive cases in New York City were identified.

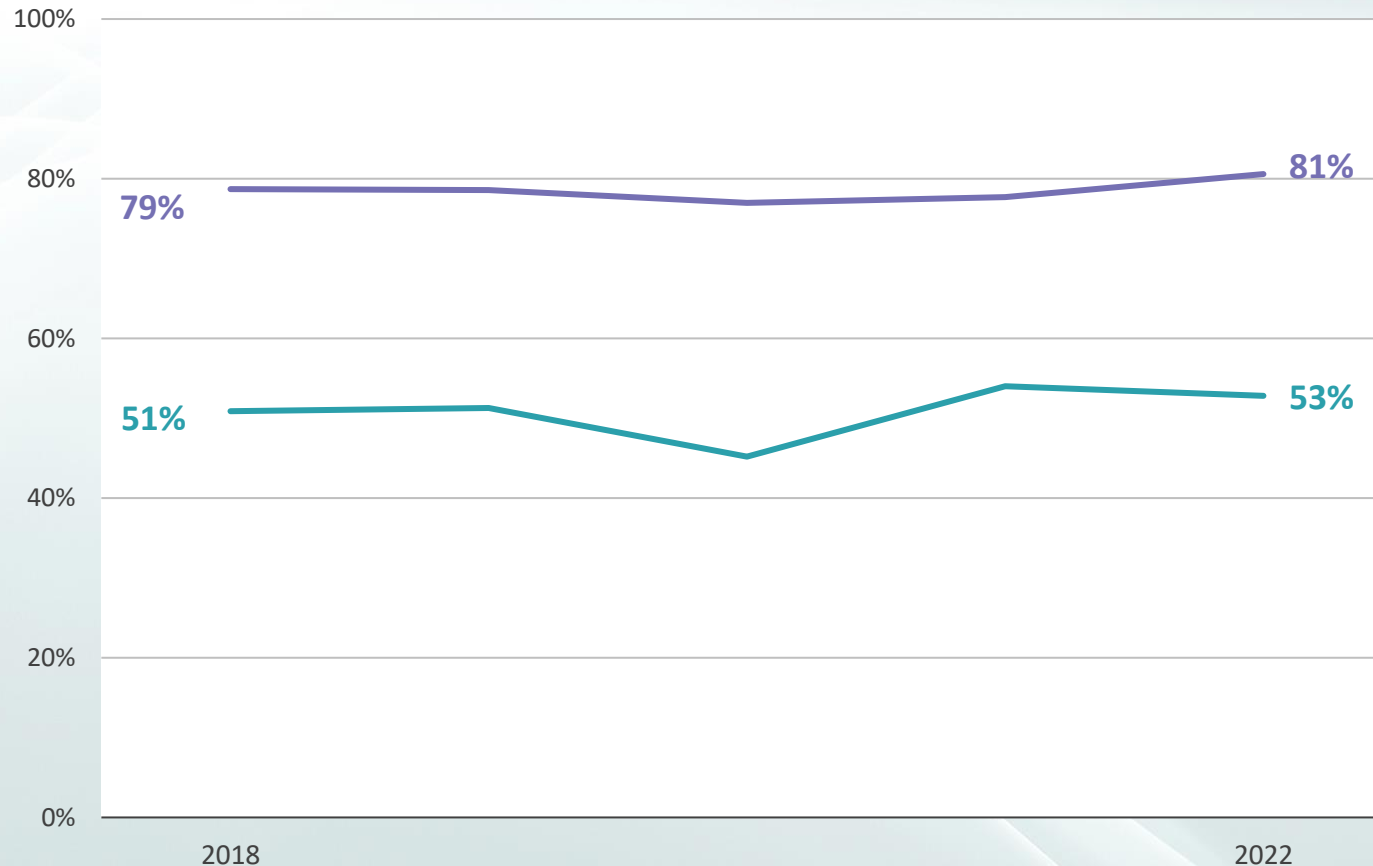
¹Children born to women with HIV at select New York City medical facilities are followed for two years after birth to determine HIV status. HIV status is labelled as “not determined” if the child is lost to follow-up.

²In this figure, women refers to people with female sex assigned at birth.
³Includes data collected at high-volume New York City medical facilities that care for the majority of HIV-exposed children and children with HIV. Since 2017, New York City perinatal surveillance program has conducted exposure investigations at 21 New York City medical facilities. Children born outside of New York City are not included in this figure.

⁴Includes cases diagnosed as of December 31, 2022.

⁵The World Health Organization has updated their guidelines and now supports breastfeeding among women with HIV, see: World Health Organization, and United Nations Children’s Fund. *Update on HIV and Infant Feeding: The Duration of Breastfeeding and Support from Health Services to Improve Feeding Practices among Mothers Living with HIV*. 2016.

Linkage to HIV Care and Viral Suppression Among Newly Diagnosed People in New York City, 2018-2022

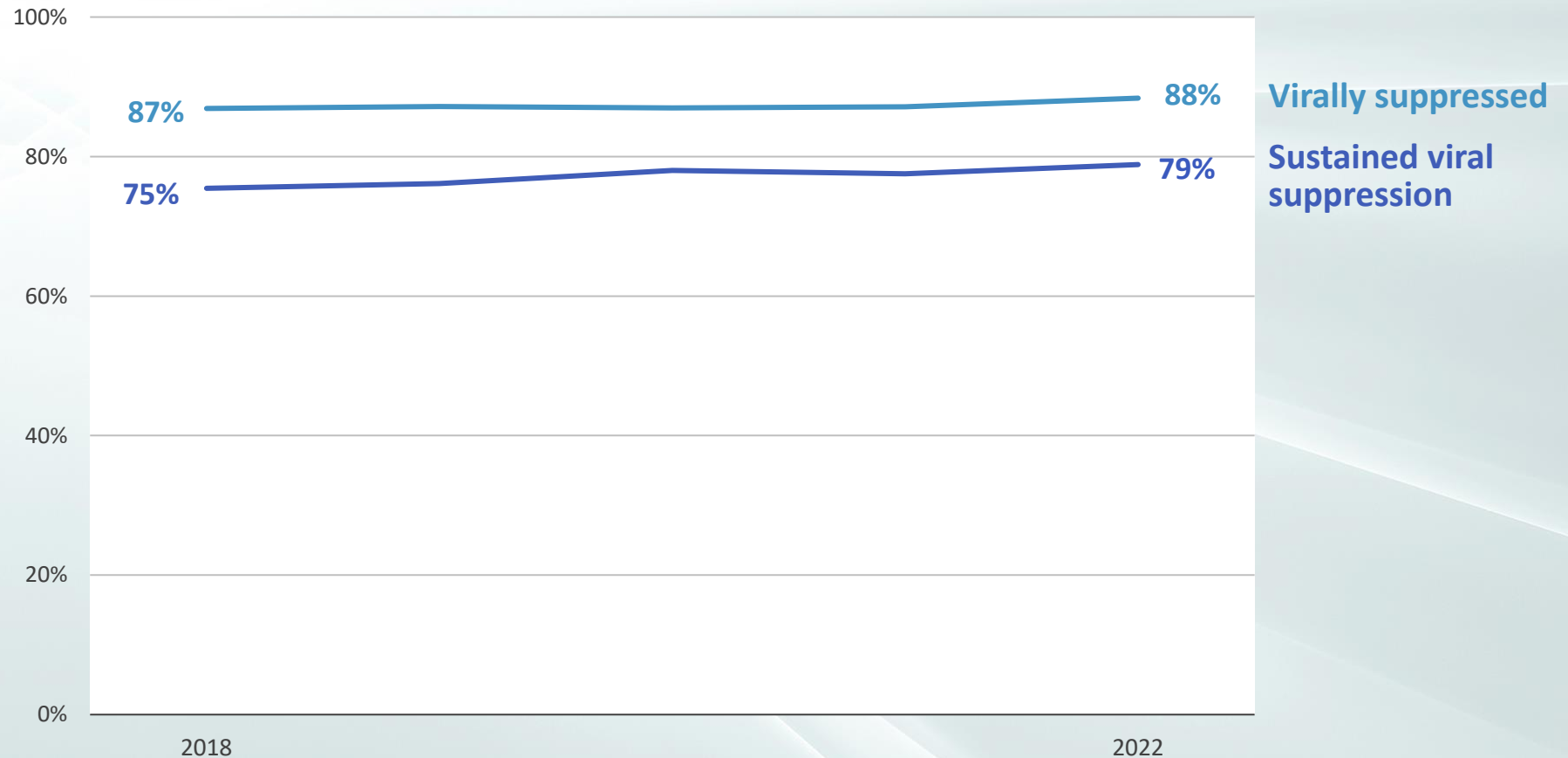


Linked to HIV care within 30 days of diagnosis

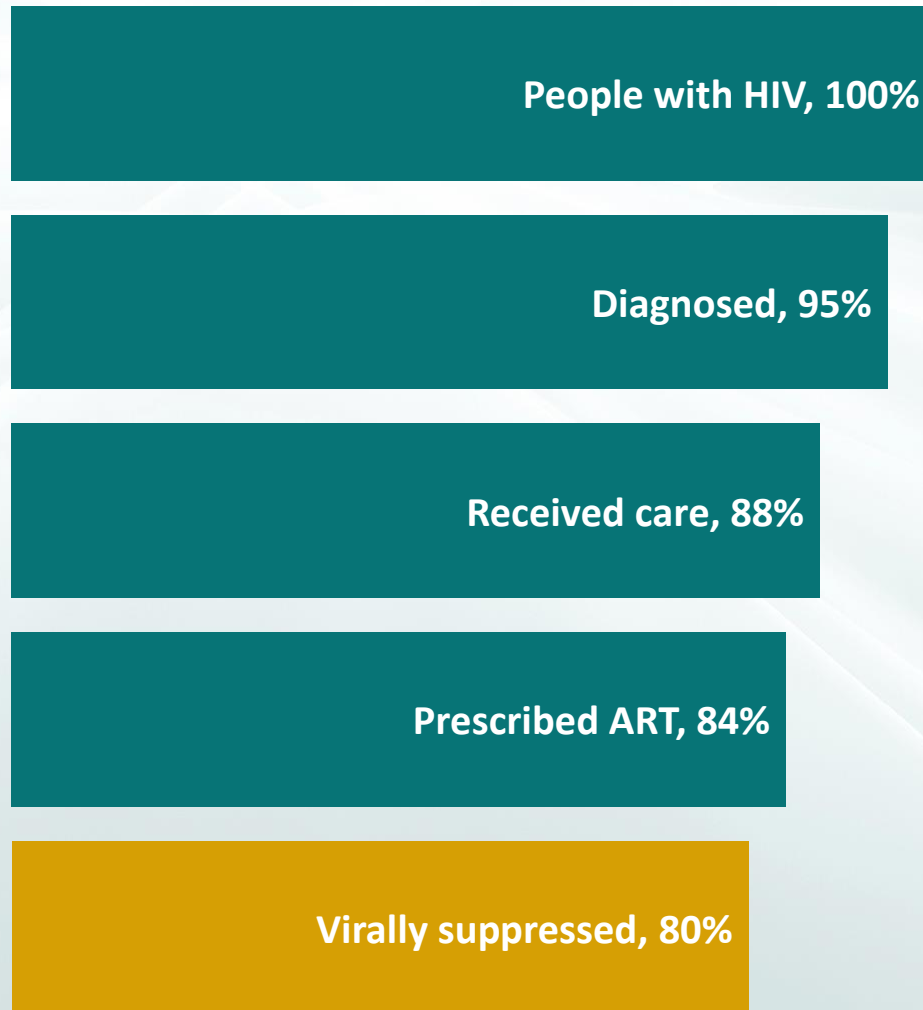
Virally suppressed within three months of diagnosis



