

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

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**RUTGERS**

New Jersey Medical School

# Disclosures

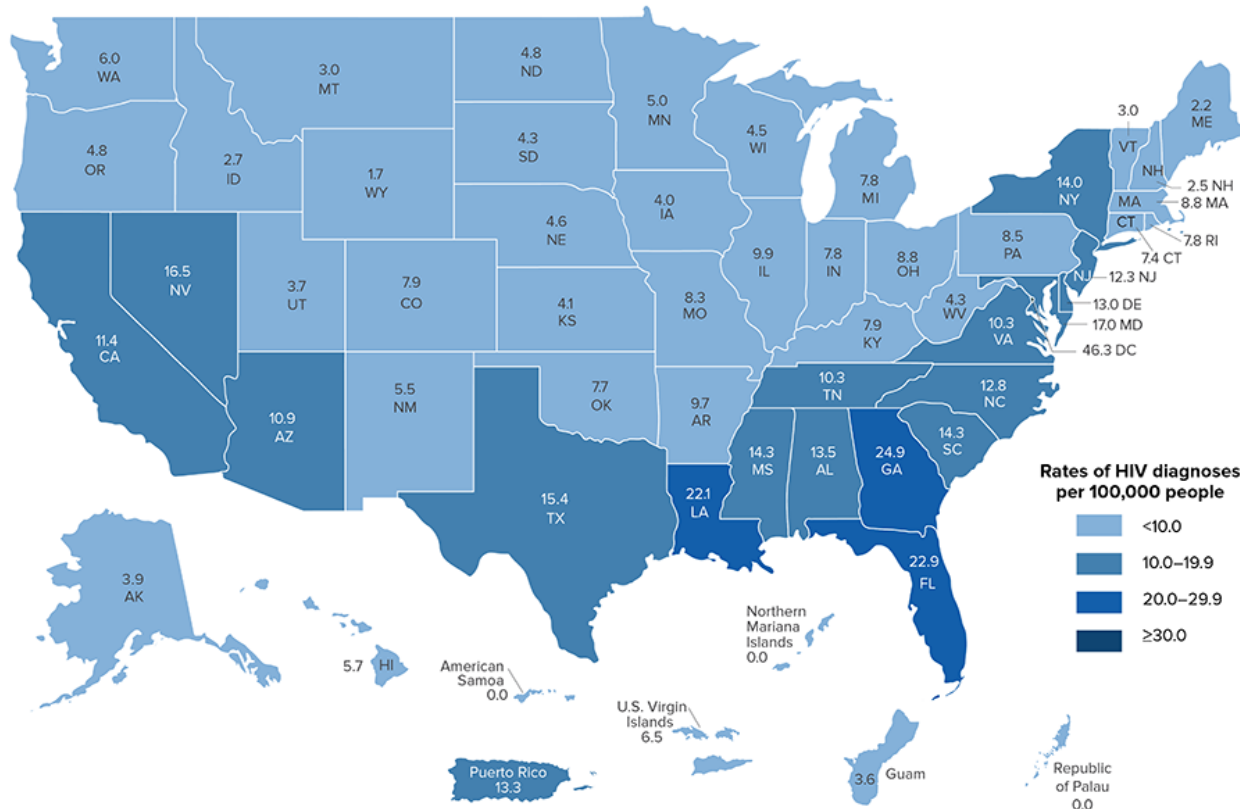
- No conflicts of interest or relevant financial/non-financial relationships to disclose

# Outline

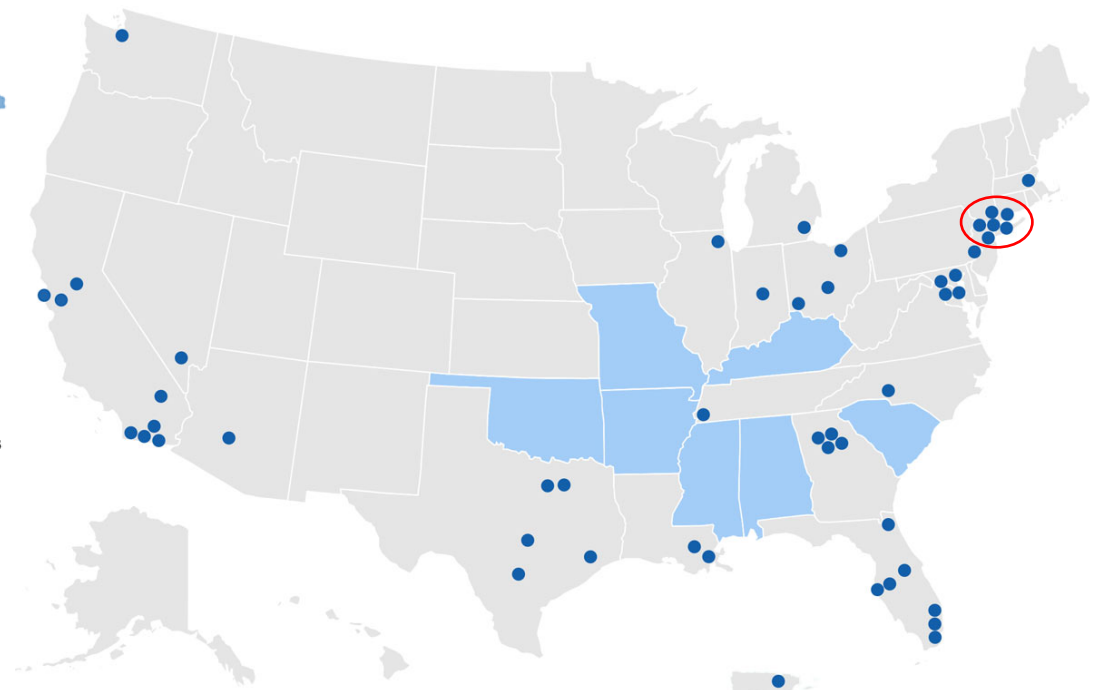
- Epidemiology of HIV in NYC and NJ
- New York City strategy
- New Jersey Strategy

