

Ending the Epidemic in New York City by Advancing Health Equity

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NYC Department of Health and Mental Hygiene**

Outline

- Trends in new HIV diagnoses in New York City
- The HIV Status Neutral Cycle: Ending the Epidemic through Inclusion
 - HIV Testing
 - Treatment Engagement
 - Prevention Engagement
 - Eliminating HIV Stigma
 - Applying a racial equity and social justice lens

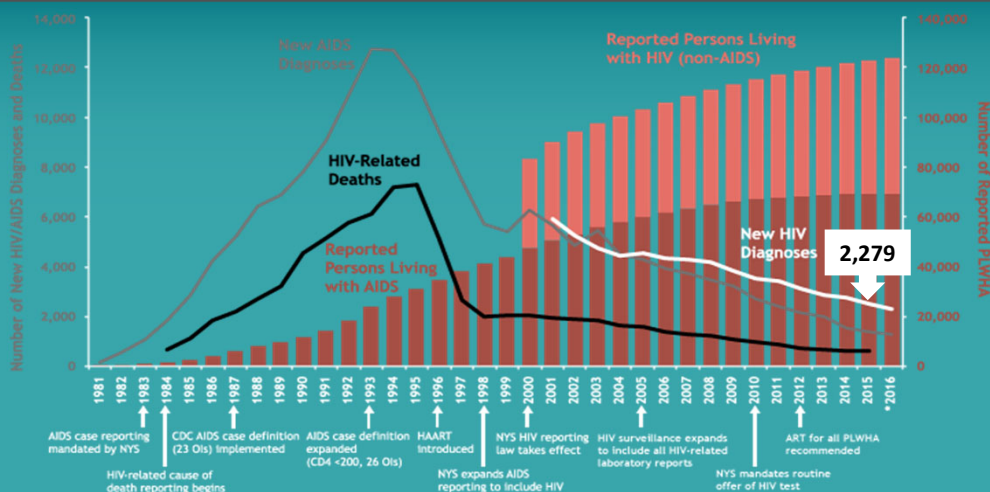
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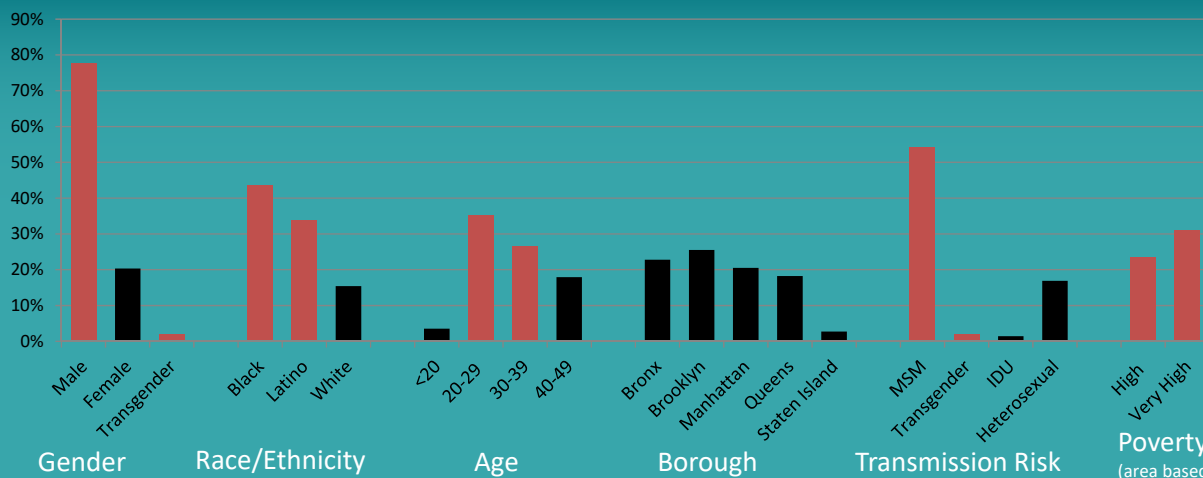
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HISTORY OF THE HIV EPIDEMIC IN NYC



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New HIV Diagnoses, NYC, 2016



Source: NYC DOHMH, Bureau of HIV Surveillance Data



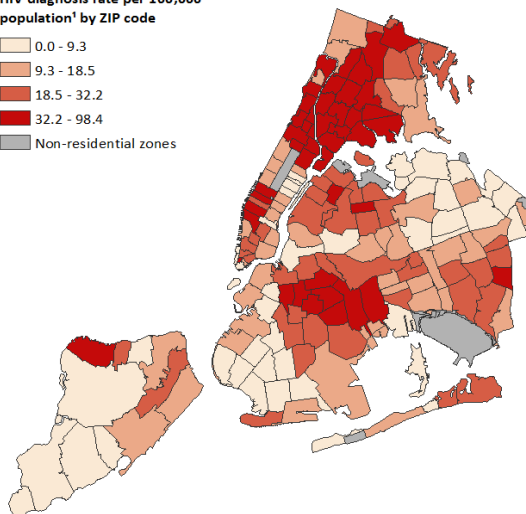
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RATES OF NEW HIV DIAGNOSES BY ZIP CODE IN NYC, 2016

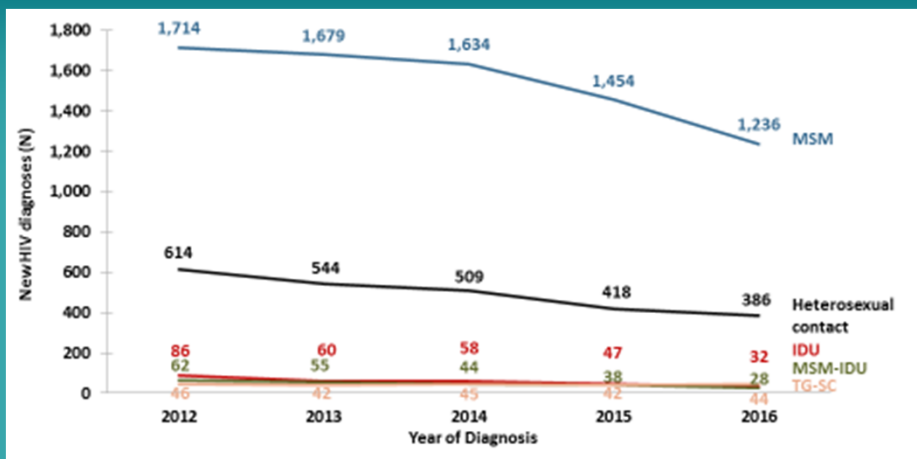
HIV diagnosis rate per 100,000 population¹ by ZIP code

- 0.0 - 9.3
- 9.3 - 18.5
- 18.5 - 32.2
- 32.2 - 98.4
- Non-residential zones



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NUMBER OF NEW HIV DIAGNOSES BY TRANSMISSION RISK IN NYC, 2012-2016

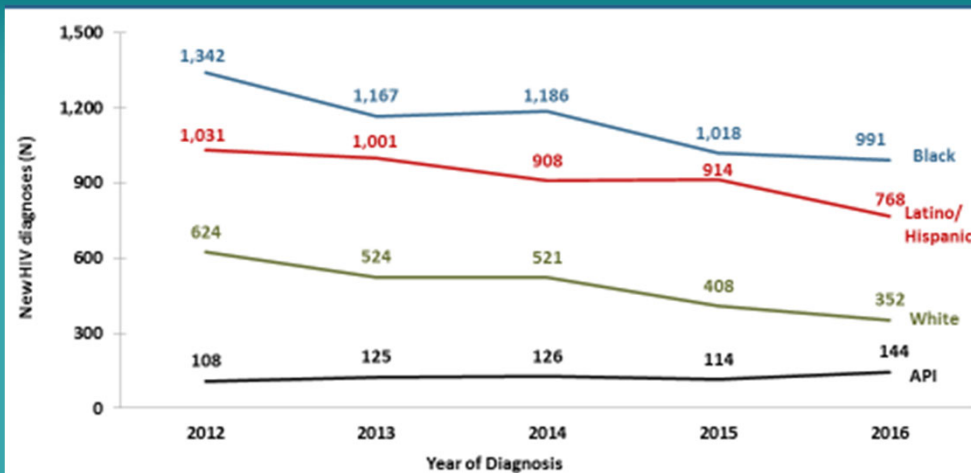


Perinatal and Unknown risks not shown. There were 552 people with Unknown risk and 1 person with Perinatal risk newly diagnosed with HIV in 2016.
 TG-SC = transgender people with sexual contact.
 As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