Viral Suppression Among People with HIV in New York City, 2018-2022

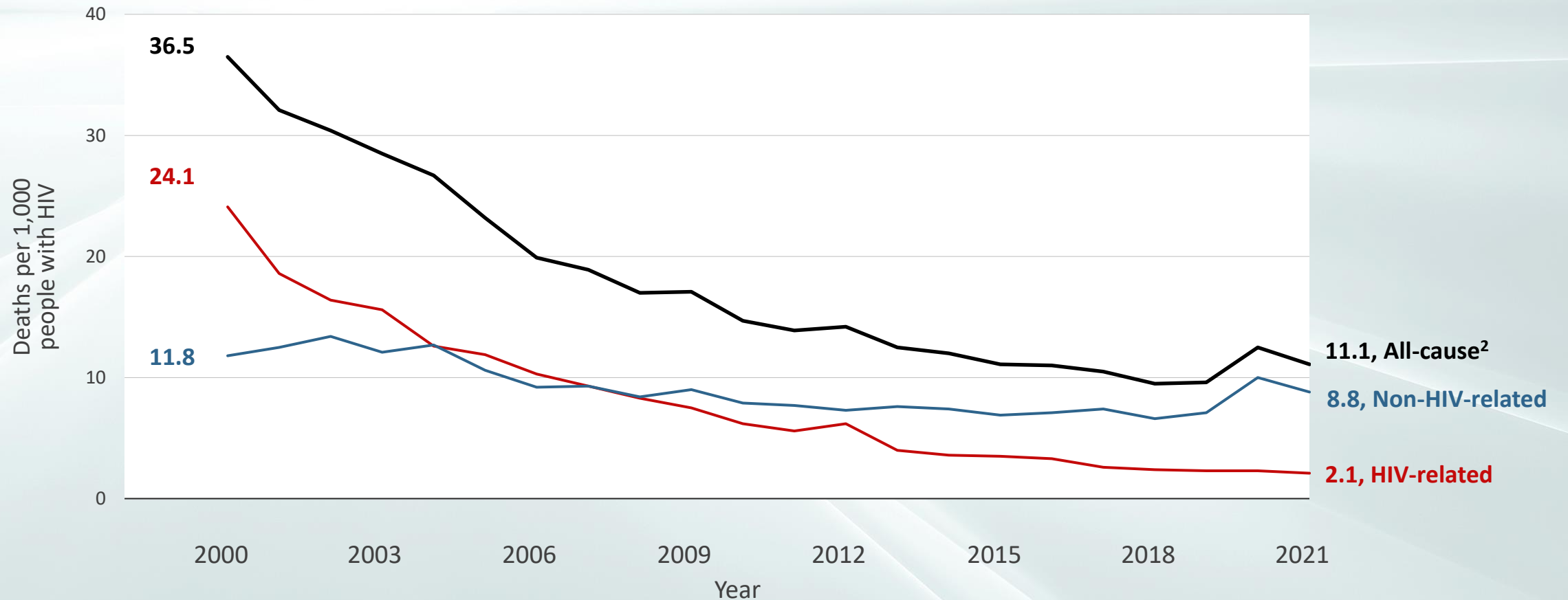


HIV Care Continuum in New York City, 2022



Of approximately 87,000 people with HIV in New York City in 2022, 80% had a suppressed viral load.

Age-Adjusted¹ Death Rates Among People with HIV in New York City, 2000-2021



¹Age-adjusted to the 2000 U.S. standard population. People newly diagnosed with HIV at death were excluded from the numerator.

²Includes people with unknown causes of death (3.5% of all deaths)

As reported to the N.Y.C. Dep't of Health & Mental Hygiene by Mar. 31, 2023.



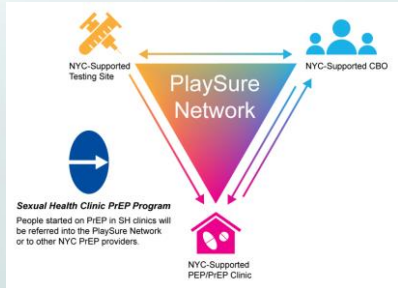
New York City 2020 Ending the HIV Epidemic Plan



New York City 2020 Ending the HIV Epidemic Plan: Community Planning Process

In 2019, the New York City Department of Health and Mental Hygiene (NYC DOHMH) received approximately \$492,000 in Ending the HIV Epidemic funding to support a community planning process to inform our jurisdictional plan.

We engaged our HIV Health and Human Services Planning Council of New York, New York City HIV Planning Group, and other community bodies and stakeholders through nine **virtual listening sessions** drawing over 300 participants and an **online survey** to which over 600 participants responded.



New York City 2020 Ending the HIV Epidemic Plan

In March 2021, NYC DOHMH released the **New York City 2020 Ending the HIV Epidemic Plan**. Building on the New York State Blueprint for Ending the Epidemic and the New York City Ending the Epidemic Plan, the plan is organized around the four EHE strategies and two cross-cutting issues:



Diagnose



Treat



Prevent



Respond



Social and Structural Determinants of HIV-Related Health Inequities



HIV Service Delivery System

New York City 2020 Ending the HIV Epidemic Plan: Priority Populations*

- Black men who have sex with men (MSM), including Black cisgender MSM and Black transgender MSM
- Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM
- Black women, including Black cisgender women and Black transgender women
- Latina/Hispanic women, including Latina/Hispanic cisgender women and Latina/Hispanic transgender women
- All people of trans experience and people who identify as gender nonconforming, gender non-binary, or gender queer
- People with HIV ages 50 years and older
- Youth and young adults ages 13 to 29 years

*N.Y.C. Dep't of Health & Mental Hygiene recognizes that the use of the term "priority population" can be stigmatizing. In lieu of a more appropriate and communally agreed upon term, it is used here to refer to communities that face multiple forms of systemic oppression, including racism, poverty, homophobia, and/or transphobia.

New York City 2020 Ending the HIV Epidemic Plan: Additional Populations

- People experiencing homelessness or housing instability
- People with serious mental illness
- People who use drugs and/or have a substance use disorder
- People who exchange sex for money, drugs, housing, or other resources
- People born outside the U.S., especially people without a settled or “adjusted” immigration status
- People who live in medium-, high- and very high-poverty New York City neighborhoods
- People with limited access to ongoing, high-quality primary health care
- People who have experienced intimate partner violence
- People with a history of incarceration and other justice-involved people

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

New York City 2020 Ending the HIV Epidemic Plan Implementation

Renee James, MPH

Senior Program
Planner, HIV Clinical
Operations and
Technical Assistance
Program, Bureau of
Hepatitis, HIV, and STIs

New York City
Department of Health
and Mental Hygiene

Taylor Colby, MPH

Policy Analyst, Policy
and External Affairs
Program, Bureau of
Hepatitis, HIV, and STIs

New York City
Department of Health
and Mental Hygiene

PlaySure Network 2.0

In March 2022, NYC DOHMH launched the **PlaySure Network 2.0 (PSN 2.0)**, a citywide network of 18 agencies funded to provide a comprehensive package of HIV-related services in health care and non-health care settings using a one-stop shop model. PSN 2.0 providers offer:

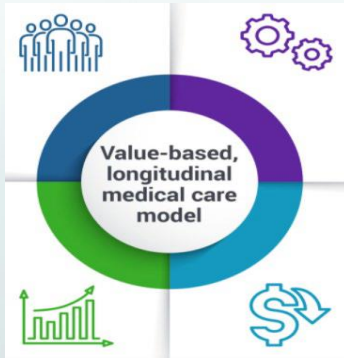
- Universal HIV testing;
- PrEP and emergency PEP;
- iART and HIV primary care;
- STI testing and treatment;
- Outreach and navigation services; and
- Mental health, substance use, and other supportive services.

PlaySure Network 2.0 (cont'd)

PSN 2.0 includes implementation strategies at three levels:

1.) Systems Level → 2.) Program Level → 3.) Provider Level

E.g., policy change to improve HIV testing approach



E.g., use of one-stop shop program model and staff and client experience surveys



E.g., provider training on GOALS Framework for Sexual History Taking in Primary Care



PlaySure Network 2.0 (cont'd)

In year one of PSN 2.0:

- 18 agencies comprising 19 contracts participated in PSN 2.0, with over 3,800 client enrollments
- 75% of clients received an HIV test
- 8,390 STI tests given
- 91.5% of clients reported that their provider discussed specific services with them (e.g., HIV testing, PrEP, supportive services) and how to access them
- Agencies worked to implement changes to their organizational culture
- Agencies participated in ongoing learning collaboratives to share their experiences and best practices with their colleagues

Routine HIV Testing in High-Volume Health Care Settings Program

NYC DOHMH funds five agencies to provide **routine HIV testing** and to support systems-level change in high-volume health care settings to implement opt-out testing as required by the New York State HIV testing law.



Building Equity: Intervening Together for Health (BE InTo Health) Program

In 2021, NYC DOHMH launched **BE InTo Health**, a program designed to increase engagement and re-engagement in HIV care and decrease racial and ethnic inequities in HIV outcomes among priority populations in New York City.

BE InTo Health (cont'd)

As part of BE InTo Health, NYC DOHMH funds nine HIV clinics to implement evidence-based interventions to respond to the specific needs of priority populations, including:

1. Black and/or Hispanic/Latina women with HIV, including Black and/or Hispanic/Latina cisgender, transgender, non-binary, and/or genderqueer women
2. Black and/or Hispanic/Latina transgender women with HIV, and those who identify as non-binary or genderqueer
3. Black and/or Hispanic/Latino/a younger people with HIV (ages 13-29)
4. Black and/or Hispanic/Latino/a older people with HIV (ages 50 and older)
5. Black and/or Hispanic/Latino MSM with HIV, including Black and/or Hispanic/Latino cisgender, transgender, non-binary, and/or genderqueer MSM

“A Snapshot of HIV Among Women in New York City” Update *(forthcoming)*

NYC DOHMH is preparing an update to its 2020 “A Snapshot of HIV Among Women in New York City.”

We are working with our Women’s Advisory Board and its Black and Latina Subcommittee to update the infographic with 2022 HIV surveillance data and new content, including on gender and racial and ethnic disparities in PrEP use and new PrEP modalities and strategies to improve PrEP awareness and uptake among women.

Additional Resources:

A Snapshot of HIV Among Women in New York City*

1 in 5 new HIV diagnoses are among women.

9 in 10 of these women are Black or Latina. These racial differences are a result of many factors, including unequal access to HIV prevention and care services.

Women of all ages are affected by HIV.

Age Group	Percentage
13 to 19	2.6%
20 to 29	24.9%
30 to 39	23.3%
40 to 49	25.7%
50 to 59	18.3%
60+	18.9%

Nearly 80% of new HIV diagnoses likely occur through sexual contact with a male partner.

1 in 3 women with HIV are born outside the U.S. Immigrant women may have increased HIV risk in their home countries, when they migrate or where they arrive.

Your Environment Affects Your Health

These are some important factors in your environment that, while often are out of an individual's control, can affect HIV risk among women:

- Housing:** Are you stably housed?
- Access to Healthcare:** Do you have a doctor? Have you recently had a sexually transmitted infection (STI)?
- Incarceration:** Have you or your partner been in prison?
- Domestic Violence:** Have you been emotionally or physically abused by a partner?

PrEP Can Prevent HIV

Even in the absence of social factors, some women may find it difficult to discuss condom use or HIV status with their partners.

PrEP (pre-exposure prophylaxis) is a daily pill that greatly lowers the risk of HIV infection. PrEP is a safe and effective HIV prevention option for all women who want to take control of their sexual health. PrEP prevents an HIV infection by stopping the virus from spreading after an HIV exposure. Post-exposure prophylaxis (PEP) can stop a new HIV infection if you start taking it within 72 hours of exposure.

- PrEP will not interfere with birth control or hormone therapy.
- PrEP does not affect fertility, and it can protect women who are trying to become pregnant with a partner living with HIV.
- PrEP is safe for the parent and child during and after pregnancy, and also while nursing.
- Women who use injection drugs can also benefit from PrEP.

For more information, visit nyc.gov/health and search for PrEP.

NYC Health

“Summer of Sexual Health”

In June 2023, NYC DOHMH launched “**Summer of Sexual Health**,” a new sexual health marketing campaign reminding New Yorkers to get the sexual health care services they need.

The campaign directs people to our new Sexual Health web page at nyc.gov/sexualhealth for sexual and reproductive health information and how to get low- to no-cost sexual and reproductive health care services in New York City.



“Summer of Sexual Health” (cont’d)



**ESTE VERANO
SERÁ
JUGOSO**

- 🕒 Prevención, pruebas y atención de las ITS
- 🏳️‍🌈 Salud LGBTQIA+
- 🔍 Prevención (PEP y PrEP), pruebas y atención de VIH
- 🌿 Salud reproductiva
- 📄 Información y recursos

Se ofrece atención de bajo costo o gratuita en muchos centros, incluidos todos los centros gestionados por la Ciudad.

NYC Health
Eli L. Adams, Mayor
Adrienne Vasquez, MD, PhD, Comptroller



**THIS SUMMER
WILL BE
JUICY**

- 🕒 STI prevention, testing, and care
- 🏳️‍🌈 LGBTQIA+ health
- 🔍 HIV prevention (PEP and PrEP), testing, and care
- 🌿 Reproductive health
- 📄 Information and resources

Low- to no-cost care is available at many facilities, including all City-run sites.

NYC Health
Eli L. Adams, Mayor
Adrienne Vasquez, MD, PhD, Comptroller

“Be HIV Sure” Update (*forthcoming*)

NYC DOHMH is preparing to update its 2014 “Be HIV Sure” sexual health marketing campaign, pictured below.

