# From Bending the Curve to Ending the Epidemic: the NYC and NJ Experience



#### Disclosures

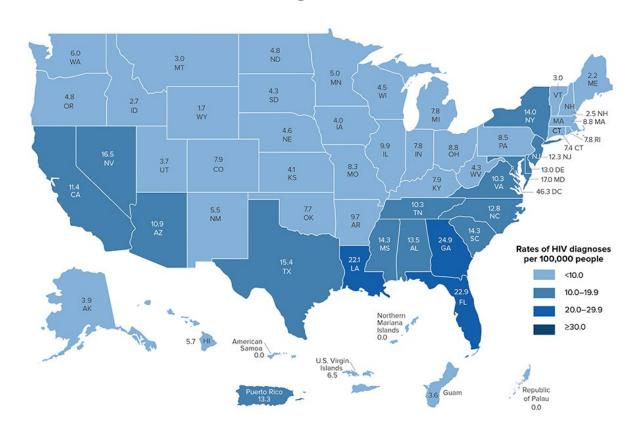
 No conflicts of interest or relevant financial/non-financial relationships to disclose

#### Outline

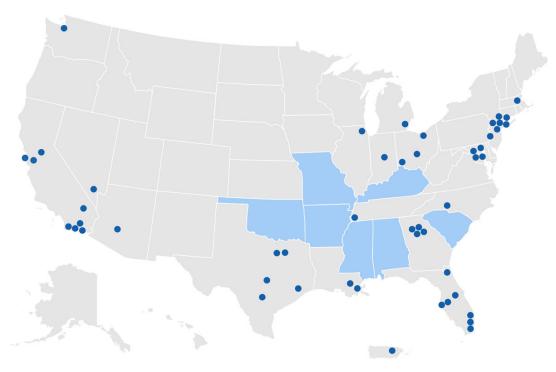
- Epidemiology of HIV in NYC and NJ
- New York City strategy
- New Jersey Strategy