# Epidemiology

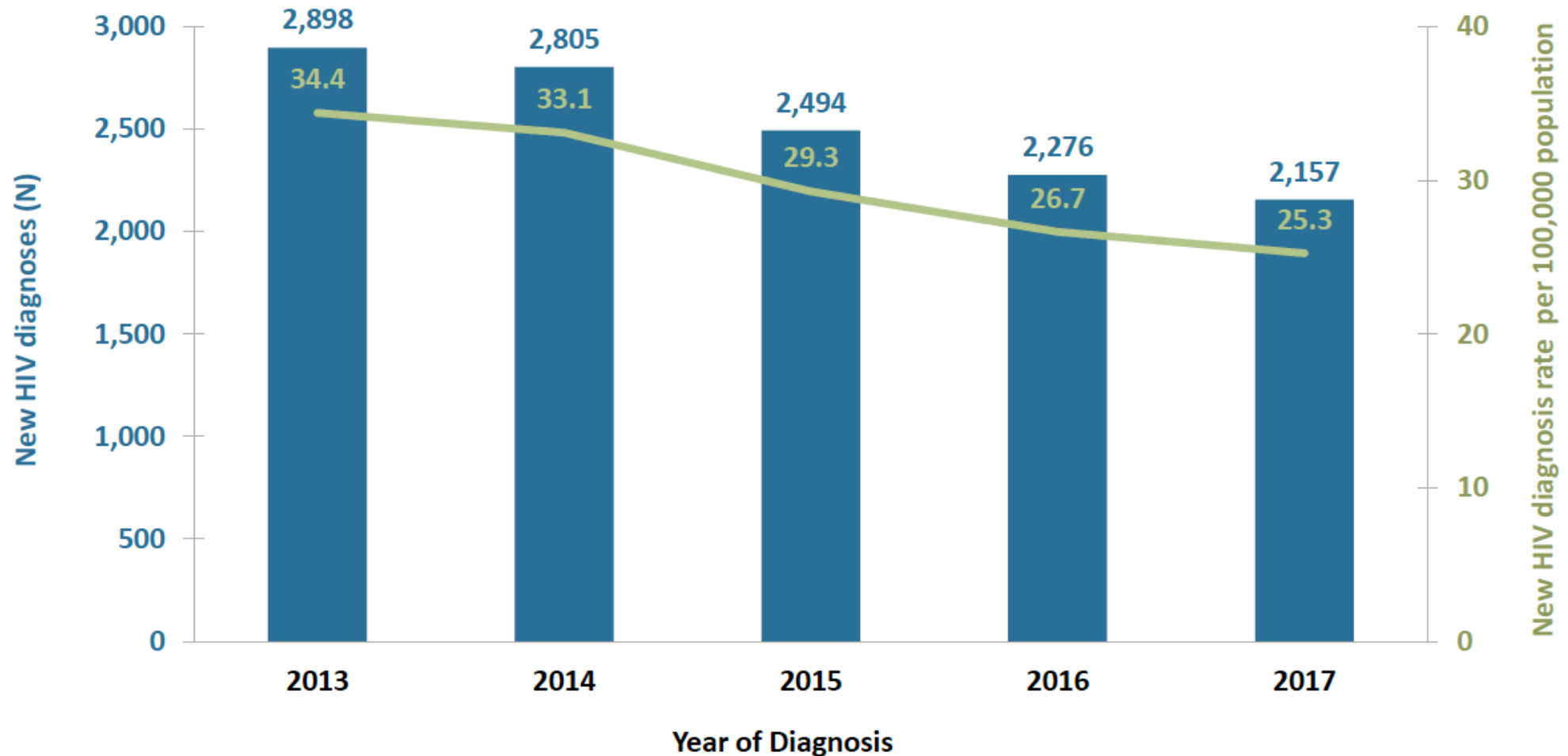
## Rates of HIV Diagnoses in the US, 2017