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NUMBER OF NEW HIV DIAGNOSES BY RACE/ETHNICITY IN NYC, 2012-2016

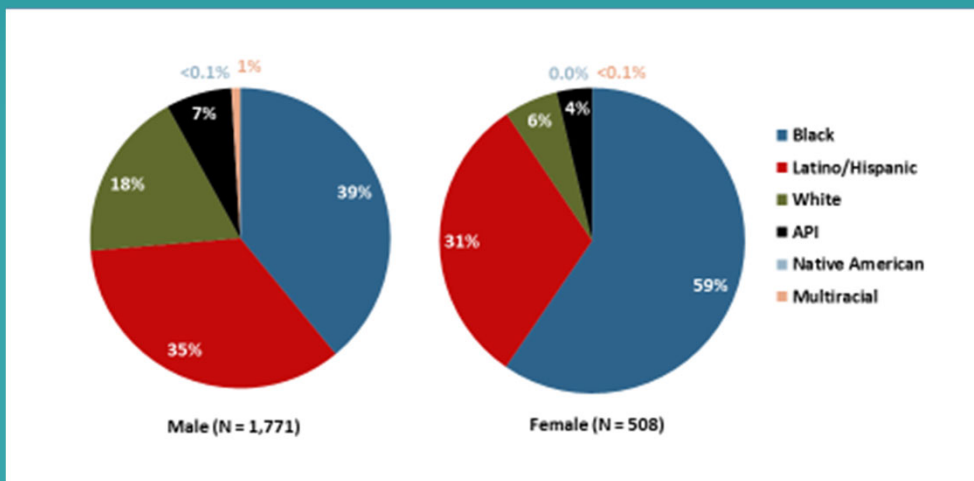


Native American and multiracial groups not displayed because of small numbers.
 There were 6 Native American and 18 multiracial people newly diagnosed with HIV in 2016.
 As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



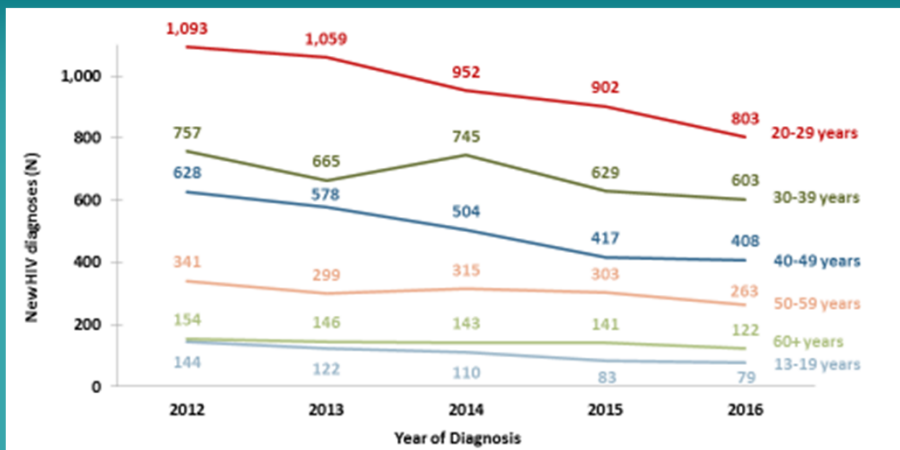
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NEW HIV DIAGNOSES BY RACE/ETHNICITY AND GENDER IN NYC, 2016



Female includes transgender women and male includes transgender men.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

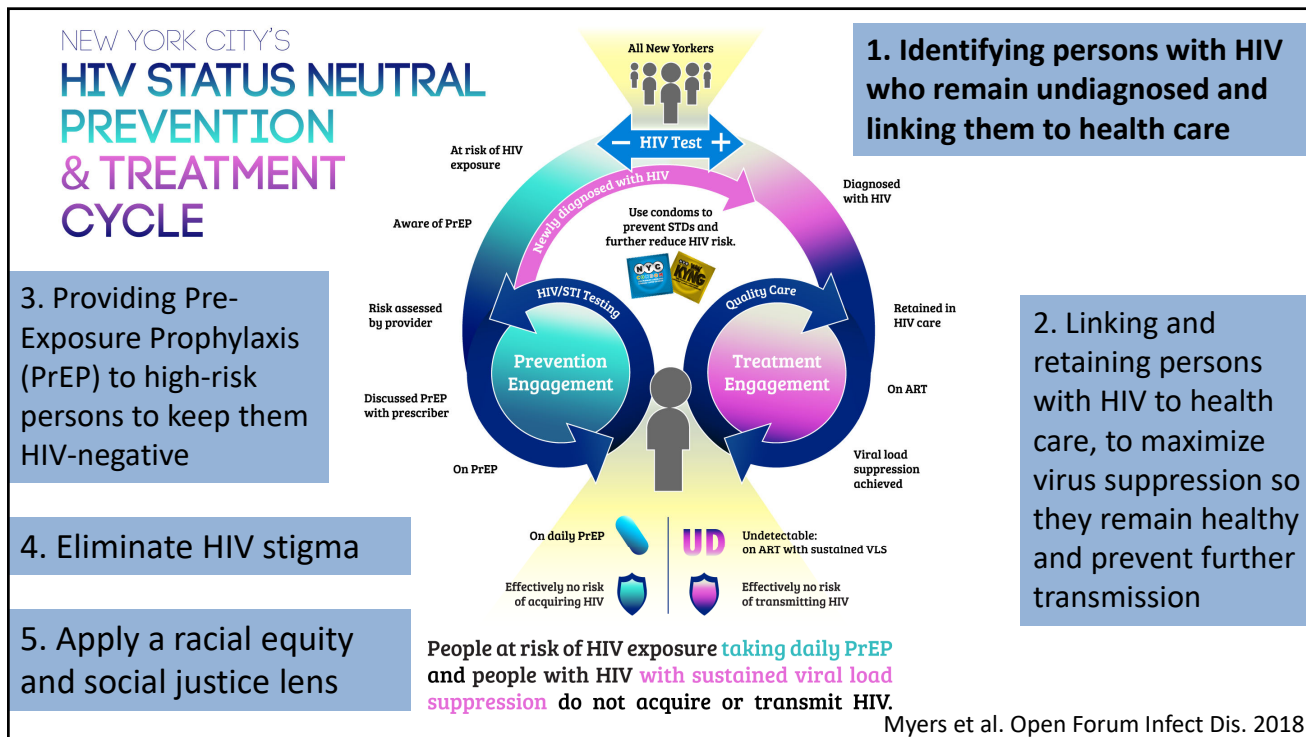
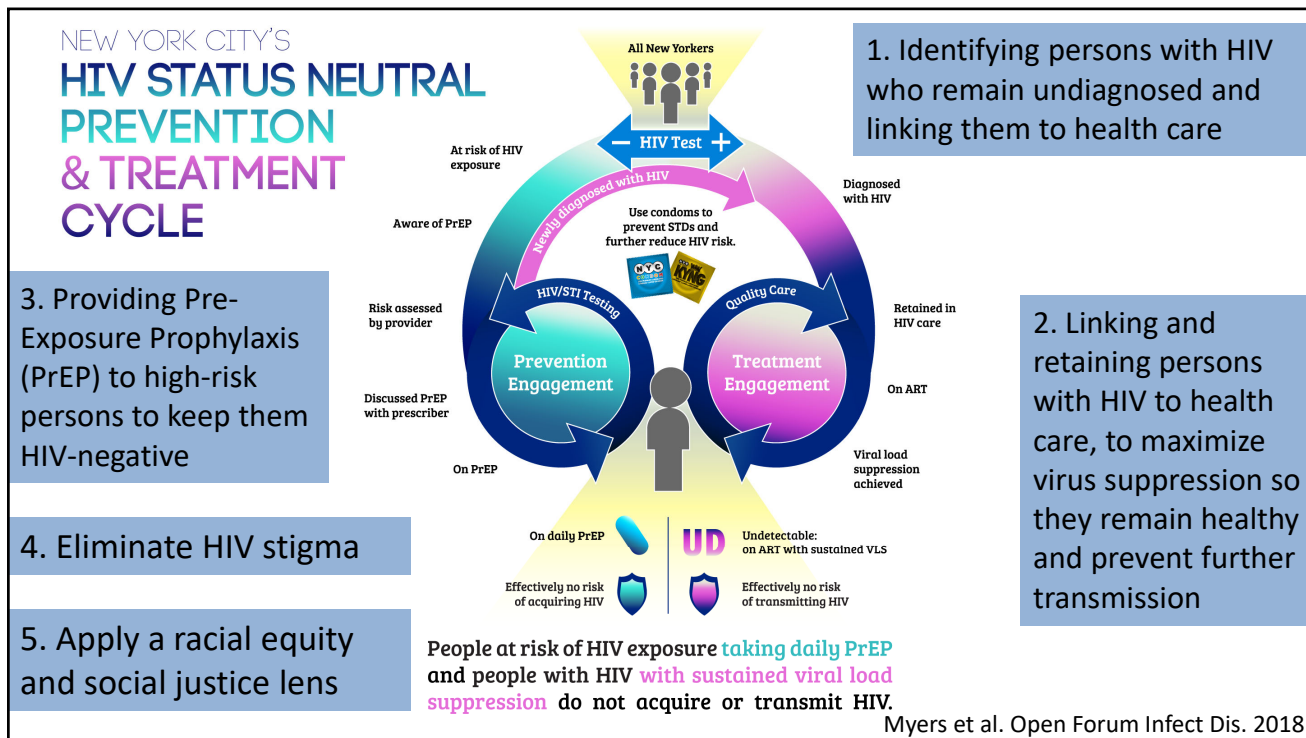
NUMBER OF NEW HIV DIAGNOSES BY AGE IN NYC, 2012-2016