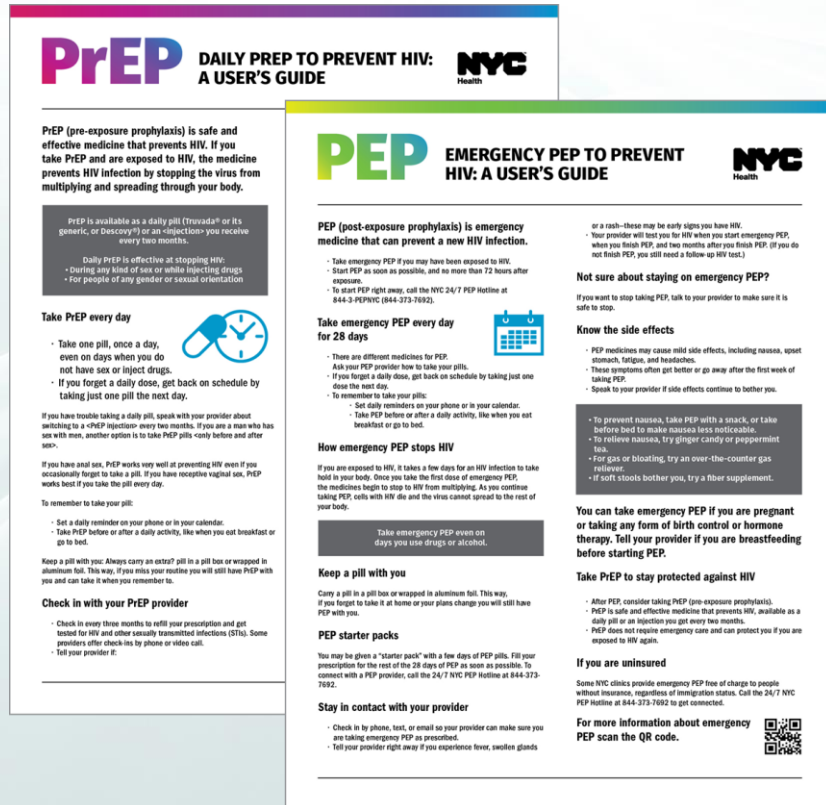
Updated “Be HIV Sure” posters and palm cards will feature new messaging and imagery and will encourage New Yorkers to text the City’s new texting service at 55676 for information on HIV testing and other services.



PrEP and Emergency PEP User's Guides (forthcoming)

NYC DOHMH is developing new print-friendly user's guides on HIV testing, emergency PEP, daily PrEP, PrEP on-demand, and long-acting injectable PrEP, and a new "PrEP Prevents HIV" pocket guide.

In early 2024, these new public-facing materials will be available in English and Spanish on our website, and providers and community partners will be able to order "PrEP Prevents HIV" pocket guides for delivery to their business address.



PrEP DAILY PREP TO PREVENT HIV: A USER'S GUIDE **NYC Health**

PrEP (pre-exposure prophylaxis) is safe and effective medicine that prevents HIV. If you take PrEP and are exposed to HIV, the medicine prevents HIV infection by stopping the virus from multiplying and spreading through your body.

PrEP is available as a daily pill (Truvada® or its generic, or Descovy®) or an injection—you receive every two months.

Daily PrEP is effective at stopping HIV:

- During any kind of sex or while injecting drugs
- For people of any gender or sexual orientation

Take PrEP every day

- Take one pill, once a day, even on days when you do not have sex or inject drugs.
- If you forget a daily dose, get back on schedule by taking just one pill the next day.

If you have trouble taking a daily pill, speak with your provider about switching to a cPrEP injection every two months. If you are a man who has sex with men, another option is to take PrEP pills—only before and after sex.

If you have anal sex, PrEP works very well at preventing HIV even if you occasionally forget to take a pill. If you have receptive vaginal sex, PrEP works best if you take the pill every day.

To remember to take your pill:

- Set a daily reminder on your phone or in your calendar.
- Take PrEP before or after a daily activity, like when you eat breakfast or go to bed.

Keep a pill with you: Always carry an extra? pill in a pill box or wrapped in aluminum foil. This way, if you miss your routine you will still have PrEP with you and can take it when you remember to.

Check in with your PrEP provider

- Check in every three months to refill your prescription and get tested for HIV and other sexually transmitted infections (STIs). Some providers offer check-ins by phone or video call. Tell your provider if:

PEP EMERGENCY PEP TO PREVENT HIV: A USER'S GUIDE **NYC Health**

PEP (post-exposure prophylaxis) is emergency medicine that can prevent a new HIV infection.

- Take emergency PEP if you may have been exposed to HIV.
- Start PEP as soon as possible, and no more than 72 hours after exposure.
- To start PEP right away, call the NYC 24/7 PEP Hotline at 844-3-PEPNYC (844-373-7692).

Take emergency PEP every day for 28 days

- There are different medicines for PEP. Ask your PEP provider how to take your pills.
- If you forget a daily dose, get back on schedule by taking just one dose the next day.
- To remember to take your pills:
 - Set daily reminders on your phone or in your calendar.
 - Take PEP before or after a daily activity, like when you eat breakfast or go to bed.

How emergency PEP stops HIV

If you are exposed to HIV, it takes a few days for an HIV infection to take hold in your body. Once you take the first dose of emergency PEP, the medicines begin to stop the HIV from multiplying. As you continue taking PEP, cells with HIV die and the virus cannot spread to the rest of your body.

Take emergency PEP even on days you use drugs or alcohol.

Keep a pill with you

Carry a pill in a pill box or wrapped in aluminum foil. This way, if you forget to take it at home or your plans change you will still have PEP with you.

PEP starter packs

You may be given a "starter pack" with a few days of PEP pills. Fill your prescription for the rest of the 28 days of PEP as soon as possible. To connect with a PEP provider, call the 24/7 NYC PEP Hotline at 844-373-7692.

Stay in contact with your provider

- Check in by phone, text, or email so your provider can make sure you are taking emergency PEP as prescribed.
- Tell your provider right away if you experience fever, swollen glands or a rash—these may be early signs you have HIV.
- Your provider will test you for HIV when you start emergency PEP, when you finish PEP, and two months after you finish PEP. (If you do not finish PEP, you still need a follow-up HIV test.)

Not sure about staying on emergency PEP?

If you want to stop taking PEP, talk to your provider to make sure it is safe to stop.

Know the side effects

- PEP medicines may cause mild side effects, including nausea, upset stomach, fatigue, and headaches.
- These symptoms often get better or go away after the first week of taking PEP.
- Speak to your provider if side effects continue to bother you.

You can take emergency PEP if you are pregnant or taking any form of birth control or hormone therapy. Tell your provider if you are breastfeeding before starting PEP.


Take PrEP to stay protected against HIV

- After PEP, consider taking PrEP (pre-exposure prophylaxis).
- PEP is safe and effective medicine that prevents HIV, available as a daily pill or an injection you get every two months.
- PEP does not require emergency care and can protect you if you are exposed to HIV again.

If you are uninsured

Some NYC clinics provide emergency PEP free of charge to people without insurance, regardless of immigration status. Call the 24/7 NYC PEP Hotline at 844-373-7692 to get connected.

For more information about emergency PEP scan the QR code.



New York City 2020 Ending the HIV Epidemic Plan Work Groups

In 2022, NYC DOHMH launched work groups to review NYC 2020 EHE Plan strategies and key activities, identify ongoing or planned work related to those activities, evaluate current gaps, and prioritize areas for new work.

Work groups are focused on different areas of our ending the HIV epidemic efforts, including:



Aging



Housing



iART



**PrEP, Emergency PEP, and
HIV Testing**



**Sex Workers'
Health and
Safety**



**Sexual Health
Education**



Stigma

New York City 2020 Ending the HIV Epidemic Plan Work Groups: Aging with HIV

- **Goals:** Identifying existing NYC DOHMH activities and programs focusing on the needs of people with HIV or at risk for HIV and who are 50 years and older that align with the New York City 2020 Ending the HIV Epidemic Plan; and implementing new activities and programs to advance the plan
- **Select BHHS programs:** Ryan White Part A (RWPA) Outpatient/Ambulatory Health Services for people with HIV ages 50 years and older; provider training on enhancing health outcomes for older people with HIV; NYC Condom Availability Program (NYCAP) condom education trainings at senior centers; Housing Opportunities for Persons with AIDS (HOPWA) program for older adults
- **Ongoing activities and strategies:**
 - ✓ Identifying BHHS activities and programs
 - ✓ Exploring collaborations with the New York City Department for the Aging and NYC DOHMH colleagues
 - ✓ Sharing resources between RWPA and BE InTo Health programs focused on people 50 years and older
 - ✓ Planning for an Aging with HIV community event in fall 2024

New York City 2020 Ending the HIV Epidemic Plan Work Groups: Sexual Health Education

- **Goals:** Identifying existing NYC DOHMH activities and programs that improve sexual health education for young people and align with the New York City 2020 Ending the HIV Epidemic Plan; and implementing new activities and programs to advance the plan
- **Ongoing activities and strategies:**
 - ✓ Provided scientific and public health reviews of the updated HIV curriculum that the New York City Department of Education (now, NYC Public Schools) released last fall, and working with NYC Public Schools to develop social marketing materials related to sexual health education
 - ✓ Working with the New York City Administration for Children’s Services on training modules on sexual history taking, reproductive health care, HIV and STI testing, and PrEP and emergency PEP for providers serving youth in state custody settings
 - ✓ Delivering policy advocacy trainings focused on increasing access to sexual health education
 - ✓ Supported the New York City HIV Planning Group in drafting advocacy letters to New York State elected officials, emphasizing sexual health education as an important public health tool

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

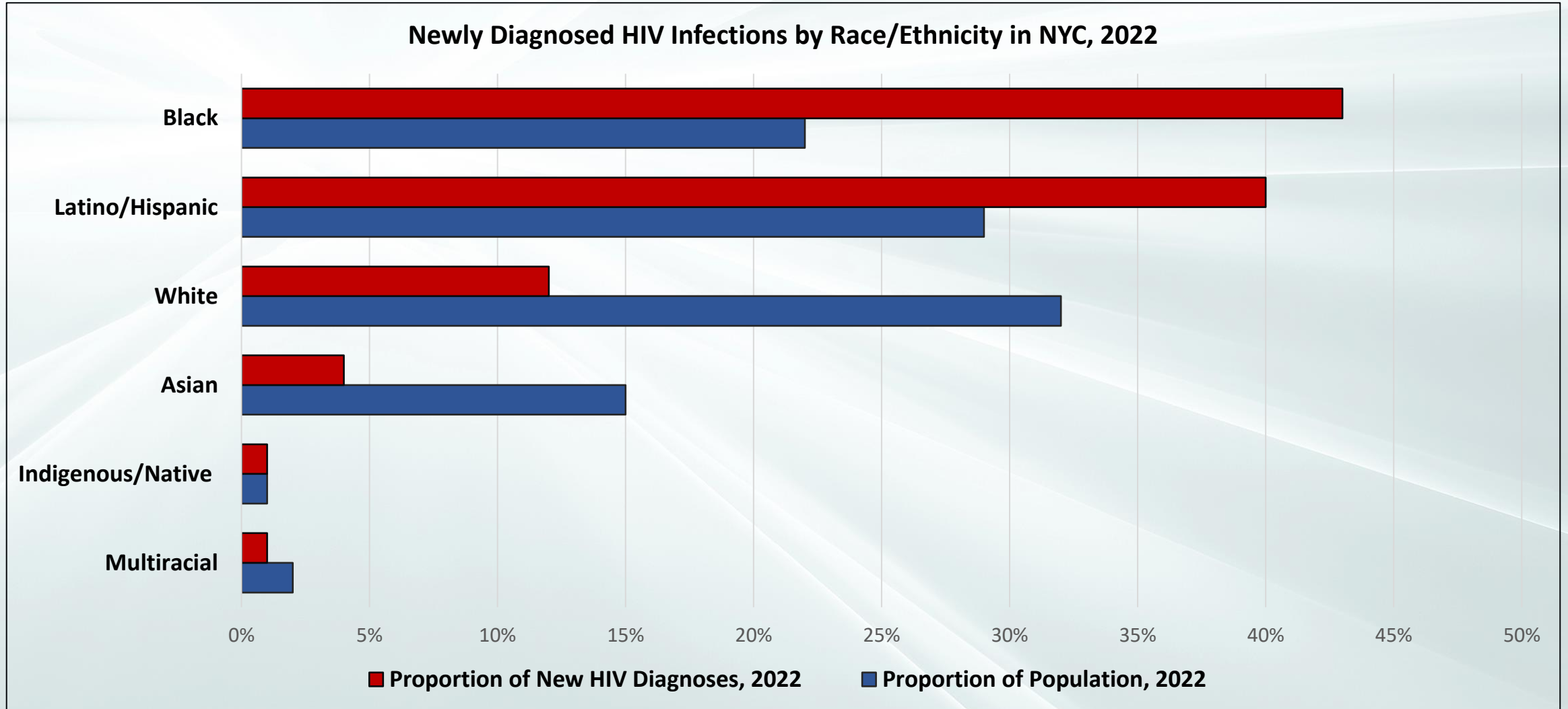
Implementing the New York City 2020 Ending the HIV Epidemic Plan Using an Equity Framework