# Epidemiology

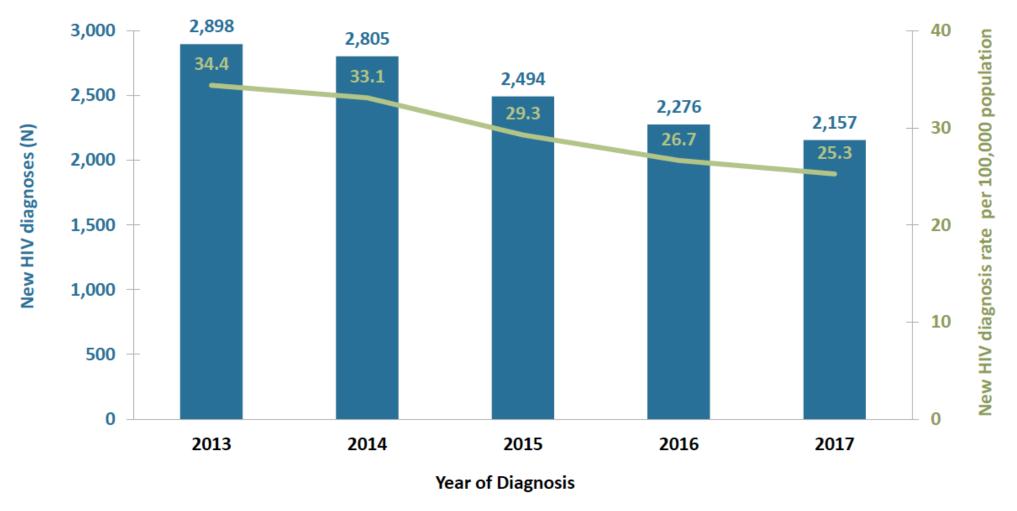
Rates of HIV Diagnoses in the US, 2017



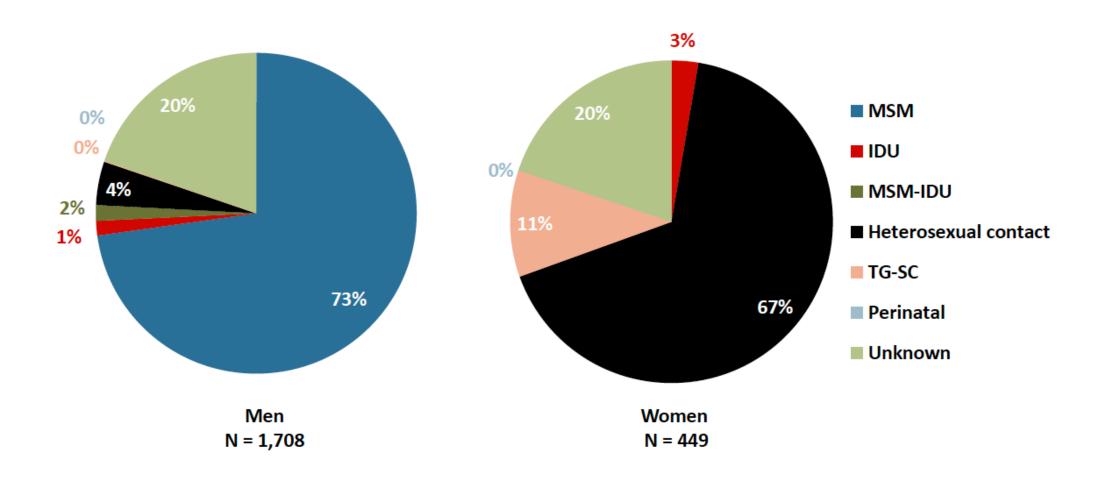
Geographic Hotspots where >50% of new HIV diagnoses occurred in 2016 & 2017



## HIV in New York City

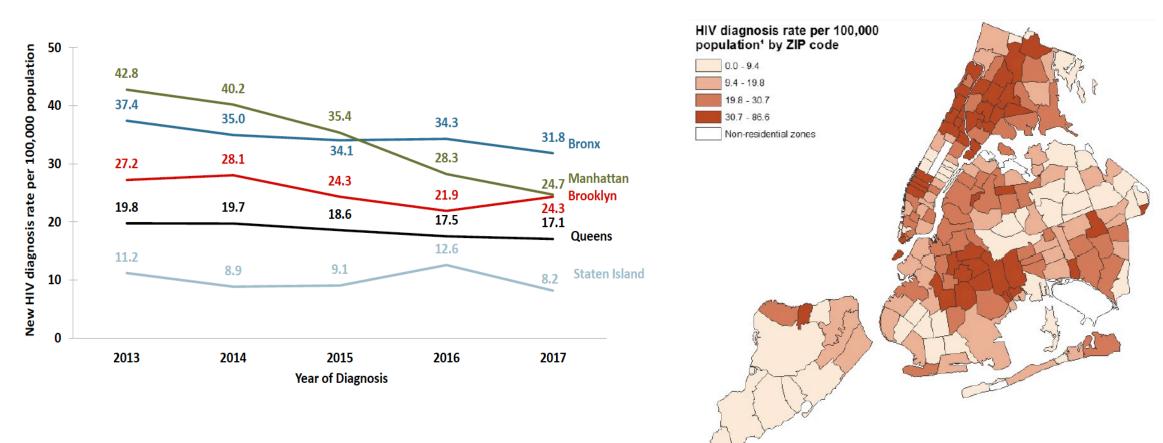


# HIV in NYC by gender



# HIV in NYC by borough

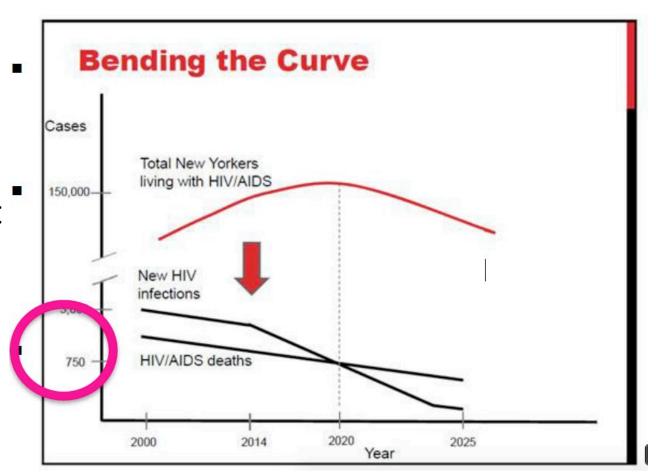
Rates of New HIV diagnoses, 2013-2017 Rate by ZIP code



New York City HIV/AIDS Surveillance Slide Sets. New York: New York City Department of Health and Mental Hygiene, 2017. Updated November 2018. Accessed [access date] at HIV Epidemiology and Field Services Surveillance Slide Sets.