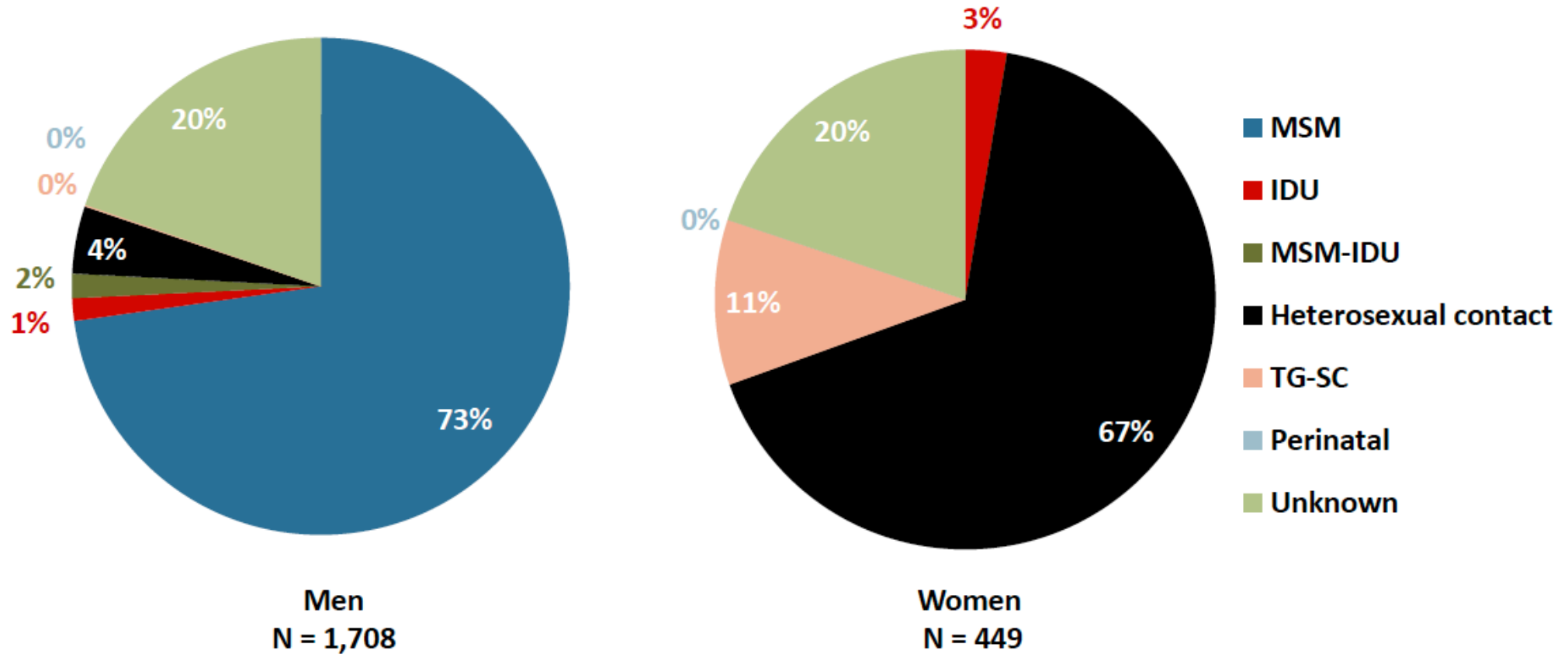
## Geographic Hotspots where >50% of new HIV diagnoses occurred in 2016 & 2017