Anisha Gandhi, PhD, MPH

Director of Racial Equity and
Social Justice Initiatives, Bureau
of Hepatitis, HIV, and STIs

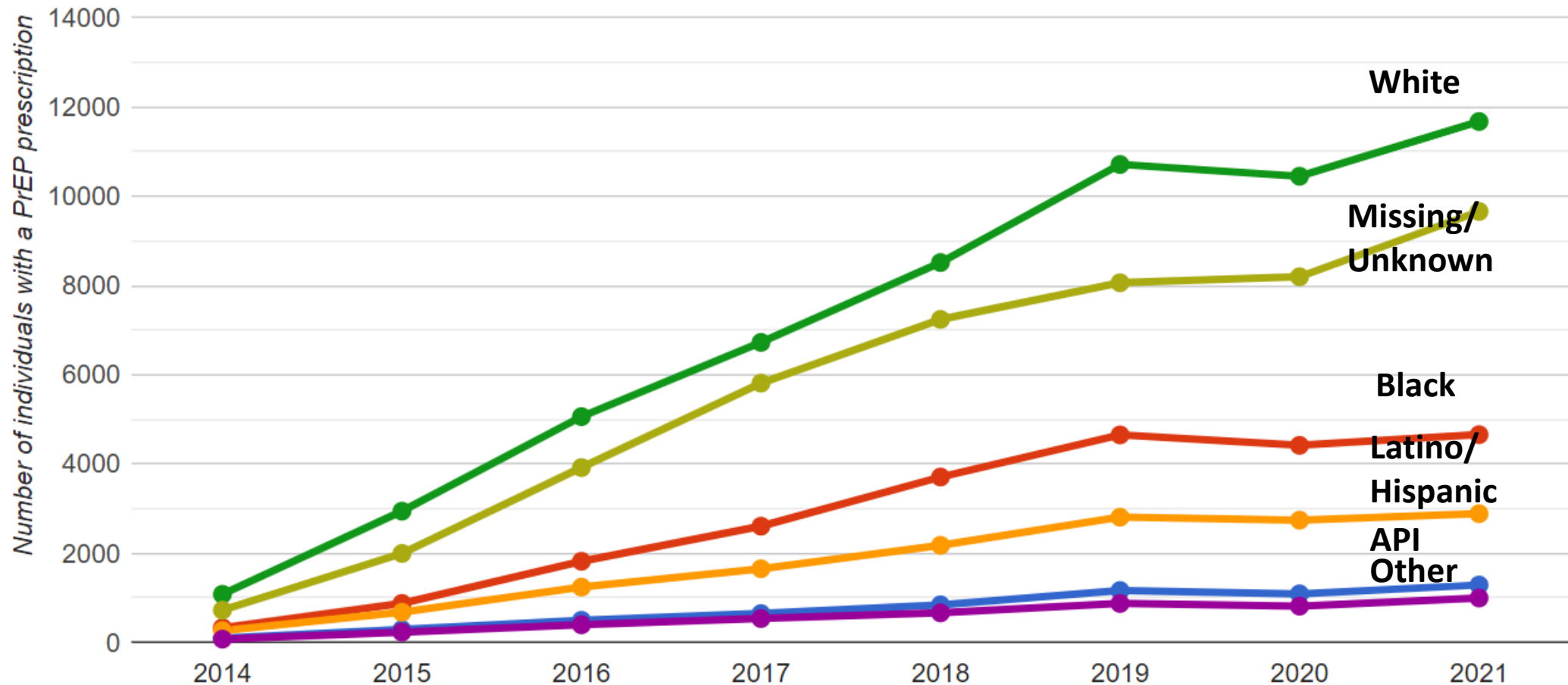
New York City Department of
Health and Mental Hygiene

Racial and Ethnic Inequities Persist in New York City HIV Diagnoses



Source: N.Y.C. Dep't of Health & Mental Hygiene, HIV Surveillance Annual Report, 2022 (Nov. 28, 2023), available [here](#).

Racial and Ethnic Inequities Persist in New York City PrEP Uptake



Commitment to equity is a cornerstone of the New York City 2020 Ending the HIV Epidemic Plan



Building Workforce Capacity and Readiness to Lead with Equity

HEALTH EQUITY COMPETENCIES

FOR HEALTH CARE PROVIDERS

Addresses
social
determinants
of health

Takes an
active role in
community
and institution

Employs
a person-
centered
model of
care

Seeks to
avoid bias
and provides
affirming
services

HEALTH CARE ORGANIZATION CONSIDERATIONS

IN SUPPORT OF HEALTH EQUITY

Integrating
social
determinants
of health

Employing a
team based
approach to care

Providing
staff training
on
racism

Creating a
safe space for
patients
of all ages

- Expanded staffing and deepened collaboration around equity initiatives within NYC DOHMH
- Trainings and workshops for NYC DOHMH Bureau of Hepatitis, HIV, and Sexually Transmitted Infections staff, contracted providers, and partners
- Collaboration with New York State Department of Health AIDS Institute to produce Health Equity Competencies and Considerations



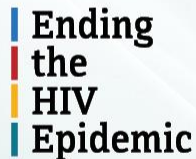
Embedding Equity into Program Evaluation, Design, and Emergency Response

- CDC-funded Project PACE evaluates impact of PlaySure Network 2.0 design and implementation on numerous equity indicators
- Preparing launch of new Equity Tool to guide development and revision of Bureau of Hepatitis, HIV, and Sexually Transmitted Infections-led programs and policies
- Iterative improvements to New York City's mpox response informed by stakeholders in priority populations
 - Comprehensive recommendations for future emergency response

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Policy Successes and Challenges in Ending the HIV Epidemic in New York City

Adrian Guzman, JD, MPH

Director of Policy and External
Affairs, Bureau of Hepatitis, HIV,
and STIs

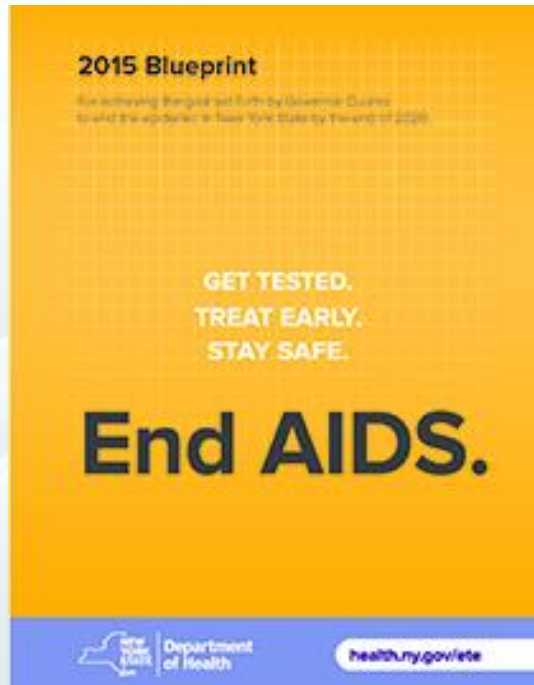
New York City Department of
Health and Mental Hygiene

Ending the HIV Epidemic in New York State: Birth of a Movement



- In 2013, community stakeholders came together to review the statewide response to the HIV epidemic and demand action by Governor Andrew Cuomo.
- In October 2014, Governor Cuomo appointed a task force of over 60 community leaders, providers, public health professionals, government officials, and people with HIV to develop a plan to end the HIV epidemic in New York State.

Ending the HIV Epidemic in New York State: Birth of a Movement



In March 2015, Governor Cuomo released the task force’s **New York State Blueprint for Ending the HIV Epidemic**, a set of recommendations organized around three strategies:

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

Ending the HIV Epidemic in New York State: Birth of a Movement



Following the release of the New York State Blueprint for Ending the HIV Epidemic, community stakeholders launched **End AIDS NY 2020**, a coalition of over 60 organizations working to hold local and state government officials accountable for implementing the Blueprint's recommendations, with a Legislative Subcommittee focused on its policy-related recommendations.



Ending the HIV Epidemic in New York State: Policy Successes

2014



New York City/New York State joint policy establishing 30% rent cap for HIV/AIDS Services Administration (HASA) clients ensuring they pay no more than 30% of their monthly income toward rent

2014



New York State legislation expanding HIV data sharing from health departments to health care providers for the purpose of linkage to and ongoing engagement in care

2014



New York State legislation eliminating written consent for HIV testing (not including in correctional settings, though this followed in 2015)

Ending the HIV Epidemic in New York State: Policy Successes

2014



New York State legislation prohibiting the use of condom possession to establish probable cause for arrest or prosecution for certain prostitution-related offenses

2015



New York State legislation decriminalizing syringe possession for participants of New York State Expanded Syringe Access Program or other medical provider-based programs

2016



New York State/New York City joint policy expanding HASA program eligibility to include all income-eligible New York City residents diagnosed with HIV (“HASA for All”)

Ending the HIV Epidemic in New York State: Policy Successes

2016



New York State legislation streamlining HIV testing by replacing “informed consent” with the minimum requirement that patients be advised that an HIV test will be performed

2016



New York State legislation expanding HIV testing by removing the upper age limit for offering an HIV test and requiring that testing be offered in certain settings and by certain providers

2016



New York State legislation authorizing nurses to screen for chlamydia, gonorrhea, and syphilis pursuant to a non-patient specific standing order

Ending the HIV Epidemic in New York State: Policy Successes

2016



New York State legislation authorizing pharmacists to dispense 7-day supply of emergency PEP pursuant to a non-patient specific standing order

2017



New York State regulatory amendments securing minors the right to consent to HIV prevention and treatment without parental consent or notification

2017



New York State regulatory amendments expanding HIV data sharing from health departments to care coordinators for the purpose of linkage to and ongoing engagement in care

Ending the HIV Epidemic in New York State: Policy Successes

2019



New York City regulatory amendments requiring syphilis testing at 28 weeks of pregnancy, or as soon thereafter as reasonably possible, but not later than at 32 weeks of pregnancy

2019



New York State legislation requiring correctional facilities to provide HIV testing and prevention information and HIV service referrals to inmates upon discharge

2020



New York State legislation prohibiting discrimination based on gender identity or expression, and requiring gender identity or expression-related offenses to be treated as hate crimes ("GENDA")

Ending the HIV Epidemic in New York State: Policy Successes

2021



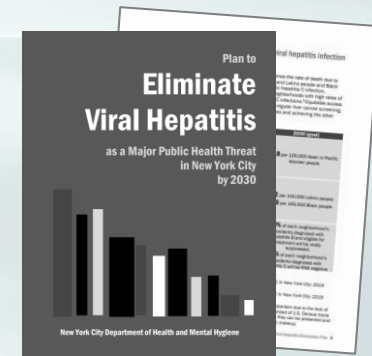
New York State legislation requiring hospitals to offer and make available seven-day supply of emergency PEP to adult sexual assault survivors and full 28-day supply to survivors who are minors

2021



New York State legislation legalizing adult-use cannabis, expanding existing medical marijuana programs, and expunging certain prior convictions related to marijuana

2021



NYC DOHMH's Plan to Eliminate Viral Hepatitis as a Major Public Health Threat in New York City by 2030, a set of strategies to reduce the number of HCV infections, improve the health of people with HBV and HCV, and reduce health inequities related to viral hepatitis

Ending the HIV Epidemic in New York State: Policy Successes

2021



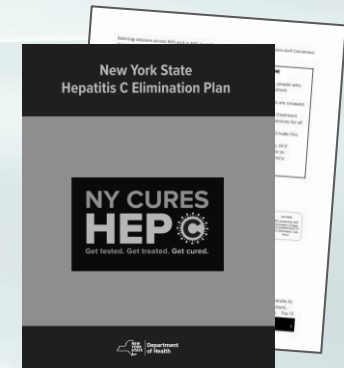
New York State legislation repealing the loitering for the purpose of engaging in a prostitution offense criminal offense

2021-2023



Bronx, Brooklyn, Manhattan, and Queens District Attorneys' moves to dismiss hundreds of cases involving charges under the prostitution and loitering for the purpose of engaging in a prostitution offense criminal offenses

2022



New York State Department of Health's New York State Hepatitis C Elimination Plan