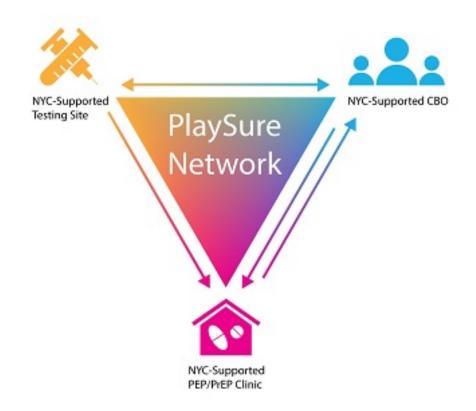
#### NYC: EHE goal

- Reduce the number of new infections to < 600 in 2020 by:</li>
  - Increase access to HIV prevention services
  - Promote optimal HIV treatment
  - Enhance methods for tracing HIV transmission
  - Improve sexual health equity



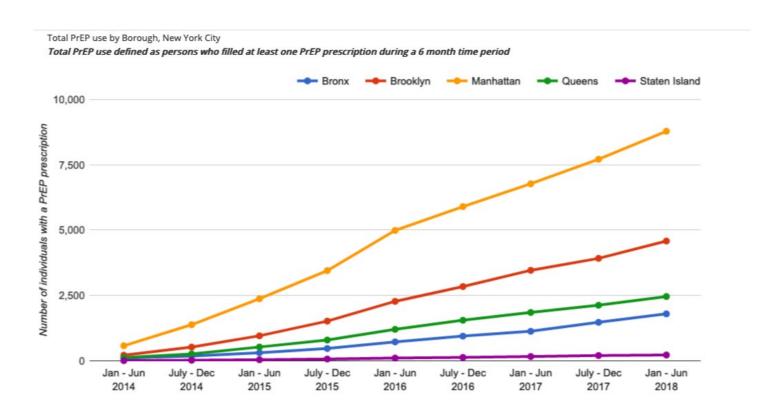
#### NYC: HIV Prevention

- Create citywide "PrEP Network"
- Open PEP 'Centers of Excellence' and 24 hours PEP call center
- Increase focus on young patients
- Expand #PlaySure campaign
- Increase academic detailing campaign to educate providers





#### NYC HIV Prevention - PrEP



#### **INCREASE**

the number of **Medicaid recipients**using PrEP to

30,000

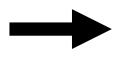




#### NYC: HIV Prevention - PEP

#### 24 HR PEP line

- Clinician Staffed
- Free Start packs without a visit and sent to a 24h pharmacy
- Link to PEP Center next business day



#### PEP Centers of Excellence

- Urgent Care Model
- Immediate start regardless of insurance status
- PrEP linkage

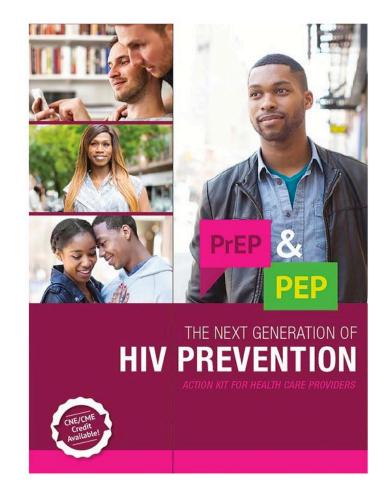
## NYC: HIV Prevention - #PlaySure





## NYC: HIV Prevention – Academic detailing

- Used to address gaps in PrEP prescribing
- Trained representatives and used visually compelling materials
- 5 nonclinician detailers
- 2014 to 2017 communicated with ~2500 providers



#### NYC: Improve HIV treatment

- Rapidly link to treatment
- Implement "Undetectables" model and incentivize viral load suppression
- Best practices learning collaboratives

#### NYC: Improve HIV treatment – "Undetectables"

- 13 community-based health care organizations
- ~2000 people living with HIV
- Use financial incentives to promote virologic suppression
- Combination of social, medical, behavioral interventions



#### NYC: Monitor New Infections

- Equip the NYC Public Health Laboratory with the ability to conduct phylogenetic testing
- Integrate laboratory process into protocols for field work and outreach
- Pilot at sexual health clinics then roll out citywide

# NYC: Monitor New Infections - phylogenetics

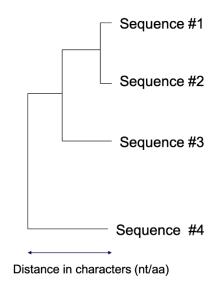
- Determines the genetic similarity between different HIV strains
- Knowledge of outbreaks (or clusters) of infections can help target resources to specific locations and/or groups