# HIV in New York City

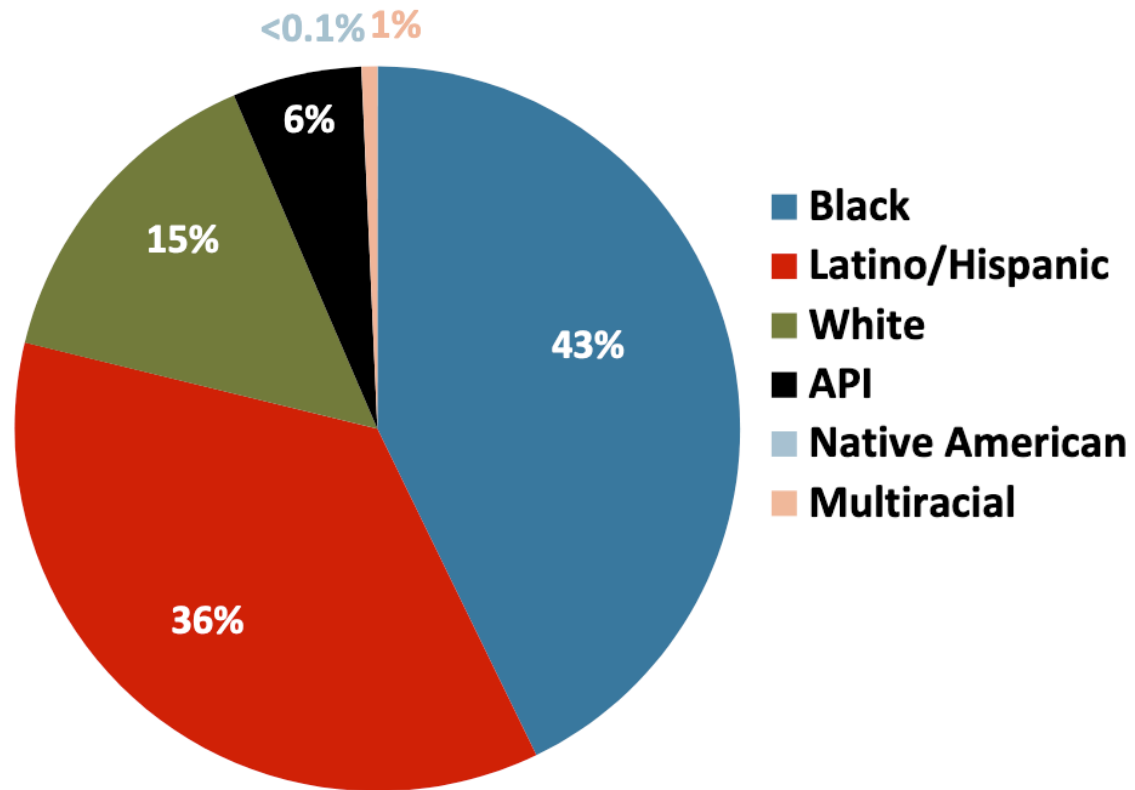


# HIV in NYC by gender, 2017

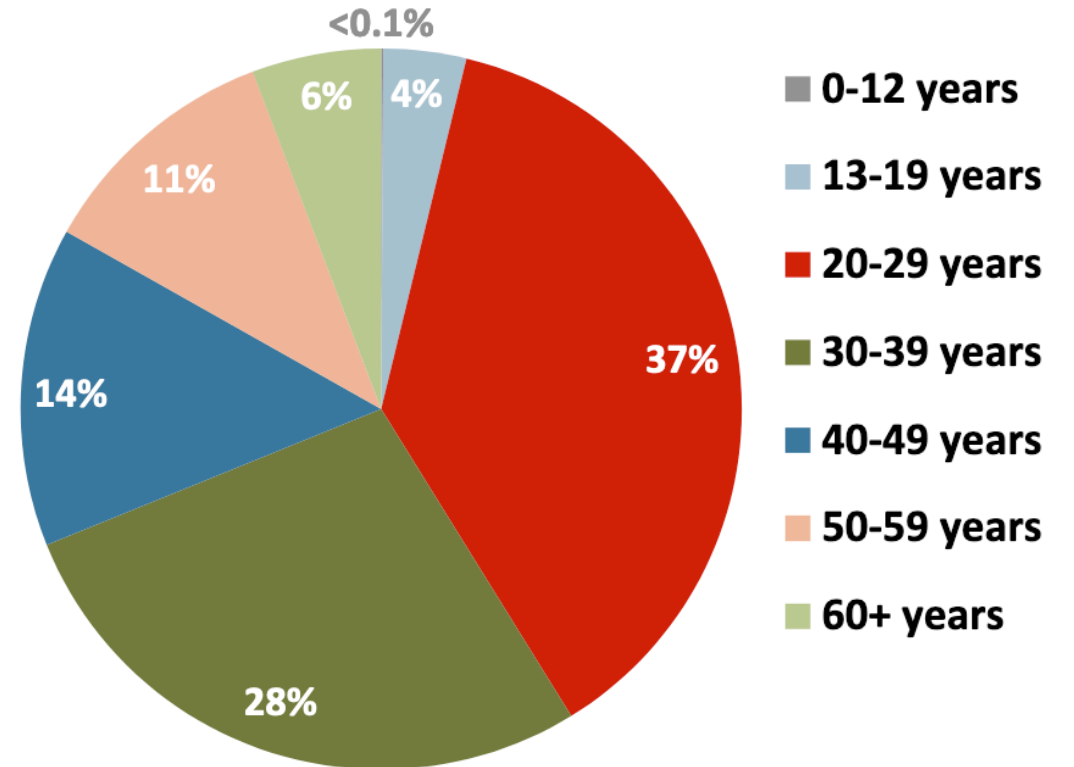


# HIV in NYC by race and age, 2017

By Race

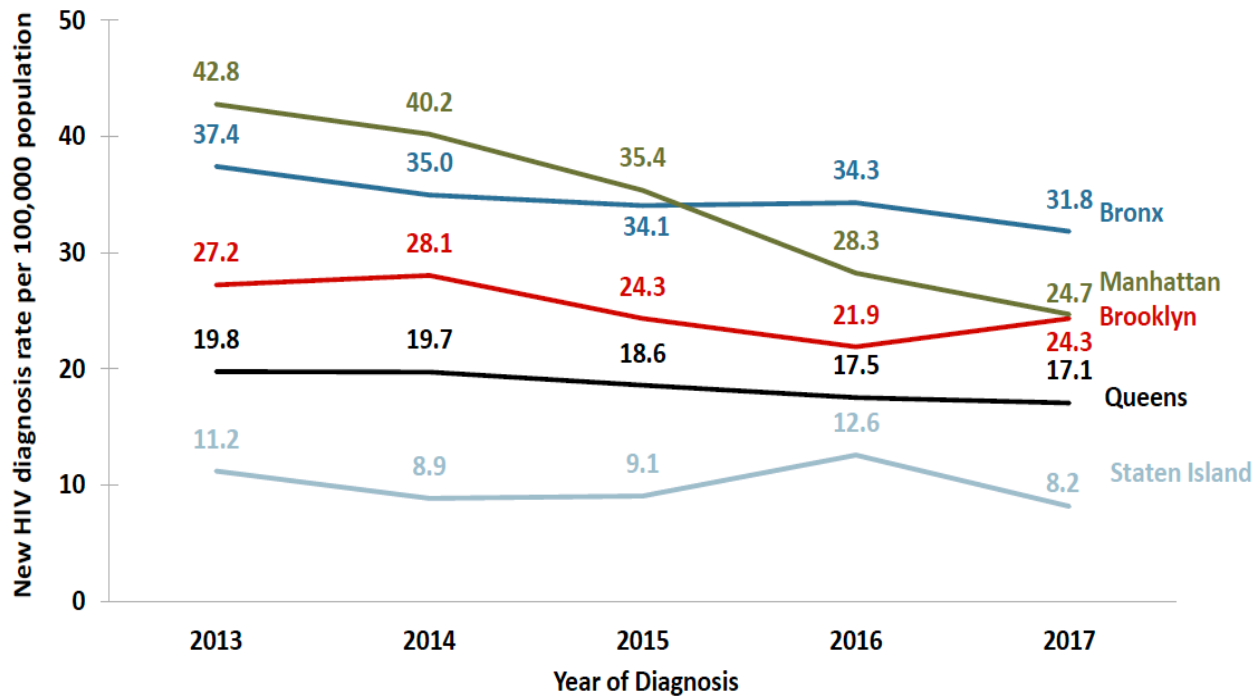