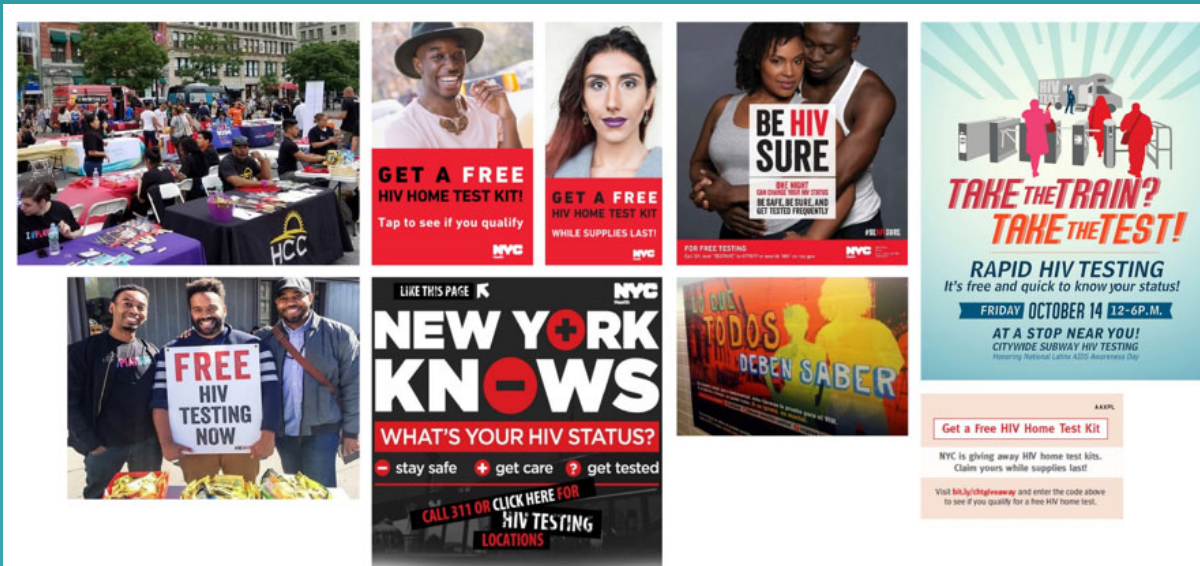
New diagnoses in the 0-12 age group not displayed because of small numbers.
There was 1 child aged 0-12 years old newly diagnosed with HIV in 2016.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



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HIV Testing: Community Mobilization & Online Outreach

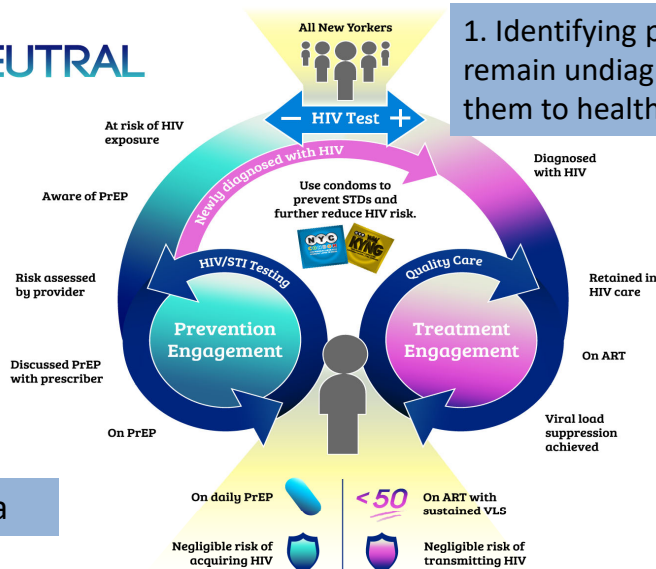


NEW YORK CITY'S HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE

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

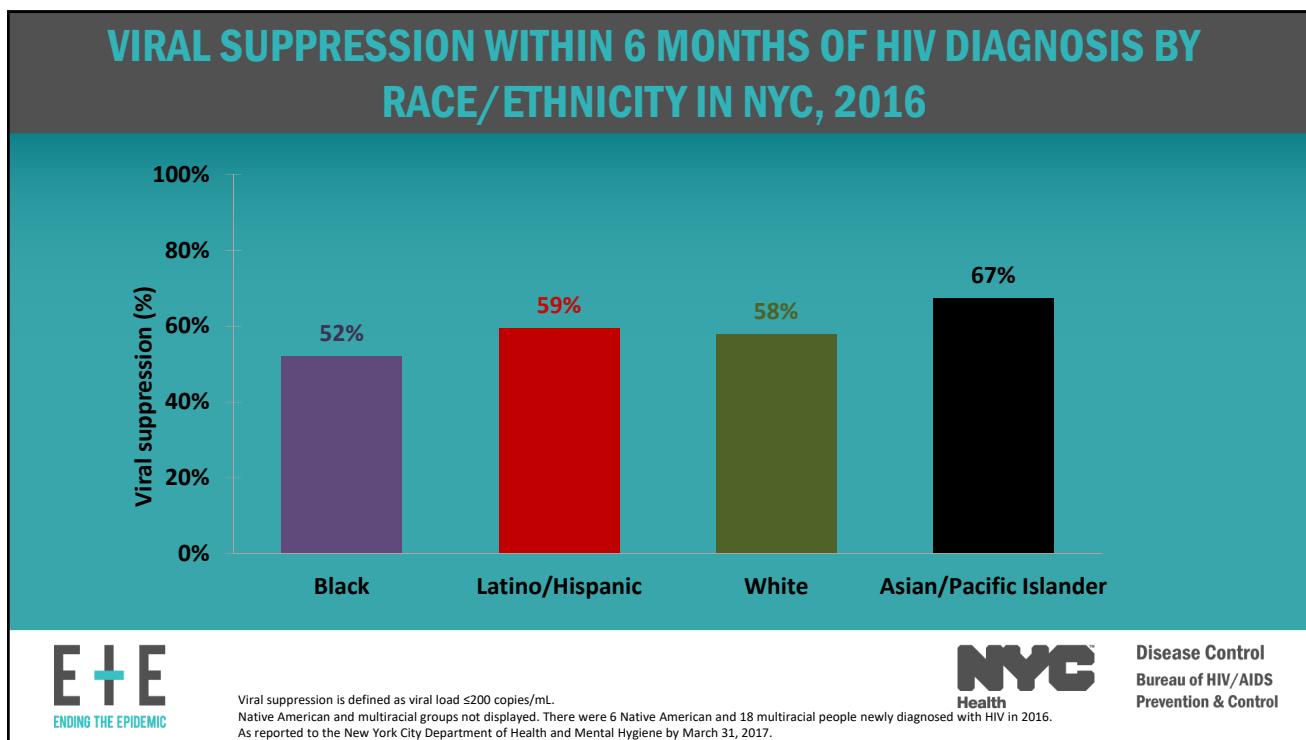
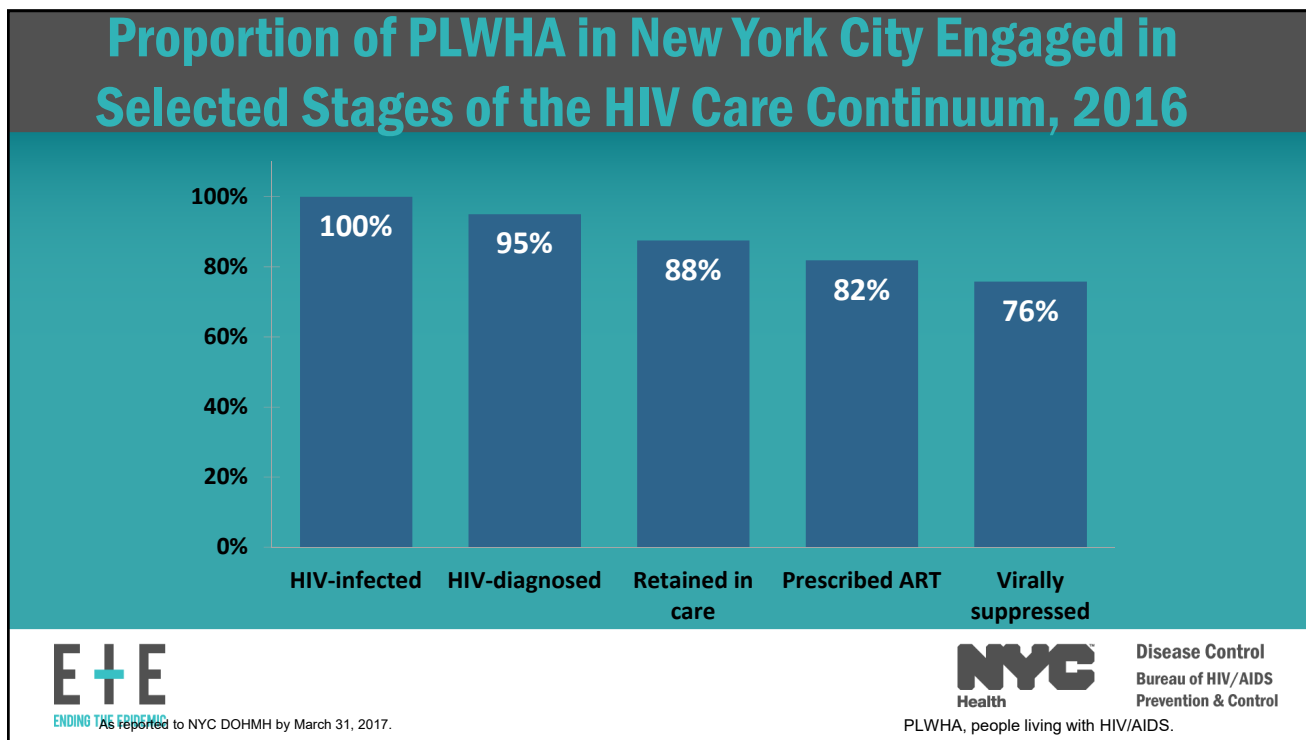