AGCUAAAGCUA... Sequence #1

AACUAAACCUG... Sequence #2

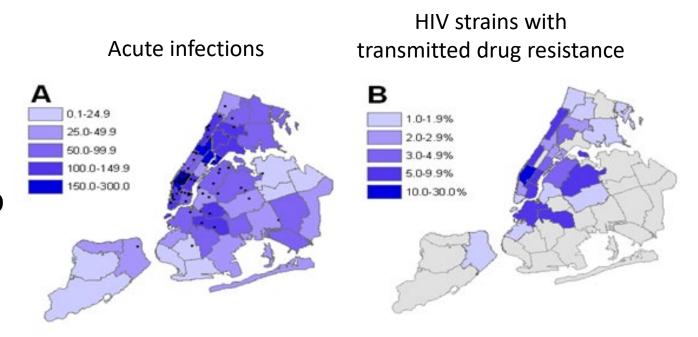
AACUCCACCUA... Sequence #3

GGUUGCACCGG... Sequence #4



# NYC: Monitor New Infections - phylogenetics

- Determines the genetic similarity between different HIV strains
- Knowledge of outbreaks (or clusters) of infections can help target resources to specific locations and/or groups



## NYC: Sexual Health Equity

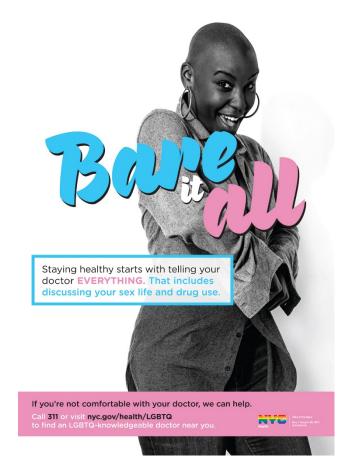
- Increase provider capacity in highly impacted neighborhoods
- Circulate a "LGBTQ Patient Bill of Rights"
- Support the #BeHIVSure LGTQ Coalition
- Bolster transgender health education organizations and programming
- Contract with CBOs to help manage use and reduce harms associated with injection drug use and crystal methamphetamine use

#### NYC: Sexual Health Equity

#### 'Bare It All'

- Promote full disclosure and engagement with healthcare provider
- Directory that includes 100+ LGBTQ knowledgeable providers
- Accessible via 311 or NYC Health Map