By Age

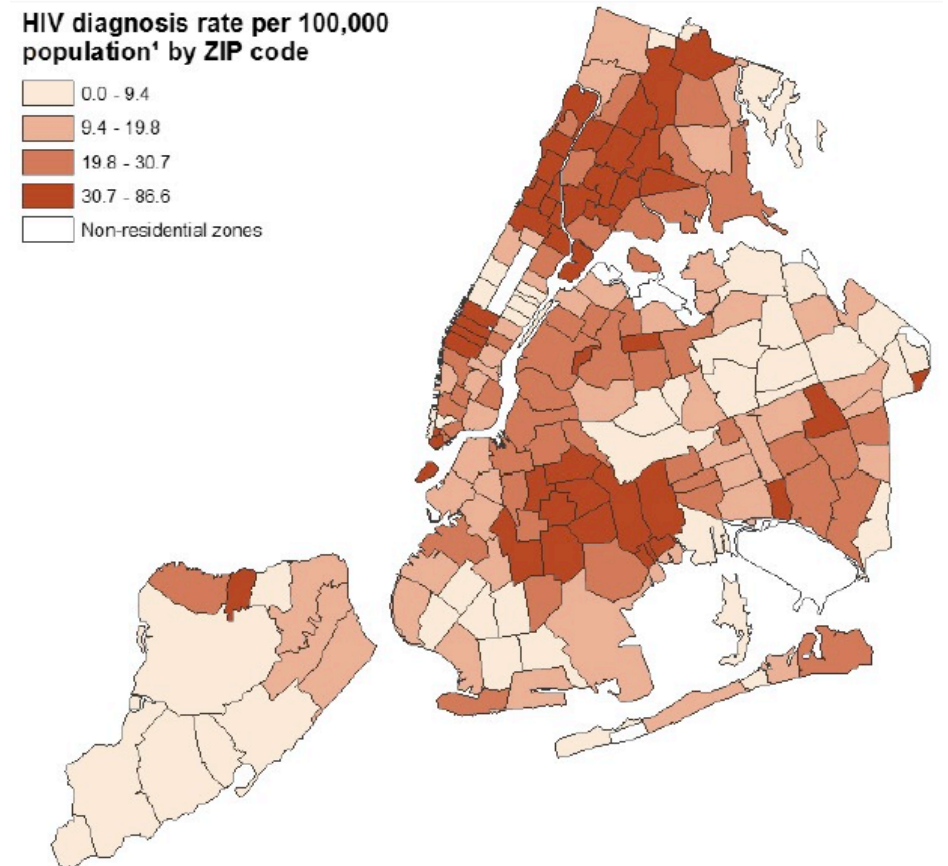


# HIV in NYC by borough

## Rates of New HIV diagnoses, 2013-2017



## Rate by ZIP code

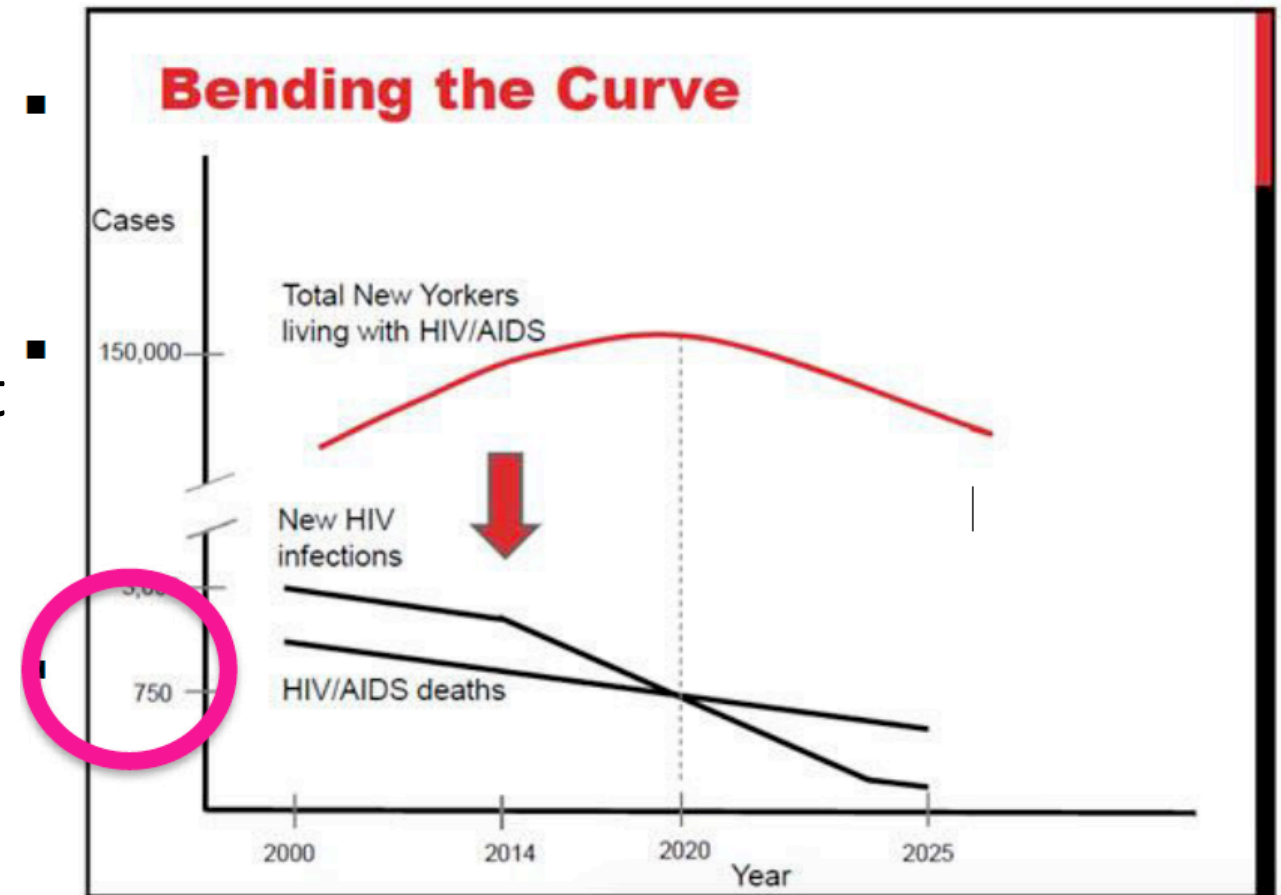


New York City HIV/AIDS Surveillance Slide Sets. New York: New York City Department of Health and Mental Hygiene, 2017. Updated November 2018. Accessed [10/24/19] at [HIV Epidemiology and Field Services Surveillance Slide Sets](#).