1. Identifying persons with HIV who remain undiagnosed and linking them to health care

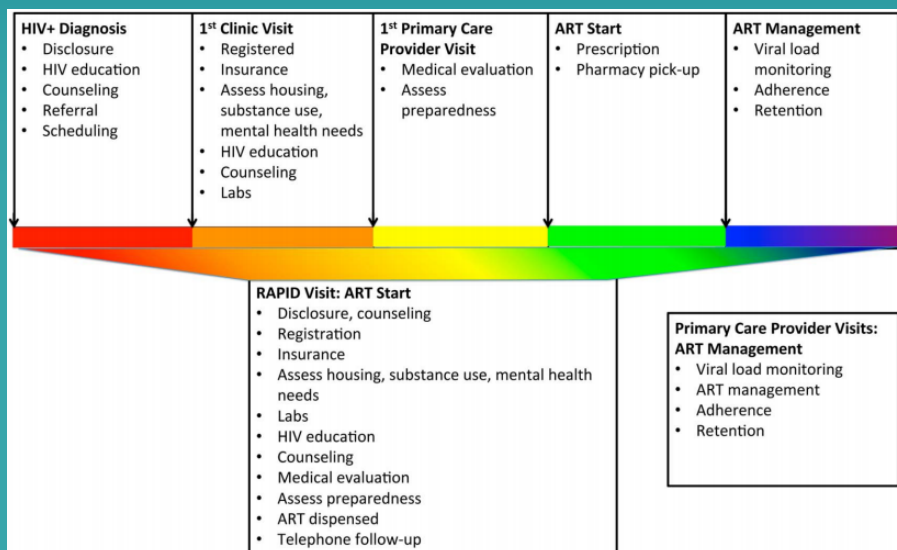
2. Linking and retaining persons with HIV to health care, to maximize virus suppression so they remain healthy and prevent further transmission

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

Myers et al. Open Forum Infect Dis. 2018



Promoting Immediate Antiretroviral Treatment (iART)



Pilcher CD, et al. *J Acquir Immune Defic Syndr.* 2017;74(1):44-51.

Treatment engagement: Immediate Antiretroviral Treatment



“JumpstART”*

Launched 11/23/16

STARTED IN ONE CLINIC
NOW IN ALL CLINICS

376 JumpstARTs
72% Black/Latino

* As of August 2018

BHIV IART Efforts

Status Neutral Linkage and Navigation in Clinical Settings

- Wrap around services to NYS Rapid Treatment Program
- Provides prompt linkage to care services
- Support Services (Linkage Facilitation, Benefits Navigation, Linkage to Services)

Ryan White Care Coordination Programs

- Incentivizes iART within 0-4 days at program sites that typically do not offer this service and provides support for newly or out of care/previously diagnosed PLWH
- Provides wrap-around services through Care Coordination including home and field-based patient navigation, linkage to services, accompaniment, and health education

The Undetectables: Maximizing viral load suppression

HOME JOIN THE TEAM READ THE COMICS PARTNERS

The power to LIVE UNDETECTABLE is yours

UNDETECTABLES

You are living your life with HIV.
Now harness your power to Live Undetectable.



RWPA vs. Non-RWPA Mortality Disparities

- The HIV Mortality Reduction Continuum of Care (HMRCC) was applied to RWPA and non-RWPA New Yorkers with HIV who died in 2013-2016
 - HMRCC describes patterns of HIV care prior to death, assessing clinical outcomes in the “intervenable” period (IP) between 15 and 3 months before death
 - Data from eSHARE were matched to the NYC HIV Surveillance Registry to identify those who have ever been served by RWPA since 2011
- Age-adjusted mortality rate disparities were also assessed by demographic subgroup
- Overall Average Age-Adjusted Mortality Rate for 2013-2016:
 - RWPA: 7.70/1,000 PWH vs. Non-RWPA: 14.75/1,000 PWH

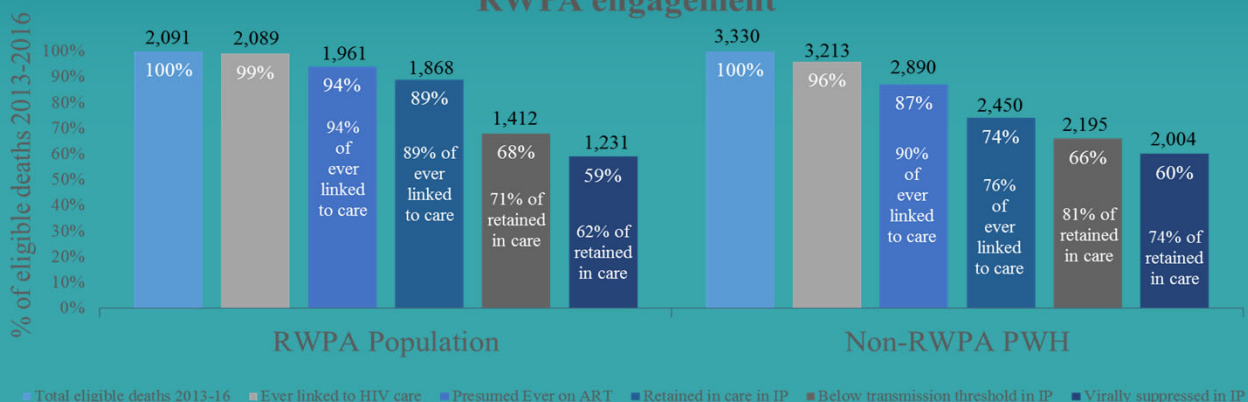


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HIV Mortality Reduction Continuum of Care