#### NYC: Sexual Health Equity

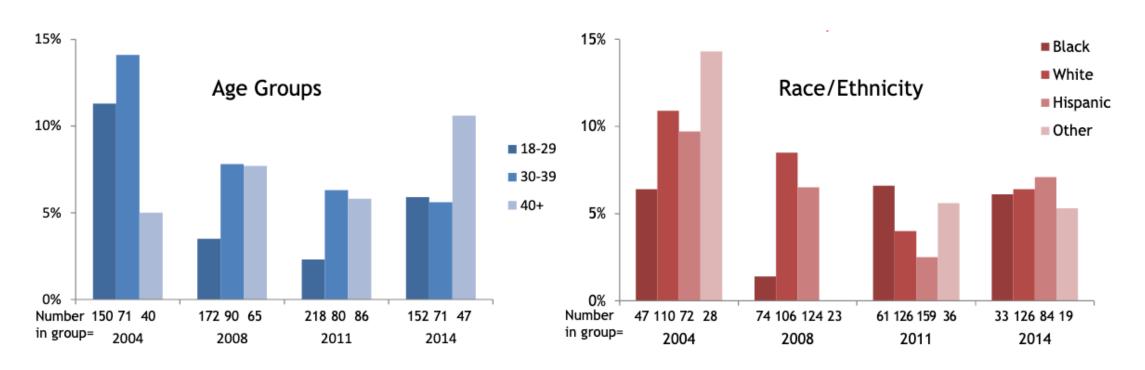


#### **Health Care Bill of Rights**

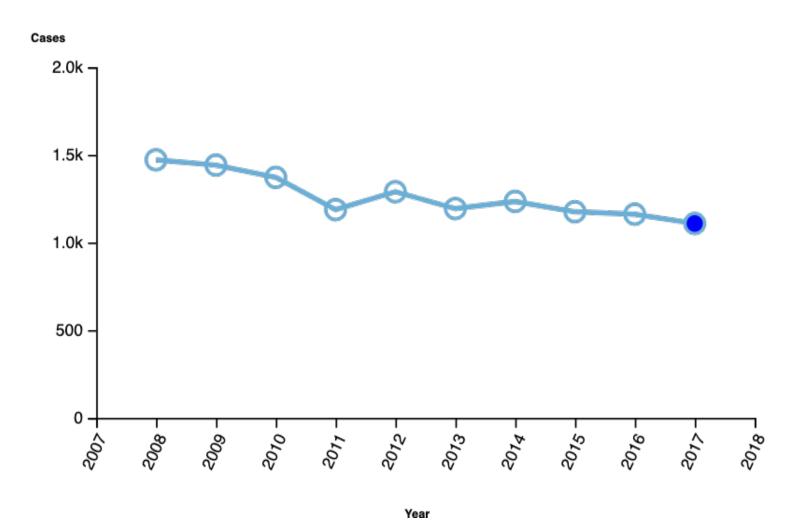
- 1. Be treated with dignity, respect and professionalism by all providers and all staff.
- 2. Receive compassionate, judgement-free and comprehensive care that is mindful of your sexual orientation, gender identity and gender expression.
- 3. Respectful discussions with providers about your health and health care needs, including your sexual history and current sex life.
- 4. Have your gender identity and gender expression recognized, affirmed, documented and accommodated.
- 5. Clear explanations of requests for your health information.
- 6. Clear explanations of all medical procedures and risks, and the right to choose or refuse any treatment.
- 7. Access health insurance coverage and benefits without discrimination based on sexual orientation, gender identity or gender expression.
- 8. Choose who will make medical decisions for you if you are unable. If you are a minor, you have the right to have your voice heard and best interests included in these decisions.
- 9. Decide who may and may not visit you if you are admitted to a health care facility.
- 10. Privacy and confidentiality.

## NYC: Sexual Health Equity: methamphetamine use

Trends in NYC NHBS study participants who tested negative for HIV and used meth in the previous 12 months, 2004-2014



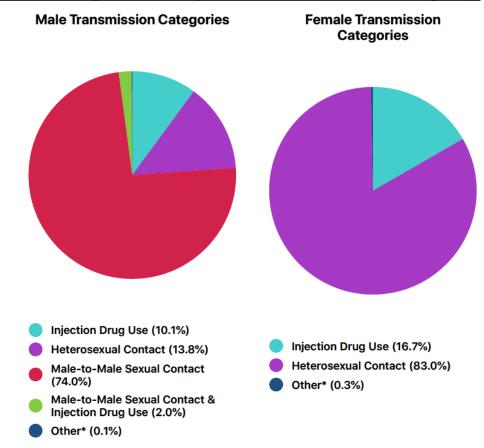
## HIV in New Jersey



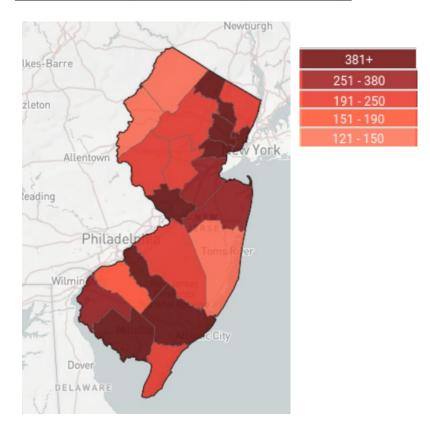


#### HIV in New Jersey

#### New Diagnoses By Transmission Category

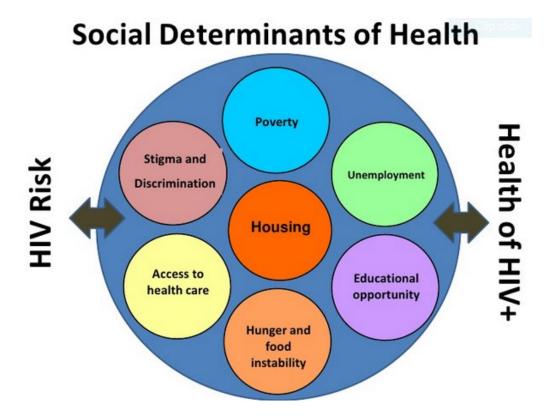


#### New Diagnoses By County



## New Jersey: EHE goal

- Reduce the number of new infections by 75% by 2025
- Address the social determinants of health using
  - Trauma Informed Care
  - Behavioral Health Integration
  - Housing as Healthcare
  - Peer Navigation