Ending the HIV Epidemic in New York State: Policy Successes

2022



New York State Department of Health's New York State Hepatitis C Dashboard measuring, tracking, and disseminating statewide, regional, and county-level information on progress toward eliminating hepatitis C

2022



New York State legislation allowing New Yorkers to choose "X" as a gender marker on their driver license, learner permit, or non-driver ID card at all New York State Department of Motor Vehicle offices

2022



New York State's HIV Medicaid Coalition, a statewide expansion of New York City's Delivery System Reform Incentive Payment (DSRIP) Coalition

Ending the HIV Epidemic in New York State: Policy Successes

2022-2023



New York City legislation strengthening and protecting the right to obtain and provide abortion and other reproductive health care

2022-2023



New York State legislation strengthening and protecting the right to obtain and provide abortion and other reproductive health care

2023



New York State regulatory amendments designating mpox as a Group B STD, allowing minors to consent to mpox testing, prevention (including vaccination), and treatment without parental consent or notification

Ending the HIV Epidemic in New York State: Policy Successes

2023



New York State legislation requiring certain large-group insurance policies to cover PrEP and emergency PEP without cost-sharing

2023



New York State legislation requiring syphilis testing at 28 weeks of pregnancy, or as soon thereafter as reasonably possible, but not later than at 32 weeks of pregnancy

2023



New York State legislation expanding HCV testing by requiring that all people ages 18 years and older be offered HCV testing in certain settings and by certain providers

Ending the HIV Epidemic in New York State: Policy Successes

2023



New York City executive order prohibiting the use of City resources to assist jurisdictions seeking to enforce prohibitions on gender-affirming care and prohibiting the City from detaining anyone providing or receiving such care in New York City

2023



New York City's updated HIV curriculum that must be delivered to all NYC Public Schools students, K-12, and that reflects advances in HIV prevention and treatment occurring over the past decade

2023



New York State legislation establishing the Long-Term Care Facility Residents' Bill of Rights for LGBTQIA+ People and People with HIV

Ending the HIV Epidemic in New York State: Policy Successes

2023



New York City regulatory amendments requiring labs to report all negative syphilis test results

2023



New York City regulatory amendments requiring labs to report all negative and indeterminate HBV e antigen and surface antigen test results, and negative and indeterminate HCV antibody test results

Ending the HIV Epidemic in New York State: Policy Challenges

**Pharmacist authorization to dispense PrEP
pursuant to a non-patient specific order**

STI decriminalization

**Required
coursework or
training for clinicians
on HIV and sexual
health, and on
LGBTQ-affirming
care**

Insurance coverage of STI home test kits

**Pharmacist
authorization to
administer HIV
and HCV testing**

**RN authorization to treat
STIs pursuant to non-
patient specific orders**

Ending the HIV Epidemic in New York State: Policy Challenges

**Overdose
prevention
centers**

**Sustained funding for 340B entities
following the New York State Medicaid
pharmacy benefit carveout**

**Stronger
confidentiality
protections by
health insurance
plans (e.g., EOB
suppression,
preferred methods
of EOB delivery)**

**Comprehensive
sexual health
education in schools**

**Expungement of criminal
records for people previously
convicted of former crime of
loitering for the purpose of
prostitution criminal offense**

**Sex work
decriminalization**

Continued investment in HIV, STI, and HCV programming and services



Contact Information

Adrian Guzman, JD, MPH

Director, Policy and External Affairs

Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

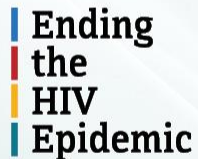
New York City Department of Health and Mental Hygiene

Email: aguzman2@health.nyc.gov

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

PRESENTATIONS:

Strategies for Engaging
New York City 2020
Ending the HIV Epidemic
Plan Priority
Populations

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
Black Cisgender and
Transgender Men Who
Have Sex with Men

Donald Powell, MHS

Senior Director of Programs and
Development

Exponents, Inc.

Services



EXPONENTS
Improving health. Igniting hope.

MEN'S ROOM

FIRST SESSION
MONDAY
January
16th @ 5:45p



Metrocards, snacks, weekly fishbowl incentives, completion certificates/activities, Recovery Coach scholarship opportunities, and \$50 completion incentive.

Attend in person or virtually.

a 6-week journey exploring the impact of trauma, how it may still show up in our lives and healthy ways of coping.

To register, please contact Dianco Holder, CASAC: 212.243.3434, ext.316 or dholder@exponents.org

17 Battery Place, 8th fl. (Manhattan)
Take the 4/5 train to Bowling Green or 1/R to Rector



EXPONENTS
Improving health. Igniting hope.

MEN AWARE

For admission criteria or to register, contact Donald R. Powell, Mhs / 212.243.3434, x345 or dpowell@exponents.org

A TOPICAL DISCUSSION GROUP FOR ALL MEN ON THE DYNAMICS OF EMOTIONAL WELLNESS

LET'S FIGURE SOME STUFF OUT . . . TOGETHER!

SIX SESSION GROUP MEETS EVERY WEDNESDAY @ 1:30p, beginning 02/21/24

Metrocards, Refreshments, \$75 Giftcard @ Completion, Scholarship Opportunities, Access to Wellness staff

17 BATTERY PLACE, 8TH FL
4/5 train to Bowling Green or 1/R to Rector St.

www.exponents.org

MEN'S GROUP

"CLOSED GROUP FOR TGNCB MASCULINE IDENTIFIED INDIVIDUALS"



Facilitator

JAISEN GARCIA CASTILLO, CRPA-P (RTR)



EXPONENTS
Improving health. Igniting hope.

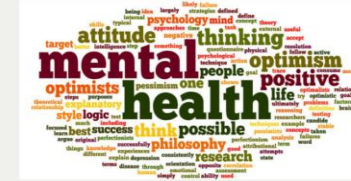
17 Battery Place, 8th Floor
New York, NY 10004
www.exponents.org

Open to All Ages

A SAFE SPACE THAT PROVIDES AN OPPORTUNITY FOR PEOPLE TO SHARE PERSONAL EXPERIENCES AND FEELINGS, COPING STRATEGIES, OR FIRSTHAND INFORMATION ABOUT HEALTH/IMMUNE CONDITIONS OR TREATMENTS.

Please RSVP for in-person/ zoom meeting session
jcastillo@exponents.org

EXPONENTS
Improving health. Igniting hope.



MENTAL HEALTH SERVICES

With

Ebonie Pankey,
MSN, APRN, FNP-C, PMRN

Offering Assistance with:

- ✓ Completion of the 2010e Housing Application
- ✓ Diagnosis
- ✓ Medication Prescribing
- ✓ Referral to Long-Term Tx

ALL SERVICES PROVIDED VIRTUALLY

To Schedule an Appointment,
Contact Yvonne Soto, MBA, CASAC-T
212.243.3434, x. 312 or ysoto@exponents.org



SERVICES MADE AVAILABLE THROUGH NYCDHMH & NYSDOH SUPPORT



Additional Services

- HIV/HCV/STI Screenings & Navigation to Care/Treatment
- Outpatient Treatment Services
- Workforce Development
- Recovery Community Center
- Project InFORM (LGBTQIA+)
- Harm Reduction Services
- ARRIVE/NYS Peer Certification
- Seeking Safety
- The Menu – our centralized intake system.

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
Latino/Hispanic
Cisgender and
Transgender Men Who
Have Sex with Men

Leandro Rodriguez, MBA

Vice President of Programs and
Founder of OASIS Community
PRIDE Center

Latino Commission on AIDS

NYC 2020 Ending the Epidemic Plan



The NYC ETE Plan includes five key strategies:

Strategy 1: Increase the number of people **who know their HIV status** by diagnosing HIV infection as early as possible, promoting routine testing within health care facilities, and scaling up testing options in non-clinical settings.

Strategy 2: Prevent new HIV acquisition by increasing access to effective prevention interventions, including pre-exposure prophylaxis (**PrEP**), emergency post-exposure prophylaxis (**emergency PEP**), **condoms, harm reduction, and supportive services.**

Strategy 3: Improve **viral suppression** and other health outcomes for PWH by **optimizing medication adherence and access to care**, improving coordination of clinical and supportive services, and increasing access to immediate antiretroviral treatment (iART).

Strategy 4: Enhance methods **to identify and intervene on HIV transmission networks** to better support individuals and communities at increased risk of exposure.

Strategy 5: In all NYC ETE strategies, utilize an **intersectional, strengths-based, anti-stigma, and community-driven approach** to mitigate racism, sexism, homophobia, transphobia, and other systems of oppression that create and exacerbate HIV-related health inequities.

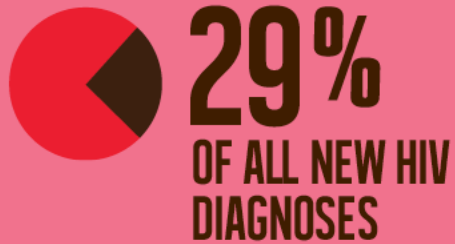
Key Populations

1. Black MSM, including Black cisgender MSM and Black transgender MSM
2. Latino/Hispanic MSM, including Latino/Hispanic cisgender MSM and Latino/Hispanic transgender MSM
3. Black women, including Black cisgender women and Black transgender women
4. Latina/Hispanic women, including Hispanic/Latina cisgender women and Latina/Hispanic transgender women
5. All people of trans experience and people who identify as gender nonconforming, gender non-binary, or genderqueer (referred to collectively in this document as people of trans experience)
6. PWH ages 50 years and older
7. Youth and young adults ages 13 to 29 years

Epidemiological Overview National Lens

IN 2021, LATINOS REPRESENTED **19%** OF THE
U.S. POPULATION

- BUT ACCOUNT FOR -



NIAAD | OCTOBER 15TH IS NATIONAL LATINX AIDS AWARENESS DAY | nlaad.org

IN 2021, **10,417 LATINOS** WERE NEWLY
DIAGNOSED WITH **HIV** IN THE U.S.

- THAT IS APPROXIMATELY -

29 PER **DAY**



NIAAD | OCTOBER 15TH IS NATIONAL LATINX AIDS AWARENESS DAY | nlaad.org

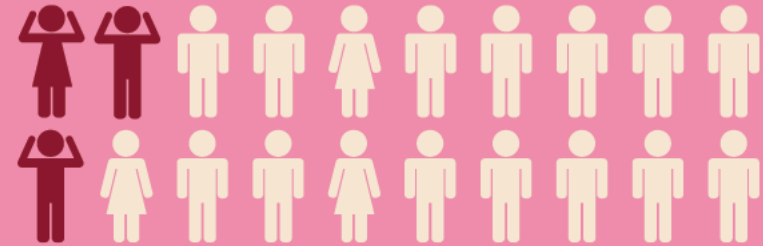
Epidemiological Overview National Lens

55% OF LATINOS
HAVE NEVER BEEN TESTED
FOR HIV IN THEIR LIFETIME



NIAAD | OCTOBER 15TH IS NATIONAL LATINX AIDS AWARENESS DAY | nlaad.org

15% OF LATINOS
LIVING WITH HIV **DO NOT KNOW** THEY HAVE IT

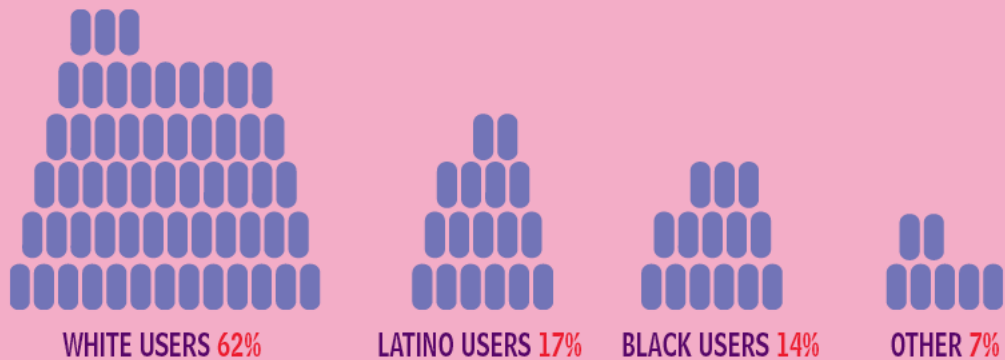


LATINOS WHO ARE UNAWARE CANNOT TAKE ADVANTAGE OF HIV TREATMENT AND MAY UNKNOWINGLY TRANSMIT HIV TO OTHERS.