Continuum of care among NYC PWH who died 2013-2016, by RWPA engagement

JMJ3



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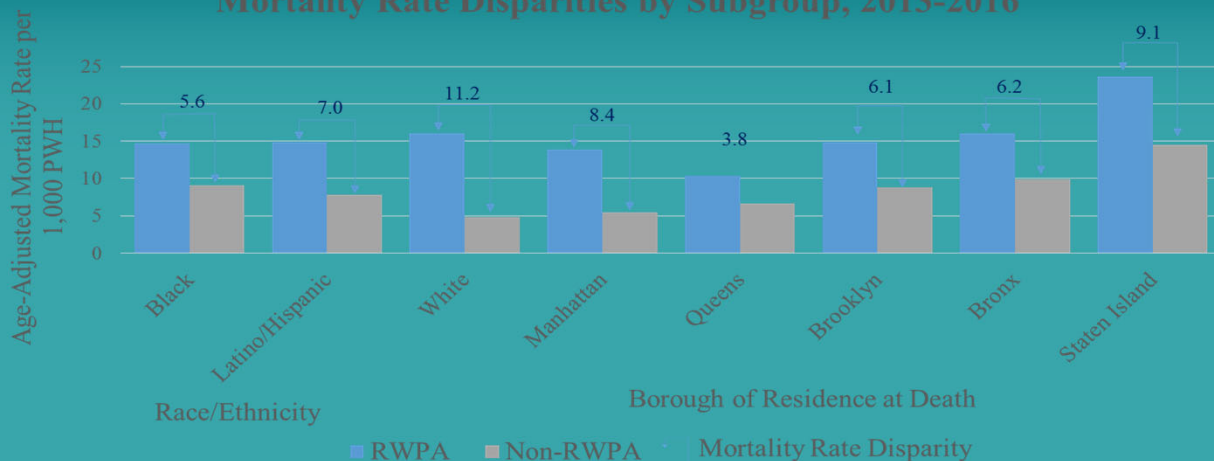
Slide 22

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John Meade Jr, 11/14/2018

JMJ4

RWPA vs. Non-RWPA Mortality Rate Disparities

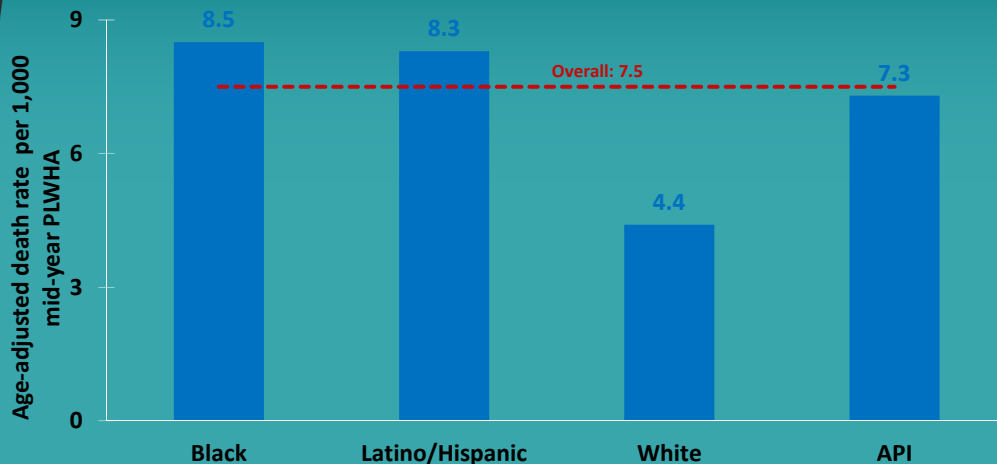
Mortality Rate Disparities by Subgroup, 2013-2016



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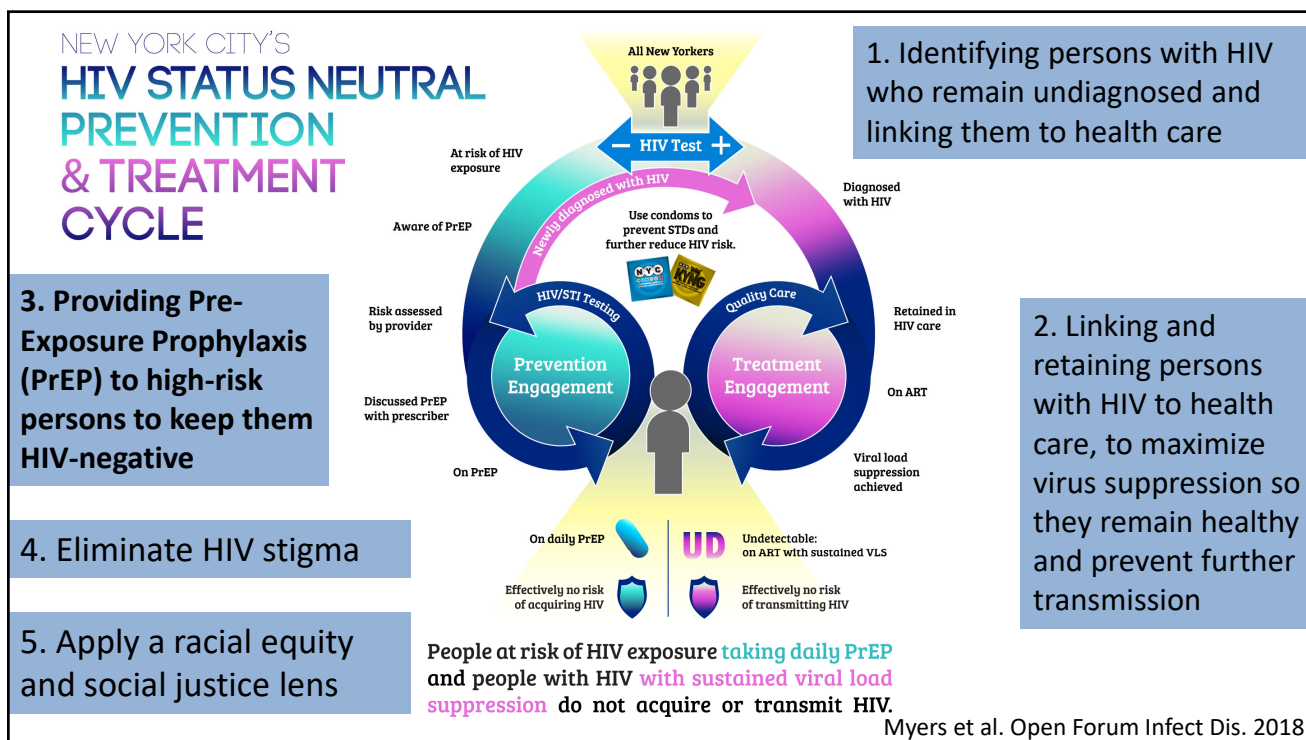
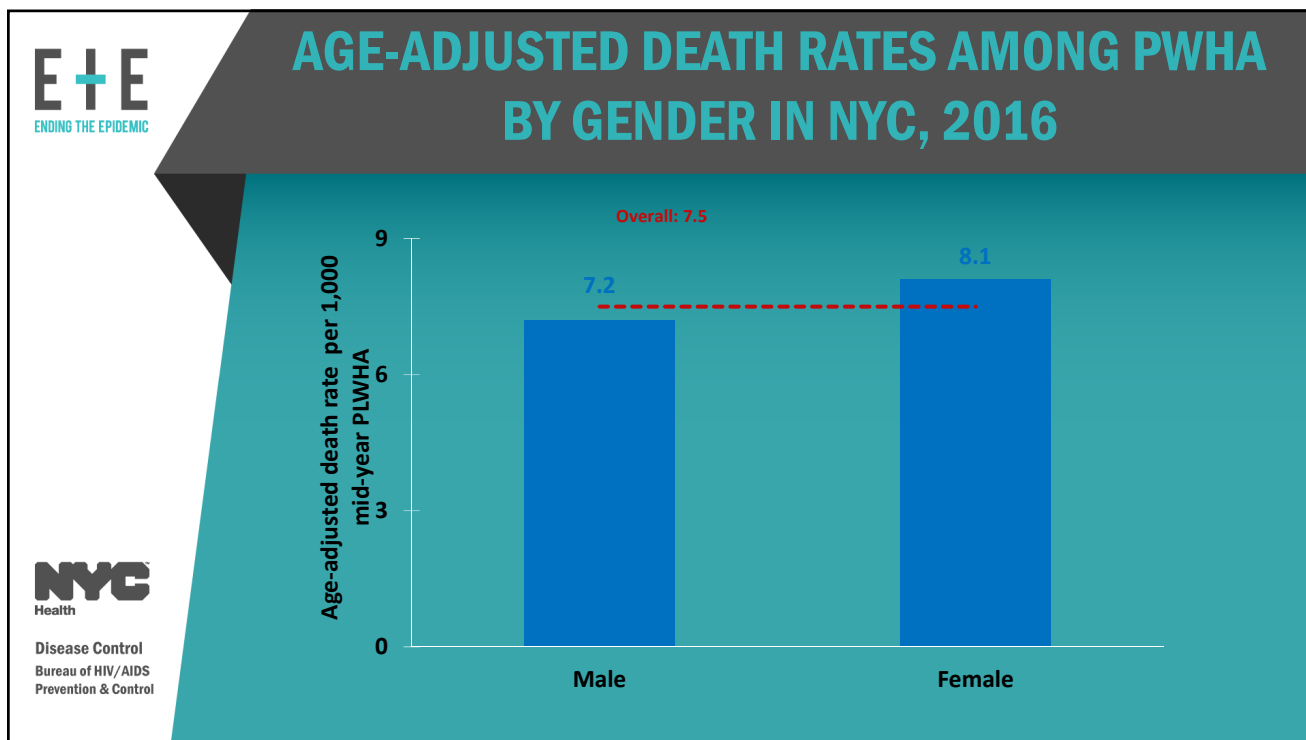