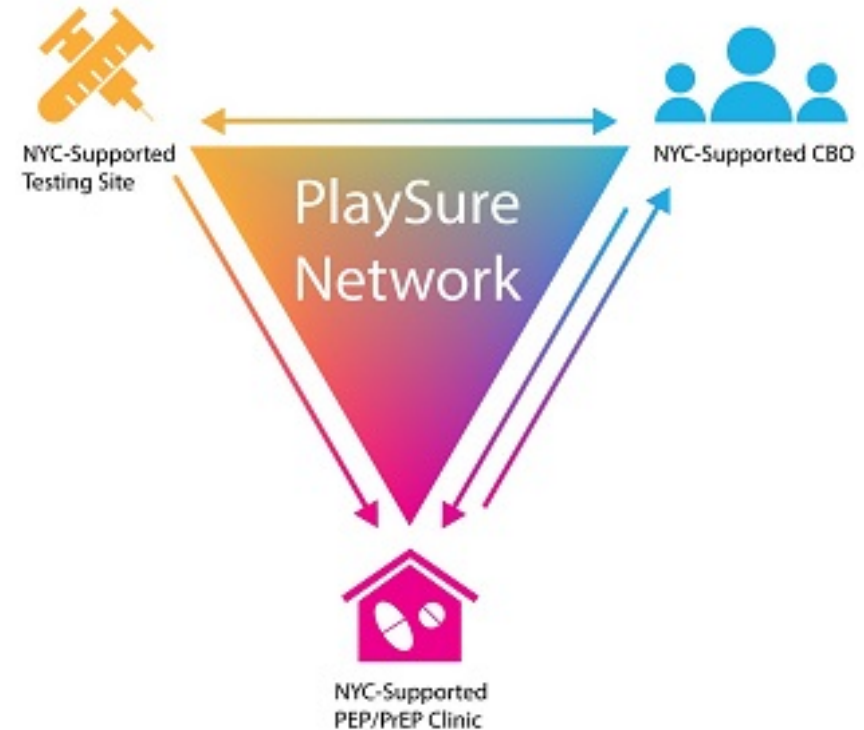
# NYC: EHE goal

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

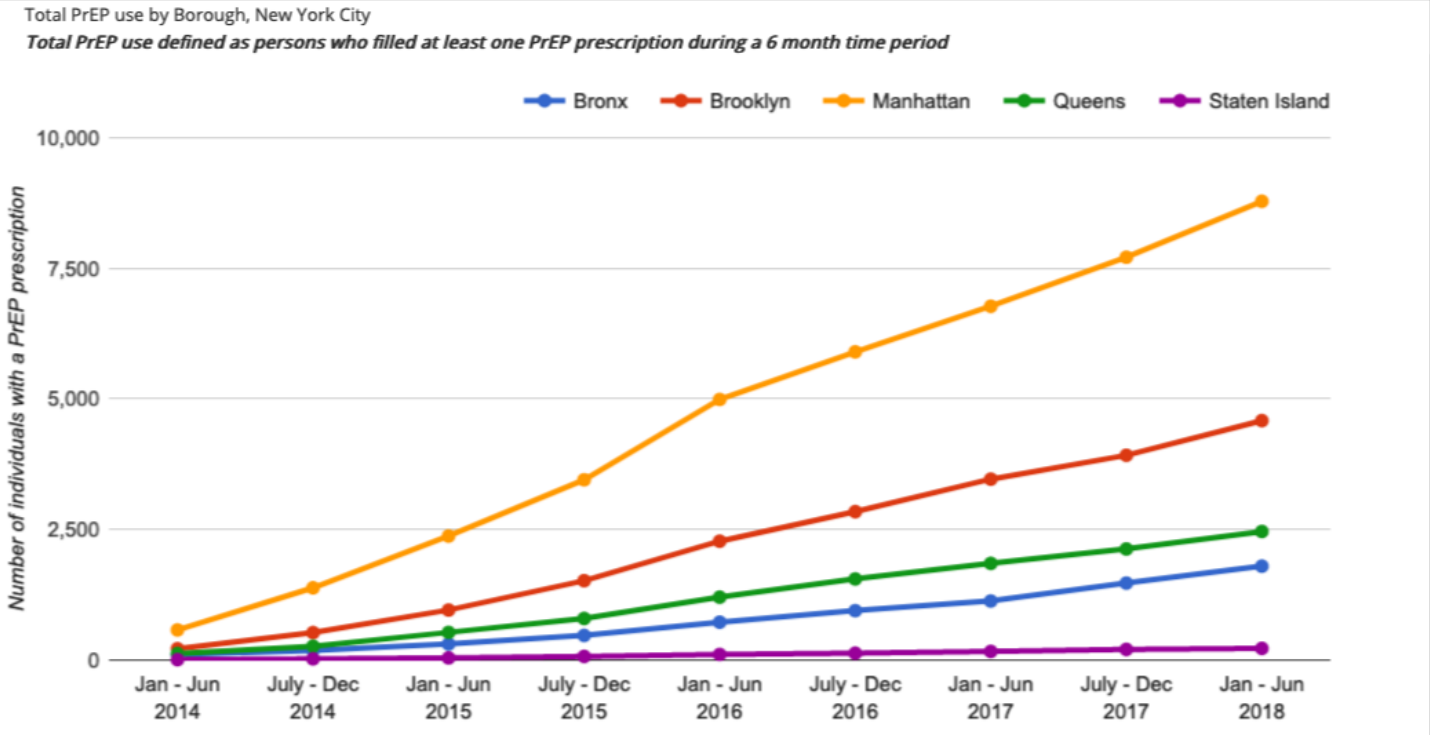


# NYC: HIV Prevention

- 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**



Source Healthcare Analytics (Symphony) and the NYS Medicaid Data Warehouse (MDW)

# 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



**WE PLAY SURE**  
**PrEP + CONDOMS**

**BE HIV & STI SURE**  
If you are HIV negative, PrEP is a daily pill that protects you from HIV. Condoms add more protection against HIV and help prevent other Sexually Transmitted Infections. Combine these tools to stay healthy and prevent the spread of HIV and other STIs.

PLAY SURE: Call 311 or visit [nyc.gov/health](http://nyc.gov/health) to design the right HIV and STI prevention combination for you.

NYC HEALTH DEPARTMENT  
#PLAYSURE



**I STAY SURE**  
**EMERGENCY PEP**

**BE SURE, PLAY SURE, STAY SURE.**  
If you think you've been exposed to HIV, PEP is treatment that, if taken within 72 hours, can prevent infection. Condoms offer excellent protection against HIV and other STIs. Consider PrEP for everyday HIV protection if you have trouble using condoms.

STAY SURE: Call 311 and ask for Emergency PEP. PEP is now available in NYC STD Clinics.

NYC HEALTH DEPARTMENT  
#PLAYSURE



**GUTSY  
GENUINE &  
LIVING SURE**

**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 hormonal birth control. Condoms offer additional protection against other sexually transmitted infections and unintended pregnancy.