NIAAD | OCTOBER 15TH IS NATIONAL LATINX AIDS AWARENESS DAY | nlaad.org

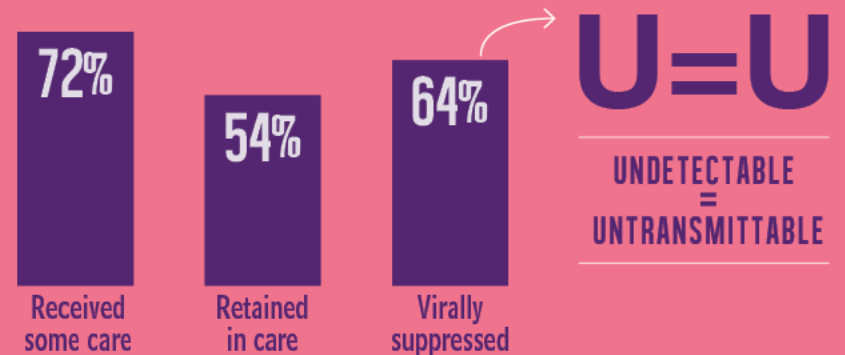
Epidemiological Overview National Lens

UNEQUAL ACCESS TO PrEP, A DAILY PILL TO PREVENT HIV,
PUTS **LATINOS** AT HIGHER RISK (2022)



NIAAD | OCTOBER 15TH IS NATIONAL LATINX AIDS AWARENESS DAY | nlaad.org

ONLY **64%** OF LATINOS LIVING WITH HIV
HAVE ACHIEVED AN UNDETECTABLE VIRAL LOAD; THEREFORE
CANNOT TRANSMIT HIV TO SEXUAL PARTNERS (2021)



NIAAD | OCTOBER 15TH IS NATIONAL LATINX AIDS AWARENESS DAY | nlaad.org

Epidemiological Overview NYC

1,624 people were newly diagnose with HIV in 2022 in NYC

- 40% were Latino/Hispanic
- 79% of newly diagnose people were men
- 3% were transgender women
- 49% of newly diagnose people overall and 62% among men were among men who have sex with men

- Proportion of people with a late HIV diagnosis, by Race/Ethnicity, 2021
- Black: 19.7%
- **Hispanic/Latinx: 22.3%**
- White: 17.0%

The rate of **Hispanic/Latino males** living with an HIV diagnosis is 2.4 times that of **White non hispanic males**.

HIV Epidemiology Program. *HIV Surveillance Annual Report, 2022*. New York City Department of Health and Mental Hygiene: New York, NY. November 2023.

www.aidsvu.org

Best Practice: Cultural Competency

- Maintain active community advisory boards, providing incentives for members, especially those from the Latinx community, to encourage participation and representation.
- Recruit more Latinx community members, particularly those with relevant personal experiences, to inform and shape program design and community engagement strategies.
- Ensure interpretation services to address language barriers

Best Practice: Language Access

- Develop marketing/educational materials in both Spanish and English to promote services and resources, ensuring our social media content is inclusive and accessible to the Latinx community.
- Engage communities most impacted in the developing process of the marketing/educational materials in both English and Spanish speaking Hispanic/Latinx individuals

Best Practice: Community Outreach

- Continuously improve and formalize our methods of online engagement and service delivery, with a focus on social media platforms, ensuring regular communication and information sharing within the Latinx community.
- Going deeper in engaging social networks in both Spanish and English networks. Working and providing significant incentives with peers to ensure success

Best Practice: Stigma Reduction

- Work towards facilitating safe spaces within faith based institutions that are welcoming to the diverse Latinx community, fostering an environment of trust and support.

Best Practice: Collaboration with Local Stakeholders

- Organize monthly regional meetings with healthcare providers serving Gay, BI, and Trans folks, encouraging the sharing of best practices and fostering collaborations and strategic partnerships with organizations at both the grassroots and institutional levels, with a focus on involving Latinx-led groups.
- Identify and collaborate with agencies that have multicultural staff, capable of providing sensitivity training that includes a focus on Latinx cultural competencies.



Future Directions

- Enhance bilingual Telehealth capabilities to stay abreast of current systems and virtual platforms, with a focus on addressing the specific needs of the Latinx community.
- Increase the involvement of policymakers in public health planning for Gay, BI, and Trans communities, emphasizing the importance of considering the perspectives and needs of the Latinx population.

Acknowledgements



- NYS DOH AIDS Institute
- NYCDOHMH
- AIDSvu.org
- NLAAD.org

Latino Commission on AIDS Team:

- Daniel Ravelo -Web Manager
- Lucciano Reberte -Director of Community Engagement
- Julio Roman -Director of Latinx Gay/Bi Men's Initiative
- Luis Mares – Director of Community Mobilization
- Rosy Mota- Director of Community development

Contact Information:

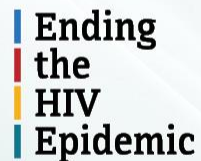


- Leandro Rodriguez
- Lrodriguez@latinoaid.org

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
Black Cisgender and
Transgender Women

Ingrid Floyd, MBA

Executive Director

Iris House

About Iris House



Iris House saves lives through comprehensive support, prevention and education services for women, families, and under served populations affected by HIV/AIDS and other health disparities in a safe, family-centered environment by passionate, professional and culturally competent staff.

“Black” women and the diaspora



What are we looking for?



- Safe Spaces
 - Engaging, friendly and welcoming
 - Confidential
- Gender affirming care
- Representation
- Supportive services
 - Transportation assistance
 - Support groups
 - Childcare
- Appreciation

I'm a woman of trans experience, and what?



- All women are not the same
 - Design programs and spaces with this in mind
- Be courteous, ask
 - Ask preferred pronouns
 - Train staff on use of pronouns
- Language is important
 - Review materials used in programs and outreach
 - Review data collection tools



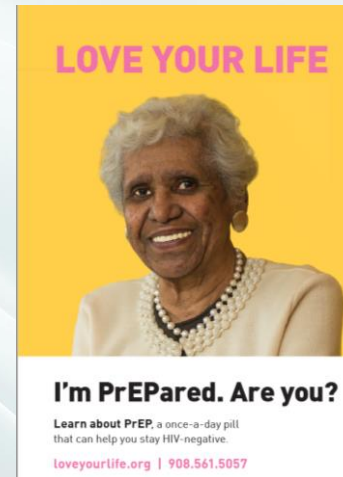
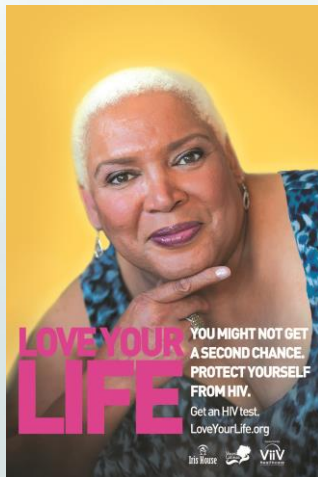
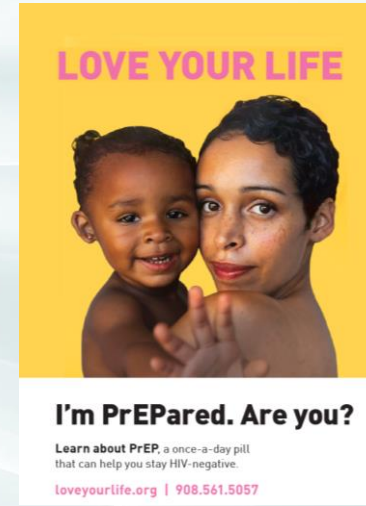
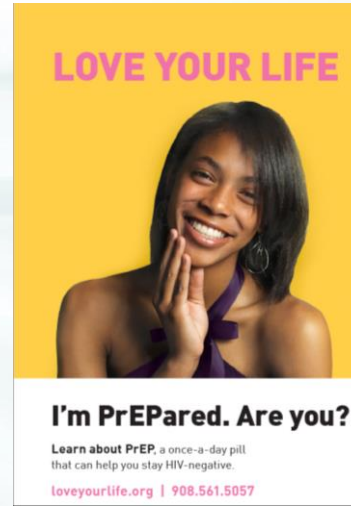
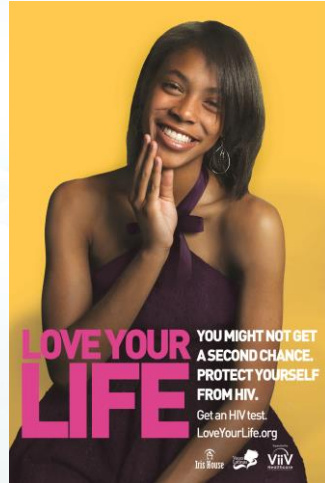
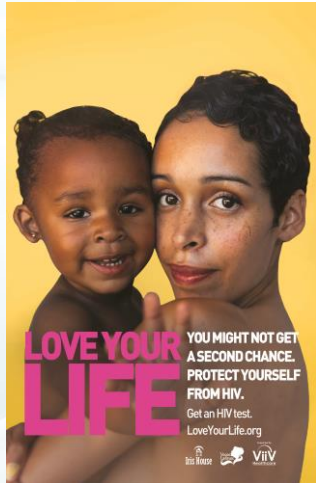
Photo: Jill Greenberg for Variety

How do you engage me?



- Social media
 - Search and use hashtags
 - Follow influential women
 - Utilize influencers
- Street outreach
 - Keep it brief
 - Identify common locations
- Non-traditional outreach
 - Beauty salons, nail salons, business partnerships
- Events and activities
 - Plan events that interest me

Iris House: Love Your Life Campaign



Contact Details



Ingrid Floyd, Executive Director, Iris House

ifloyd@irishouse.org

646-548-0100

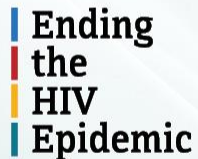
www.irishouse.org

Join us online at irishouse.org f @IrisHouse:NewJersey @irishouseincnj @irishouseinc @irishouse_nj

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
Latina/Hispanic
Cisgender and
Transgender Women

Nathaly Rubio-Torio, MSW

Chief Executive Officer/Founder

Voces Latinas

Who We Are



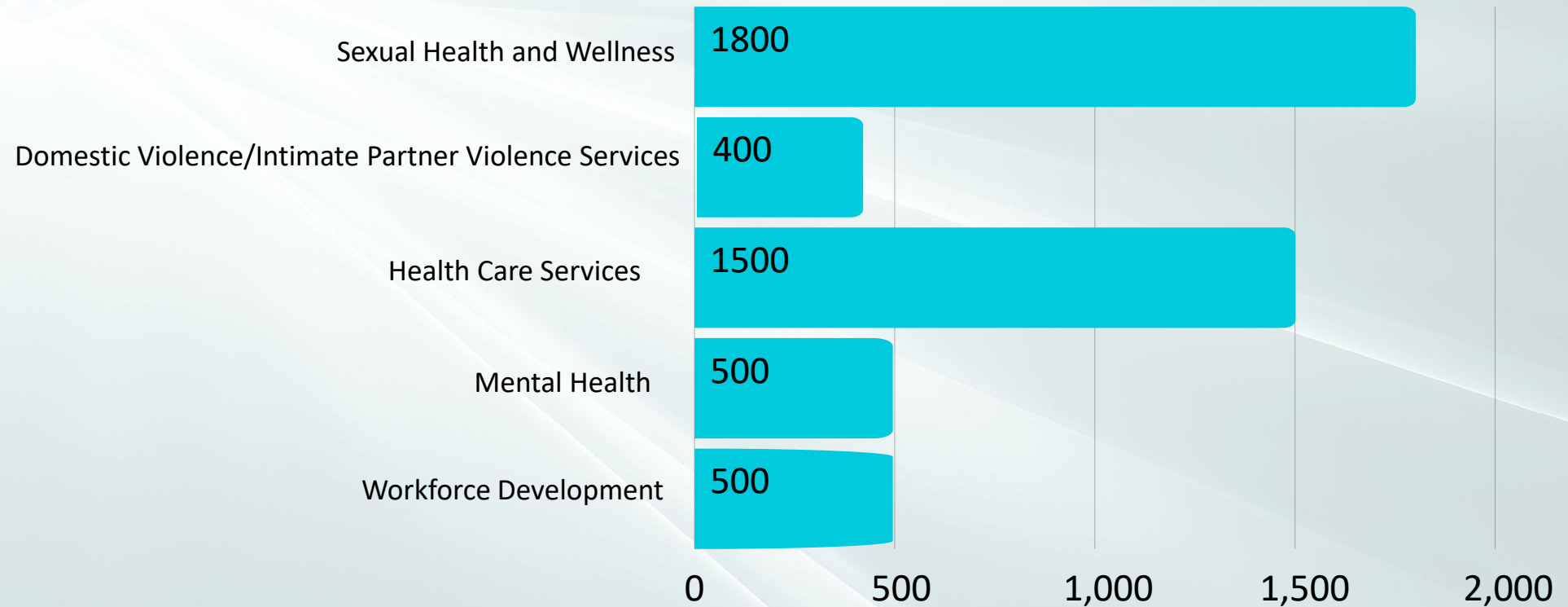
- Voces Latinas is a 20-year-old culturally specific organization serving immigrant Latine* individuals and families residing in Queens NYC.
- Our mission is to empower, educate, and connect immigrant Latines* with culturally competent services and resources to address sexual health and wellness, gender-based violence, mental health, and immigration health needs.