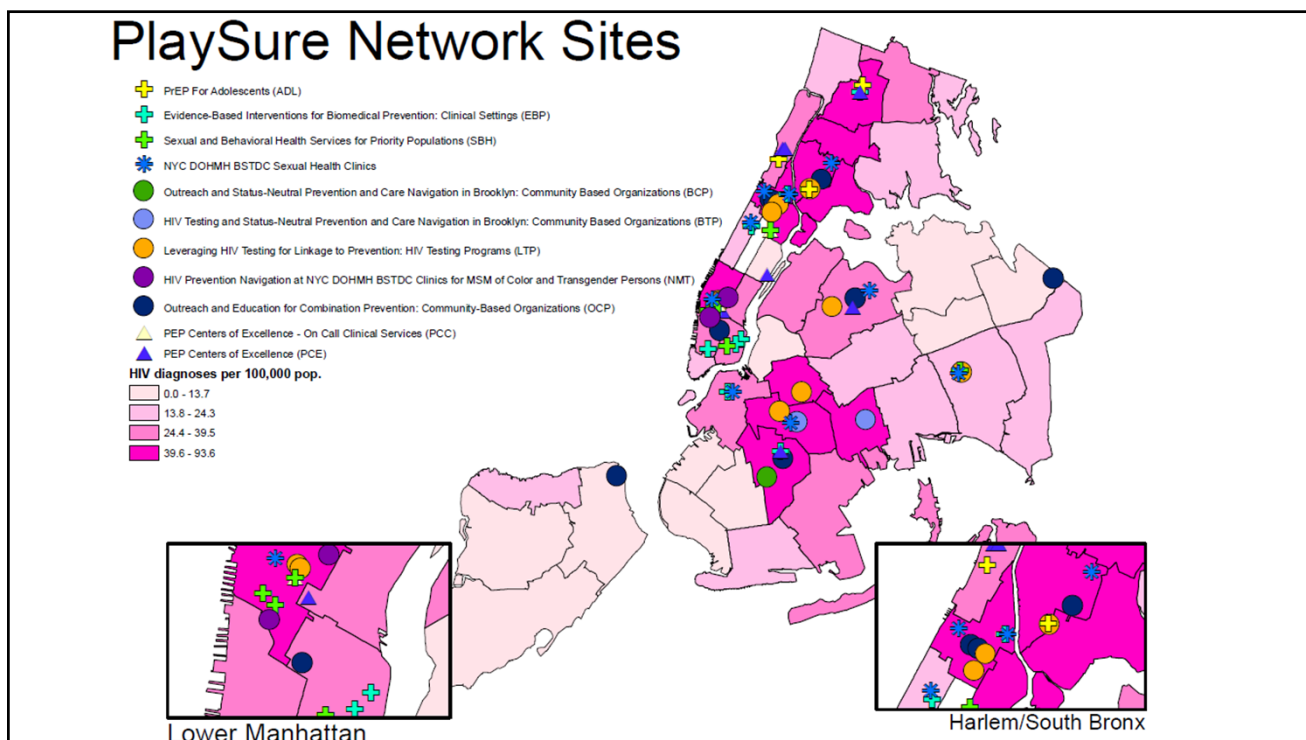
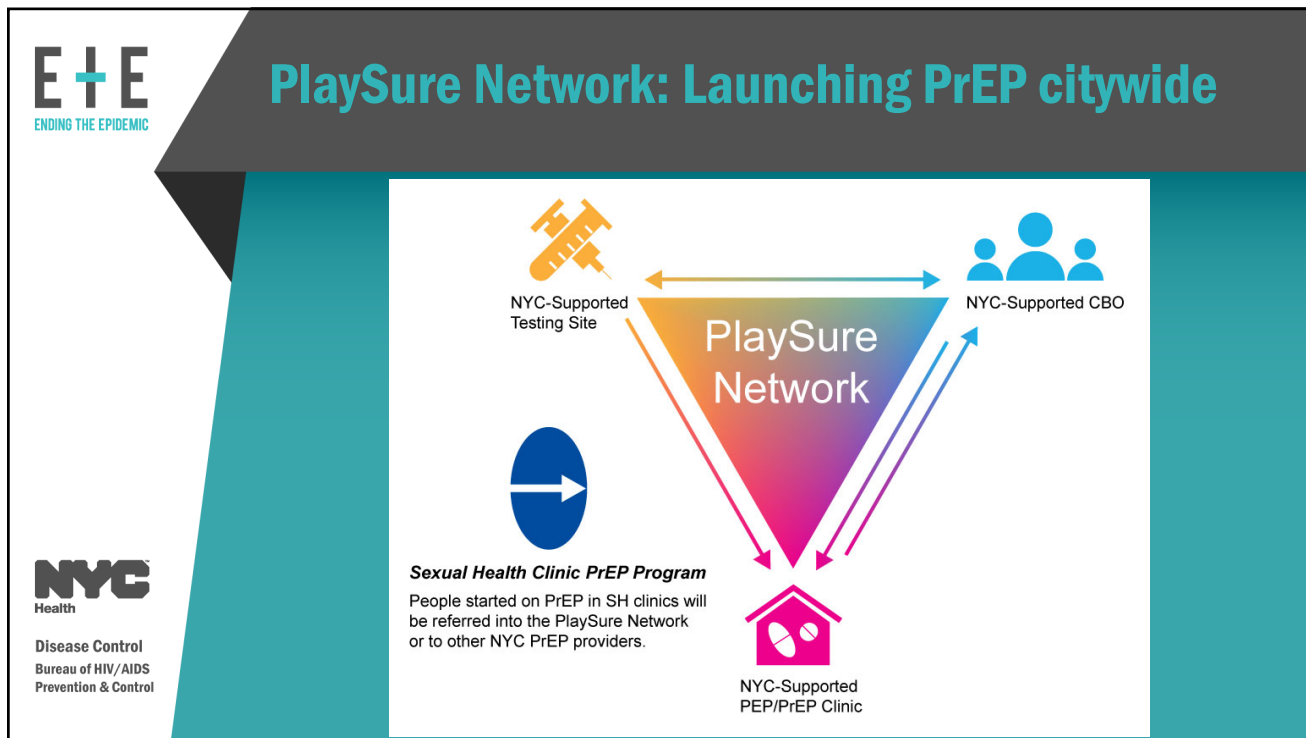
AGE-ADJUSTED DEATH RATES AMONG PWHA BY RACE/ETHNICITY IN NYC, 2016



Slide 23

JMJ4 the color scheme of this graph might make it difficult to see
John Meade Jr, 11/14/2018





PrEP AWARENESS AMONG WOMEN OF COLOR IN NYC, 2016

- Among 411 HIV-negative/status-unknown cisgender women who have sex with men,
 - 24% had ever heard of PrEP (n=97)
 - 13% had ever discussed it with a healthcare provider
 - 76% had not discussed with provider, but would be comfortable doing so
 - 39% did not believe or were not sure whether PrEP was effective
 - 19% were interested in PrEP
 - 13% had indications for PrEP based on national and state guidelines
 - Only 2 women (<1%) reported having used PrEP

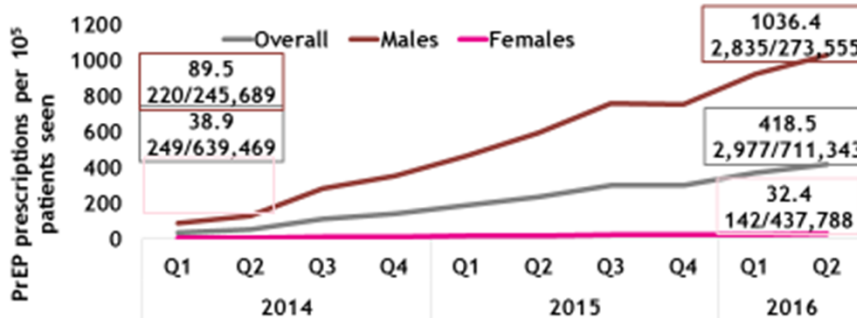
Gandhi et al. JAPAC, 2017.