#### HIV and Trauma

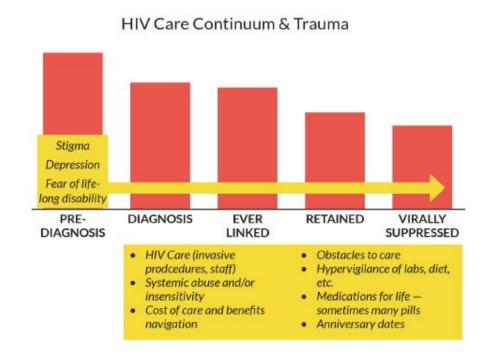
- In a meta-analysis of trauma in women living with HIV
  - Recent PTSD diagnosis in 30% of women living with HIV as compared to 5.2% of HIV negative women
  - Lifetime sexual abuse in 61.1% of women living with HIV as compared to 12%
- In a study of young MSM living with HIV
  - 83.8% had witnessed violence in their community
  - 50.6% had experienced emotional or physical abuse from a parent/caregiver
- Intimate partner violence was associated with lower rates of virologic suppression in women (OR= 0.69, 95% CI: 0.40-0.99)



#### Principles of Trauma Informed Care

 Acknowledging the intersection of trauma and mental health and behavioral health, addiction, high-risk behavior, and homelessness are barriers to linkage and retention in care

 Trauma informed care is a strength-based service delivery approach, grounded in the understanding of and responsiveness to trauma and traumatic stress



REALIZE the prevalence RECOGNIZE the impact

4 Rs of Trauma-Informed Care

RESPOND appropriately RESILIENCE through skill-building

Image source: NASTAD Trauma-Informed Approaches Toolkit Image source: Psychologic Health Center of Excellence



## New Jersey: Trauma Informed Care



**Exploration** 

Regional meeting to obtain buy-in

Planning & Prep

Technical assistance and onsite education:

Integrate TIC into system

Establish willingness and culture of TIC

Implementation

Skill-based services:

Screening

Consumer education

Referral network

Psychosocial education

Track, monitor, coach, supervise





## New Jersey: Behavioral Health Integration (B-HIP)

- Develop a system of care in New Jersey that integrates behavioral health and HIV primary care services to improve system and patient outcomes
- Goals
  - Integration
  - Improved Access
  - Improved Patient Outcomes
  - System change

# **Standard Framework of Integration**

#### COORDINATION

We discuss patients, exchange information if needed Collaboration from a

distance

#### **CO-LOCATION**

We are in the same facility, may share some functions/staffing, discuss patients

#### **INTEGRATION**

System-wide transformation, merged practice, frequent communication as a team

SAMHSA-HRSA CIH

Doherty et al, 2013











#### New Jersey: Behavioral Health and HIV continuum



# New Jersey: B-HIP Toolbox





## New Jersey: Housing as Healthcare

- New Jersey has one of the highest housing costs in the US
- In 2013, approximately 3% of PLWH experienced homelessness
- Recent outbreak of hepatitis A in homeless people who use drugs
- Ongoing HIV outbreak in homeless people who inject drugs
- Improved housing:
  - Reduces HIV risk behaviors
  - Improves access to medical care
  - Improves health outcomes
  - Saves taxpayer dollars



## New Jersey: Statewide Housing

- Transitional housing
  - Comprehensive HIV treatment and supportive services, case management, mental health, and substance treatment
  - 24 hour Hotline to link to emergency shelter within 2 hours
  - Housing navigation by Community Health Worker or Housing Ambassador





## New Jersey Housing: Special Populations - YMSM

- Housing for 24 months
- Medical provider and case management
- House nurse for DOT
- Mental health services
- Psychosocial support
- Medical visit transportation





## New Jersey Housing: Special Populations - Women

- Women facing intimate partner violence or history of early childhood trauma
  - Approximately 5000 women living in the City of Newark are eligible
- Housing for 6-24 months
- Medical provider and case management
- Mental health services
- Women's health expert
- Trauma Informed Care model



#### New Jersey: Peer Navigation

#### Benefits:

- Share lived experiences
- Support outreach and re-linkage to care
- Promote adherence and emotional support
- Provide social networking for wellness

#### Areas of Improvement:

- Increase CHW's abilities to access and document information in patient records
- Formally integrate CHWs into clinical care teams
- Increase community-level education.



# Thank you!