What We Do



- Voces Latinas culturally specific services fall under **five pillars**. This is our year by the numbers:



Our Programs



- **Sexual Health & Wellness:**

- **HIV Testing and Linkage to Care**
- STI screenings & linkage to treatment
- PrEP and PEP
- HIV Navigation Services
- Connection to Reproductive Health Care
- Mental Health Counseling
- Art Based Support Group

- **Domestic Violence**

- Case Management
- Safety Planning
- Shelter Placement
- Mental Health Counseling

Mental Health

- Individual Counseling
- Group Modalities**
- Screenings
- Motivational Interviewing,
- Psychoeducation
- Mental Health First Aid

Healthcare Services

- NYC Care
- NYS of Health Insurance Enrollment
- SNAP Enrollment
- Immigrant Referral Services
- LGBTQIA+ Health Access
- ACCESS HEALTH: Presentations & Workshops
- Global Health Initiative**

Workforce Development Training

- Promotora Training & Development
- Job Readiness & Capacity Building**
- Case Management

Outreach- SHE-1st (Sexual Health for Everyone 1st)



- **Outreach to All**
 - Bars/Clubs
 - Hospitals
 - community meetings
- **Inclusive Groups**
 - Promotora training
 - Ama Tu Vida
- **Workforce Development**
 - Opportunities for work at Voces Latinas
 - Trainings for all at Voces Latinas
- **Colleagues Helping Colleagues**

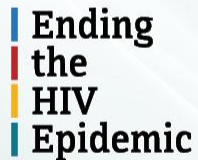


Culturally Humble Staff

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
All People of Trans
Experience

Cristina Herrera

Chief Executive Officer and
Founder

Translatinx Network

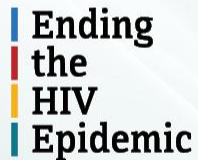
A few useful ideas ally organizations seeking to begin or improve their service delivery to the trans community:

- Hire from within trans and non-binary communities, including trainers and consultants
- Explore the idea that gender, gender identity, gender expression, sexual orientation, and romantic relationships aren't binary, and remain open and inclusive when discussing these topics
- Make a habit of sharing your pronouns rather than asking others
- Use gender inclusive language with people and on documents – this is especially true when asking about sexual behaviors
- Questions about any part of someone's transition should only be asked when relevant to the work at hand
- Never “dead name.” Use the name chosen by the client. This is especially important in medical settings
- Identities about gender and sexuality can be fluid. Give clients the space to explore
- As with anyone else, compliments shouldn't be about appearance (“Wow! I never would have know” isn't a compliment)

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
All People of Trans
Experience

Sean Coleman

Founder and Executive Director

Destination Tomorrow

Destination Tomorrow Who Are We?

- Client centered LGBTQIA+ Center in the Bronx
- Serving the underserved/marginalized populations in NYC
- Staff representation- LGBTQIA+ community members and allies

Data Tells The Story

- Let the data guide you
- Assessment and engagement is Key
- Dictates the focuses on service gaps that lead to funding
- Evaluates the needs of the population

Engagement

- Include clients in program direction
- Participatory Research Activities (Client inclusive research)
- Program Evaluation (What works what doesn't)

In house Survey Mental Health Needs of TGNC Clients



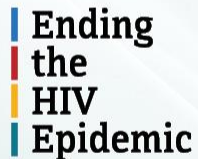
Mental Health

- 81.5% reported that poor physical or mental health kept them from their usual activities at least once in the last 30 days
- 34.6% had thoughts of hurting themselves or someone else in their lifetime
- 26.5% had been hospitalized in the past for attempting suicide
- 73% had seen a mental health counselor or social worker in the past
- 55.1% received mental health care treatment in the past
- 75.5% would attend on-site mental health services, if offered at Destination Tomorrow

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
People with HIV Ages 50
Years and Older

Charles King, JD, MDiv

Chief Executive Officer

Housing Works

Best Practices For Engaging Older Adults Impacted by HIV



- In 2021, 57% of New York State residents living with diagnosed HIV were 50 years old or older.
- In 2022, in New York City, 16% of new diagnosis of HIV were among people who were 50 years old or older.
- In 2022, in New York City, 26.5% of older New Yorkers who were diagnosed with HIV received a simultaneous AIDS diagnosis.

Best Practices For Engaging Older Adults Impacted by HIV



- Heterosexual older adults are more likely to contract HIV than their younger counterparts.
- Sexually active older adults are often unaware of their HIV risk and need targeted education.
- We must scale up use of Pre- and Post- prophylaxis among older adults at risk of HIV infection.

Best Practices For Engaging Older Adults Impacted by HIV



- Medical providers need to be trained to discuss sexual behavior with their older patients in order to determine risk.
- Universal HIV testing in primary care and emergency room settings, with an opt out provision, would be an important step toward expansion of testing among older adults.

Best Practices For Engaging Older Adults Impacted by HIV



- Health insurance coverage is key to HIV prevention and testing.
- On January 1, 2024, Medicaid became available to low-income undocumented New Yorkers over the age of 65.
- We still need Coverage for All legislation to provide insurance coverage for low-income undocumented New Yorkers between the ages of 19 and 64.

Best Practices For Engaging Older Adults Impacted by HIV



- Early treatment intervention is imperative for older adults newly diagnosed with HIV.
- Even with quality treatment, older adults with HIV may experience symptoms of premature aging.
- Older adults with HIV commonly experience mental illness, especially depression and substance use disorder, and may also experience extreme isolation.

Best Practices For Engaging Older Adults Impacted by HIV



- Establish more clinical centers of excellence on HIV and aging like the one established at Weil Cornell Medical College.
- Establish geriatric training for social service providers.
- Equip senior programs to serve people with HIV, people who are LGBTQ, and people with histories of chronic substance is.

Best Practices For Engaging Older Adults Impacted by HIV



- Develop Programs of All-Inclusive Care for the Elderly (“PACE”) that are specifically designed to serve elderly people living with HIV and other co-morbid conditions.

Best Practices For Engaging Older Adults Impacted by HIV



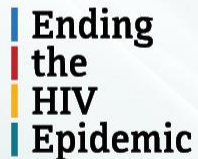
Thank you!

Direct Questions and Comments to:
king@housingworks.org

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
Youth and Young Adults
Ages 13-29 Years

Jeffrey Birnbaum, MD, MPH
Executive Director

HEAT Program at SUNY
Downstate Health Sciences
University

Core Elements of A Successful Adolescent HIV Care Program

- Competent providers who enjoy working with youth
- Staff that can relate to the “world” youth live in
- Youth friendly space in a discrete location
- Comprehensive and multidisciplinary services/“one stop shop”
- Provide HIV services in an HIV status neutral environment where HIV negative young people also access services
- Services that match the needs of the local youth population
- Grant funding
- Really “cool” logo and outreach materials

Core Elements of A Successful Adolescent Care Program (cont.)

- Institutional support
- Removal of barriers youth face when seeking to independently access health care services
- Free or low cost care especially for laboratory tests and pharmaceuticals
- Essential community linkages to ensure bilateral referrals of youth for services – “meet the youth where they are” (CBO’s, churches, schools, House Ball Community, informal youth networks, etc)
- Provide on-site and venue based HIV counseling and testing
- On-site prevention services (PrEP, behavioral interventions)

Specific Healthcare Needs of YMSM/Gay Youth



Culturally competent and responsive care

Outreach to “ballroom” community and other venues for MSM/gay male youth are necessary to bring youth into care settings

Disclosure of sexuality in general as well as how it relates to engagement in care and HAART or PrEP adherence

Mental health issues: increased suicide rates, family issues, social isolation, peer support

High rates of homelessness

Clinical expertise in dealing with syphilis, anal STDs (eg. Condyloma, anal Pap smears/dysplasia/HPV/anoscopy, herpes, Gc/chlamydia, etc.)

Core Elements of Care For HIV+ Transgender Adolescents and Young Adults:

- Transgender focused intake process
- Case management services to reflect the needs of a transgender clientele: insurance, name changes, housing, sexual and domestic violence, employment discrimination, etc.
- Mental health services to address unmet mental health needs and substance use services
- Co-location of HIV care and gender-affirming care (hormones, etc.)
- Culturally competency training for staff
- Support services

Special Healthcare Needs of Adolescent/Young Adult Females with HIV

- Sexual health related issues best dealt with on-site in clinic if possible: routine gyn exams, Pap smears, colposcopy, family planning
- Expertise in dealing with teen pregnancy and teen/young adult parenthood; HEAT Program currently has 12 young mothers in care with 4 of them being perinatally infected themselves
- ARV adherence during pregnancy
- Financial independence issues
- Mental health issues: domestic violence, power imbalance in relationships with older men, hx of sexual abuse

Healthcare Outreach to the House Ball Community

- The House Ball community is composed of groups (“houses”) of individuals participating in dance and fashion competitions known as balls, a long-standing feature of the NYC nightlife.
- The House Ball community is predominantly Black and Latino MSM and transgender women.
- Houses are social networks that vary in size and organization. Houses can also be seen as alternative family structures with “mothers”, “fathers” and “children”.
- For many youth, the House Ball community provides a much needed social structure, support, and sense of family.
- Many youth participate in the House Ball community through the “kiki” houses.
- *House Ball communities are a critical access point for engaging youth, both those at high-risk for HIV infection and those already HIV infected.*

ICON TERRA MULAN
PRESENTS



DATE: APRIL 8TH, 2023

TIME: 4:00PM

ADDRESS: MUSIC HALL OF
WILLIAMSBURG

COMM: ICON SNOOKIE JUICY

KARMA VERSACE

WARREN LOUBOUTIN

DJ: GOLDEN MULAN



STAY PROTECTED EVEN WHEN YOU'RE VOGUEING WHAT IS PrEP?



An HIV prevention method in which people who do not have HIV practice a method to reduce their risk of becoming infected.

FOR MORE INFORMATION ON PrEP Contact
THE HEAT PROGRAM

WWW.HEATPROGRAM.ORG



COMMUNITY HEALTH



Projects for men of color

OFFERS

Free STI&HIV Testing

PrEP

Support(347-762-2134)

Mental Health Support
and Referral
& More

JOIN
US!

Follow us on instagram
@therenaissanceprojects

WWW.HEATPROGRAM.ORG
718-613-8453

450 Clarkson ave, Brooklyn New york, 11203



Palmcard PrEP Outreach to the House Ball Community

Social Media Outreach on Grindr

Are you sexually active ?
Do you worry about catching HIV ?

Maybe **PrEP** can help.

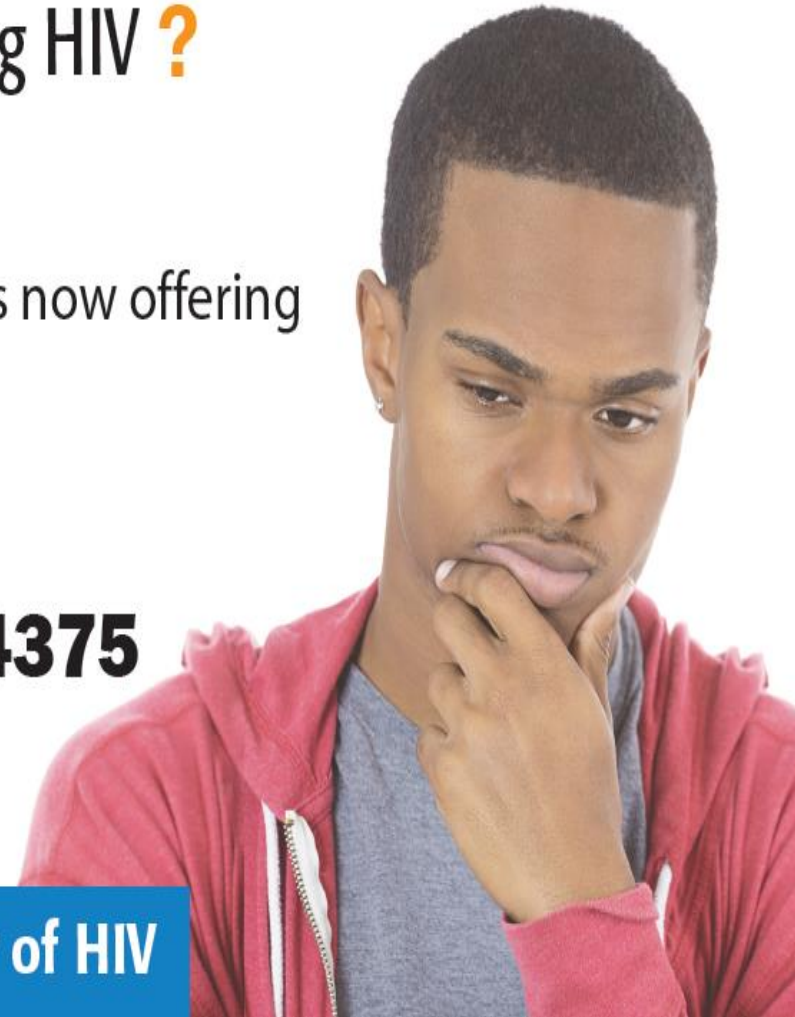
SUNY Downstate Medical Center is now offering PrEP services.