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PrEP PRESCRIPTION TRENDS

(PrEP Rx/100,000 PATIENTS AT 602 AMBULATORY CARE PRACTICES 2014-2016)



Sikuni et al. ID Week, 2017.



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#PLAYSURE

ENJOY SEX WITH ONE LESS WORRY.
PrEP CAN KEEP YOU HIV NEGATIVE.

If you are HIV negative, PrEP is a safe, daily pill that protects you from HIV. PrEP will not interfere with your hormonal birth control or hormone therapy. Condoms offer additional protection against other sexually transmitted infections and unintended pregnancy.

PLAYSURE: Talk to your doctor or visit nyc.gov/health and search for "PrEP".

NYC
Health

Bill de Blasio
Mayor
Mary T. Bassett, MD, MPH
Commissioner



“Living Sure” Launch Event Press Coverage



Health Department launches campaign promoting HIV prevention medication among women

City launches PrEP ad campaign to combat HIV rise in Black, Latina women

HIV Prevention Pill Promoted For Women In Citywide Campaign

Health Department urges city women to take HIV preventative pill

City health department targets women in evolving HIV fight



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DAILY NEWS

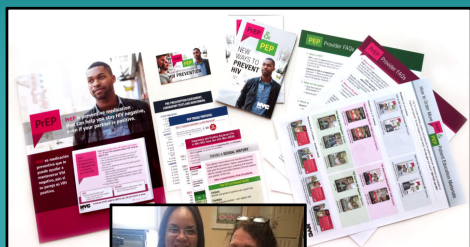


am NEWYORK

Astoria Patch

POLITICO PRO

Provider Education: Public Health Detailing



- Effective model for “selling” or promoting public health interventions through the targeted delivery of short, standardized, evidence-based key messages
- Public health representatives conduct visits to clinical practices and engage in one-on-one or small-group interactions with prescribing providers and office staff
- Based on a successful history of public health detailing at NYC DOHMH, BHIV launched a detailing campaign focused on increasing capacity to provide PrEP and PEP



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Key Messages

- Take a thorough sexual history
- Screen and treat sexually transmitted infections (STIs)
- Talk about PrEP and PEP with patients
- Prescribe PrEP and PEP according to clinical guidelines, or refer patients to sites that provide PrEP and PEP



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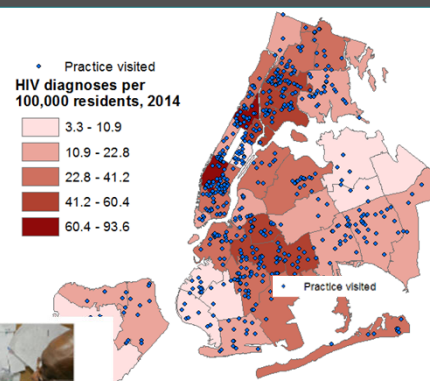
Broad Reach of Public Health Campaigns

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
- To maximize impact, prioritization for visits will be based on federal funding for family planning services and/or facilities and neighborhoods with higher HIV/STI diagnosis rates



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Detailing on PrEP for Women

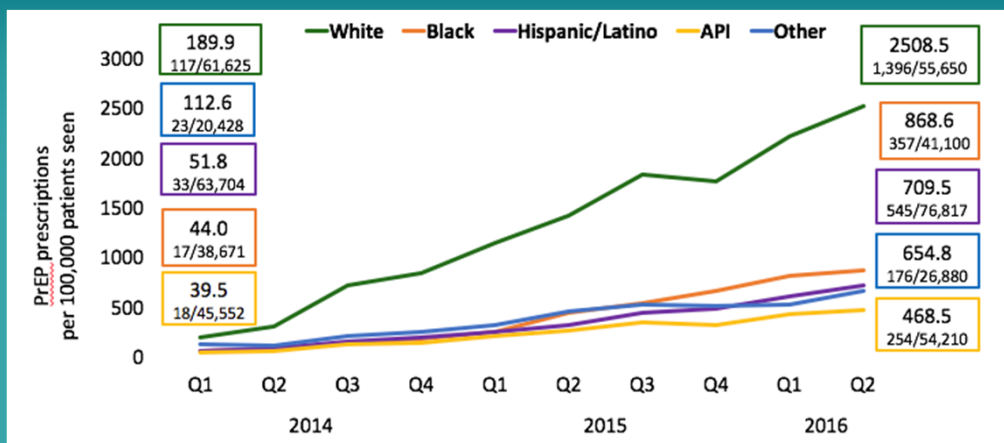
- Better meet provider needs around screening for and providing PrEP to women (including safety, IPV screening, and partner/contextual factors)
- Help women self-screen and make decisions around PrEP and PEP
- Include more images of women across the materials



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PrEP Prescription rates among males, by race/ethnicity, NYC, 2014-2016



¡Listos!: HIV testing, Prevention & Treatment for Latino MSM

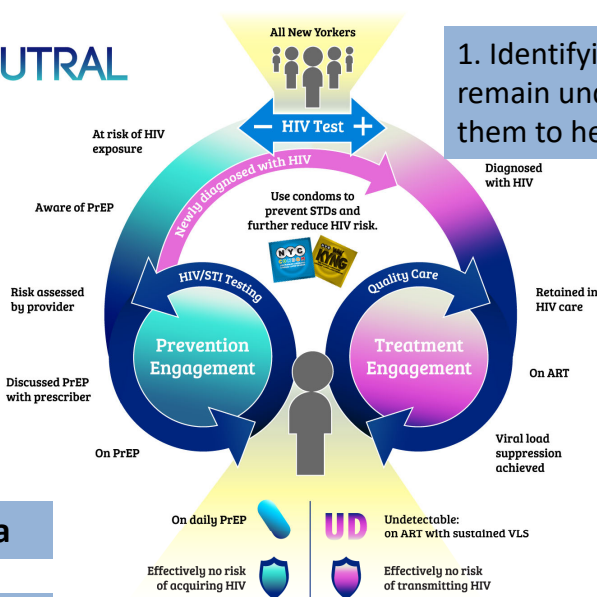


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Myers et al. Open Forum Infect Dis. 2018

Healthcare discrimination among RWPA clients

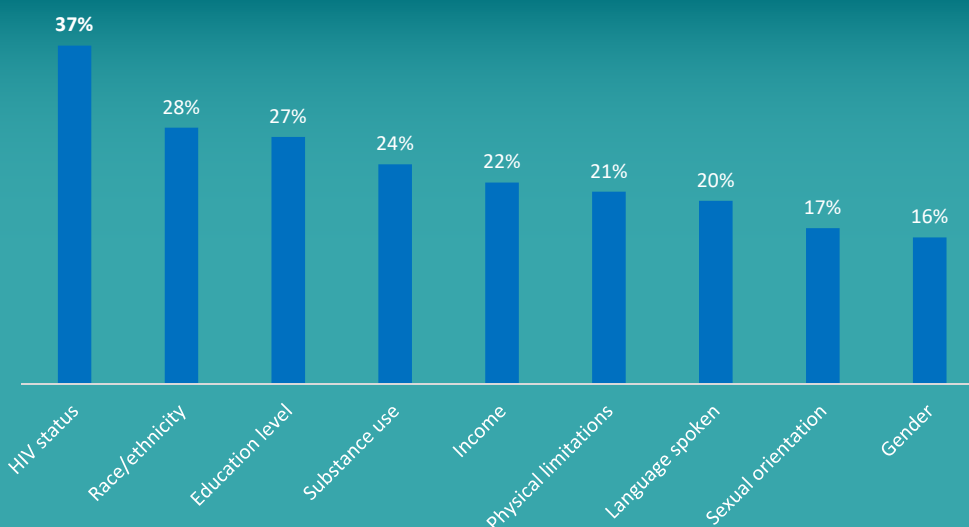
- As part of the CHORDS study, Care Coordination clients were surveyed about discrimination in healthcare settings, reasons for any discrimination faced, and self-reported health
 - Individuals recruited 2015-2017
 - Survey data matched to HIV Surveillance Registry and eSHARE
- 39% of participants (N=687) reported having ever experienced discrimination while receiving healthcare
 - A history of mental health diagnosis, incarceration, substance use, or housing instability related to higher odds of reporting discrimination



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Reasons for discrimination reported* (N=270)



*Individuals could cite more than one reason for discrimination

What is Undetectable = Untransmittable (U=U)?

People with HIV who take their medications as prescribed and have an *undetectable viral load for six months or more do not transmit HIV through sex.

*under 200 copies/ml



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What is the science behind U=U?

- **Multiple studies of couples where one partner is HIV+ and the other is HIV-**
 - Rakai Cohort Study (2000)
 - The Swiss Statement (2008)
 - HPTN 052 (2011)
 - PARTNER (2016) & PARTNER 2 (2018)
 - Opposites Attract (2017)



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Zero transmissions between people with an undetectable viral load and their HIV-negative partners



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What are the Opportunities U=U Presents?

➤ A potent HIV stigma reducer

- People living with HIV
- Potential and current partners
- General public



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What Might Be the Impact of Reduced Stigma?

Greater willingness
to get tested

More inclined to
enter and stay in
care

More disclosure

Motivated to start
(i)ART and to
adhere

Improved quality of
life

More social
support for people
living with HIV



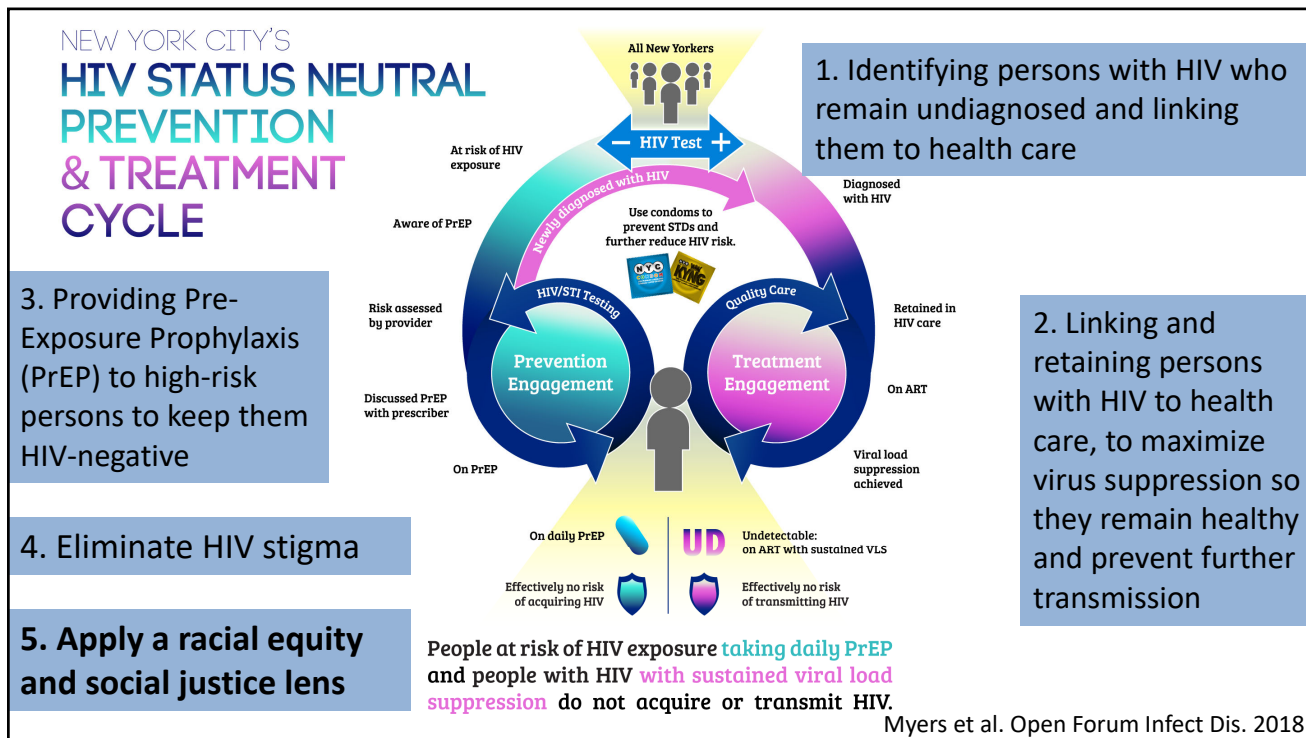
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What is NYC DOH doing to spread the word about U=U?

- Dear Colleague Letter (2017)
- Webpage FAQs for consumers and clinical providers (2017)
- U=U BHIV in-service (May 2018)
- Community Listening Session (May 2018)
- Social Marketing - U=U Pride Float (June 2018)
- Developing trainings for BHIV staff as well as staff at contracted agencies



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Sounding the Alarm – Call to Action

“Inequities in health are unfair, unnecessary and avoidable. New York City is one of the most unequal cities in the United States and one of the most segregated. It is no surprise that these everyday realities are reflected in our health. A more deliberate effort to name and address these disparities will frame all that we do.”

- NYC Health Commissioner, Mary T. Bassett, MD, MPH, 2014

E + E
ENDING THE EPIDEMIC

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THE NEW ENGLAND JOURNAL OF MEDICINE
#BlackLivesMatter — A Challenge to the Medical and Public Health Communities
Perspective

TEDMED Attend Speakers TEDMED Live Talks The Hive Partnerships About Blog

Mary Bassett
Why your doctor should care about social justice

Race to Justice

- Building staff awareness about racism & other systems of oppression and skills to address these systems
- Strengthening collaborations with NYC's communities to counter these systems
- Examining how structural racism & other systems of oppression impact DOH's work
- Implementing policies to lessen these impacts

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Internal Reform Process Desired Outcomes

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 and Metrics

Race to Justice

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

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Data Collection and Metrics

Undoing Racism Workshop Training for Senior Leadership



Race to Justice

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Workforce Equity and Competencies

Internal and External Communications

Community Engagement and Partnerships

Data Collection and Metrics

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



Capacity building for MSM & TGNC-led organizations



Race to Justice

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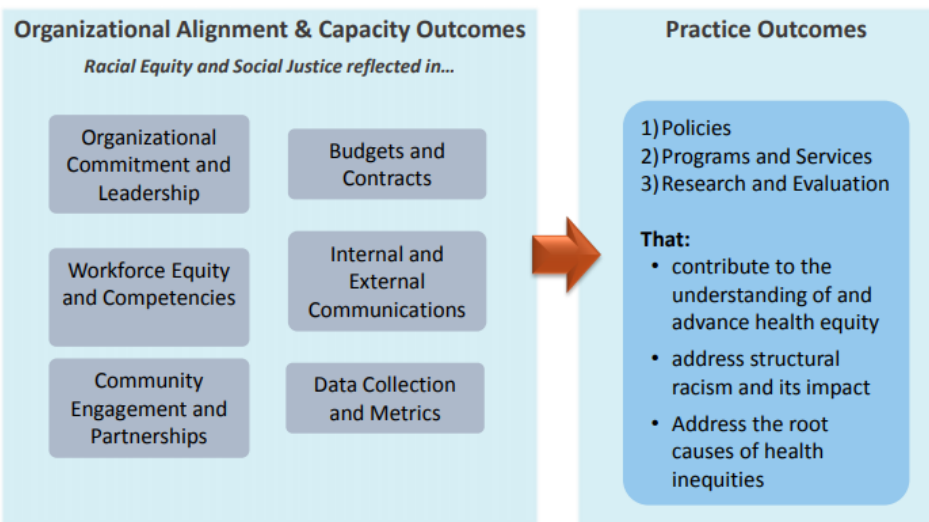
BHIV Equity-focused workgroups

- Workforce equity
- External-facing Policies & Practices
- Data Metrics & Indicators
- Special Events and Community-Building
- Journal club



Internal Reform Process Desired Outcomes

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



Health Equity and Social Justice training for Ryan White Part A (RWPA) providers

- **Response to feedback obtained from the RWPA provider meeting held on 5/22/18**
 - Morning plenary presentation- DOHMH Race to Justice Initiative
 - Afternoon breakout session- 'Impact of Identity, Power, and Privilege'
- **Demand by RWPA providers for additional training around:**
 - Beginning the conversation around racial issues within their agency
 - More theoretical insight around the impact of identity, power and privilege
 - Making this topic applicable to RWPA services

Internal Reform Process Desired Outcomes

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