One pill once a day is all it takes.

Contact us at **718-270-4375**



PrEP: Live and Love without Fear of HIV





**HIV diagnoses among the
transgender community
is three times the
national average.**

**Know the Facts.
Change the Stats.
End HIV.**

**K[NO]W
HIV**

AN AVITA PHARMACY INITIATIVE
www.knowhiv.me

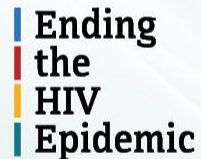


Source: CDC

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Strategies for Engaging
Youth and Young Adults
Ages 13-29 Years

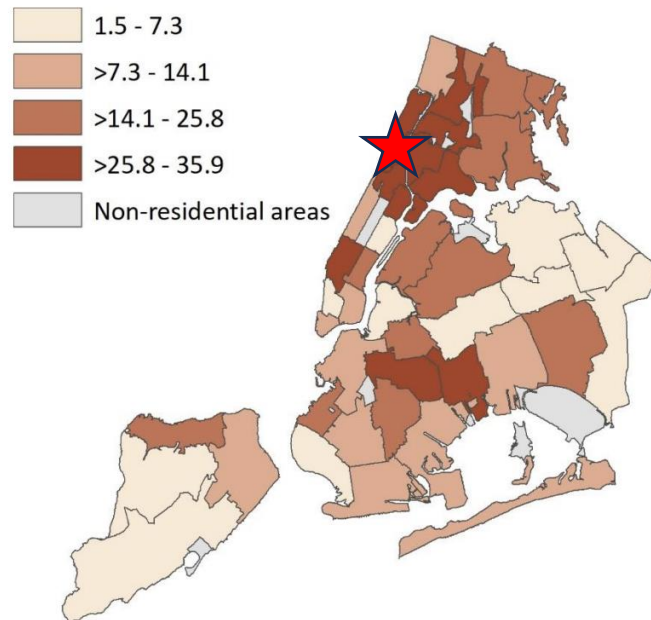
Caroline Carnevale, FNP, MPH

Nurse Practitioner

Project STAY at New York-
Presbyterian Hospital

NYP's Status Neutral Clinic

Figure 4.2. HIV diagnosis rates² per 100,000 people in NYC by United Hospital Fund neighborhood in 2022



- Since onset of NYP's Status Neutral Clinic, we have provided HIV Prevention Services for over 2444 unique youth ages 13-29 (54% of general patient pop)
 - 96% of our patient population identified as MSM
 - 40% identified as Latinx
 - 18% identified as Black/African American
- We provide the breadth of status neutral services in a **one stop shop model** with an **average of 230 visits** per month
- We receive funding from NYS, NYCDOHMH, CDC, City Council, Ryan White

Best Practices in helping Youth reach ETE goals

- Reducing insurance barriers for youth

- Problem: Many youth (up to age 26) are on their parents' commercial insurance which presents **confidentiality and safety concerns**
- Solution: New York needs to find a way to provide youth with access to (at least) generic TDF/FTC without having to use commercial insurance
 - Ex: expanding PrEP-APs coverage to include TDF/FTC payment for this group

- Open Access Care Model

- Problem: The need to initiate Sexual Health Care can be emergent
 - Many sites have waitlists for first appointments
- Solution: Incentives need to be given to sites that have capacity to see new patients same or next day

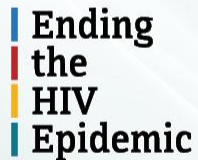
Best Practices in helping Youth reach ETE goals

- Enforcing the NYS mandate that emergency departments offer HIV testing
 - Many youth access primary care and status neutral services in emergency departments
 - While Emergency Departments fall under the NYS mandate to offer opt out HIV testing to all patients ages 13-65, many ERs disregard this mandate.
 - Holding ERs accountable to this mandate would dramatically increase the number of HIV positive individuals identified and subsequently linked to care

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



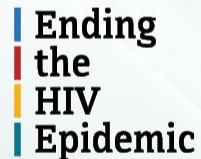
New York City
January 17, 2024

LUNCH BREAK

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

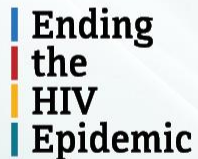
PANELS:

Solutions and Opportunities Related to the New York City 2020 Ending the HIV Epidemic Plan

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Ending the HIV Epidemic Pillar 1: Diagnose

Moderator:

Yusyin Hsin, MPH, Project Officer, *New York Knows*, Bureau of Hepatitis, HIV, and STIs, New York City Department of Health and Mental Hygiene

Panelists:

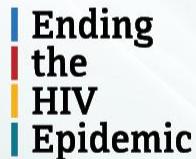
Ashwini Hardikar, MPH, Director of Grants Administration, Callen-Lorde Community Health Center

Kenia Liriano, Vice President, Prevention and Intervention, CHASI

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Ending the HIV Epidemic Pillar 2: Treat

Moderator:

Jill Williams, Senior Training Specialist, HIV Care and Treatment Program, Bureau of Hepatitis, HIV, and STIs, New York City Department of Health and Mental Hygiene

Panelists:

Eunice Casey, MPH, MIA, Senior Director of HIV Services, New York City Health + Hospitals

Lisa Scaturro, MSW, Program Director, Ryan White HIV Grants, New York City Health + Hospitals/Elmhurst

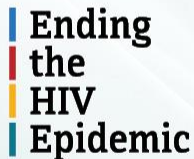
Venus Vacharakitja, PhD, Senior Director of Supportive Services, Apicha Community Health Center

INTRA-JURISDICTIONAL

EHE ↔ FTC

ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Ending the HIV Epidemic Pillar 3: Prevent

Moderator:

Nicholas Bove, MPH, Deputy Director, HIV Prevention Program, Bureau of Hepatitis, HIV, and STIs, New York City Department of Health and Mental Hygiene

Panelists:

Brian Hennessy, MPH, Managing Director for Biomedical Prevention and Navigation Services, Housing Works

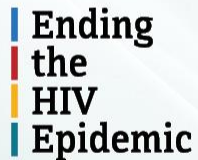
Diane Tider, MPH, Director of Prevention, Mount Sinai Institute for Advanced Medicine

Justin Toro, LMSW, Associate Director, Sexual Health and LGBTQ Services, The Oval Center at Montefiore Medical Center

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



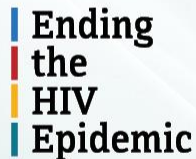
New York City
January 17, 2024

**AFTERNOON
BREAK**

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Ending the HIV Epidemic: Integrating HIV, STI, and Hepatitis C Services

Moderator:

Preeti Pathela, DrPH, MPH, Executive Director,
STI Program, Bureau of Hepatitis, HIV, and STIs,
New York City Department of Health and
Mental Hygiene

Panelists:

Jason Zucker, MD, Assistant Medical Director,
New York City STD/HIV Prevention Training
Center

Tamika Howell, MA, Vice President, Project
Street Beat, Planned Parenthood of Greater
New York

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New York City
January 17, 2024

Rapporteur Session

Scott Lyles

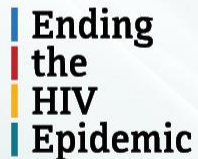
Ending the HIV Epidemic/Fast-Track Cities Alignment
Consultant

Fast-Track Cities Institute

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Next Steps

Sarah Braunstein, PhD, MPH

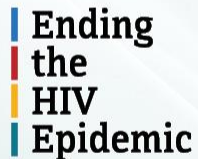
Assistant Commissioner, Bureau
of Hepatitis, HIV, and STIs

New York City Department of
Health and Mental Hygiene

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York, City
January 17, 2024

Fast-Track Cities Advantage and Closing Remarks

Dashiell Sears, MPP

Regional Director, North
America

Fast-Track Cities Institute

FTC – EHE Joint Focus



- FTC-EHE Synergies are significant
- Areas of joint focus in 2022-2025, including:
 - Technical guidance: **Inter-/Intra-jurisdictional planning**
 - Health inequity: **Social Transformation Agenda**
 - Capacity-building: **LAI tx/PrEP implementation, person-centered care, cultural responsiveness**
 - Best-practice sharing: **Best Practice Repository**
 - Assessment tools: **QoC, QoL surveys**
 - Public policy interventions: **Housing, criminalization**
 - Health workforce: **Stress, burnout, well-being survey**
 - **Stigma elimination: #ZeroHIVStigmaDay**

Leveraging FTC for EHE



EHE Goals

- Expanding Engagement Points for EHE Advocacy – Widening the Circle
- Integrating treatment and prevention strategies together to achieve status neutrality
- Local stakeholder buy-in and education [health networks/districts, clinicians, educators]
- Strengthening Health System Resilience
- Upscaling integrated care models addressing intersectional infections and conditions (MPX, hepatitis, syphilis, gonorrhea, chlamydia, under- or non-insured, unhoused, mental health, addiction)
- Measuring and assessing Quality of Care and Quality of Life Metrics

FTC Advantage

- **Social Transformation Agenda**
 - Leveraging FTC core groups to enhance engagement with community-based stakeholders towards comprehensive planning that supports EHE and equity-based goals for social determinants
- Inter-jurisdictional holistic HIV planning,
- Best Practice documentation/validation/sharing,
- Implementation Science funded studies
- Research and guidance for universal stigma, QoC, QoL metrics

Leveraging FTC for EHE, Cont.



EHE Goals

- Policy advocacy for holistic HIV health systems
- Increase HIV awareness in non-traditional medical fields and general community
- Eliminating disparities in HIV health outcomes, rates of new infections, and PrEP uptake
- Optimizing the urban and rural HIV care continuum
- Enhancing accessibility for HIV service and clinical interfacing for key populations

FTC Advantage

- **Model Policies, HIV Care Optimization Guidance, Status Neutral implementation**
- **Normative Implementation guidance for DoxyPep and DoxyPrEP**
- **Normative guidance on strengthening STI capacities for clinics and health departments**
- **Data and Research for policy impact**
- **Social Transformation Agenda, Inter-Jurisdictional Planning, QoL/QoC Assessments**
- **Global reach for leading edge partnership exploration**

INTRA-JURISDICTIONAL

EHE ↔ FTC ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Closing Remarks

Dashiell Sears, MPP

Regional Director, North
America

Fast-Track Cities Institute

- **TOGETHER**, we can achieve a future in which:
 - New HIV infections are **EXCEEDINGLY RARE** and AIDS-related deaths are a thing of the past
 - People living with and affected by HIV are **VALUED** and not subjected to inequality
- Lags in our global, national, municipal HIV responses reflect underlying **SOCIAL INEQUALITIES**:
 - **GAY MEN, OTHER MSM** who are forced to live on societal margins
 - **TRANSGENDER INDIVIDUALS** whose identities are violently suppressed
 - **RACIAL, ETHNIC MINORITIES** who lack socioeconomic opportunity and confront racism
 - **WOMEN, GIRLS** who often lack a voice about their own bodies and healthcare decisions
- Ending the HIV epidemic does not just mean suppressing or even curing the virus, but rather **ADDRESSING MYRIAD INJUSTICES** that have been both causes and effects
- HIV is as much about **HUMAN RIGHTS AND SOCIAL JUSTICE** as it is about public health or science
- EHE and FTC are well **ALIGNED AND SYNERGISTIC** to advance a **HOLISTIC** HIV response

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New York City
January 17, 2024

Closing Remarks

Anne Williams-Isom

Deputy Mayor for Health and
Human Services

City of New York

INTRA-JURISDICTIONAL

EHE ↔ FTC
ALIGNMENT

2023 WORKSHOPS



New York City
January 17, 2024

Closing Remarks

David Martin

Community Co-Chair

HIV Health and Human Services
Planning Council of New York

INTRA-JURISDICTIONAL

**EHE ↔ FTC
ALIGNMENT**

2023 WORKSHOPS



New York City
January 17, 2024

THANK YOU!