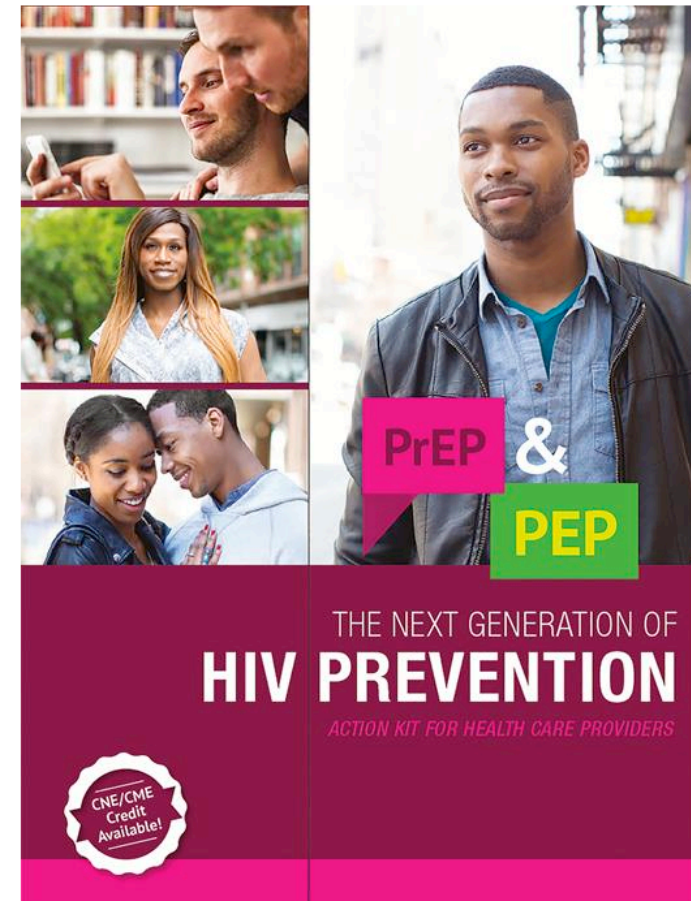
PLAY SURE: Talk to your doctor or visit [nyc.gov/health](http://nyc.gov/health) and search for "PrEP".

NYC HEALTH DEPARTMENT  
#PLAYSURE



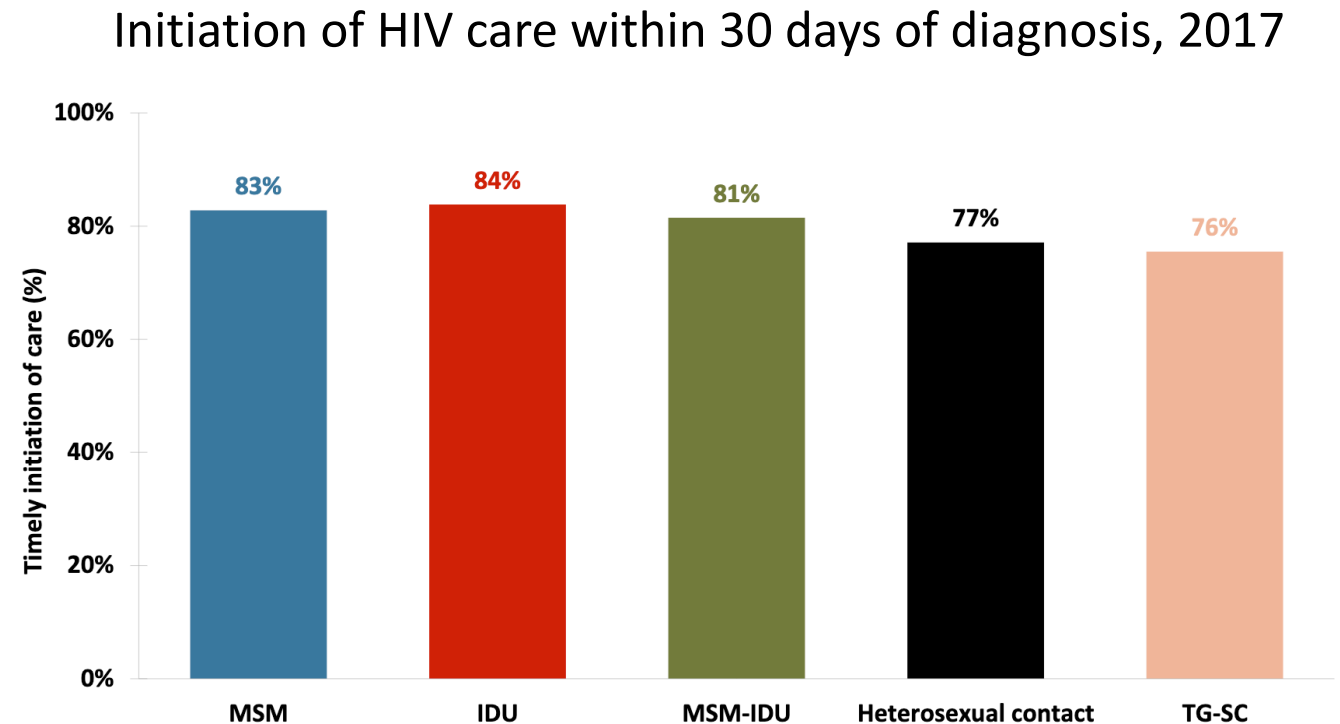
# NYC: HIV Prevention – Academic detailing

- 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





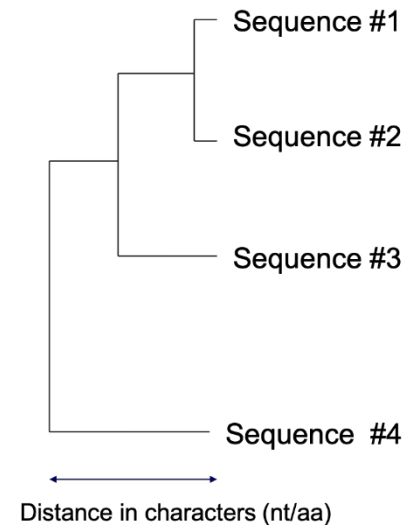
# NYC: Monitor New Infections

- 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

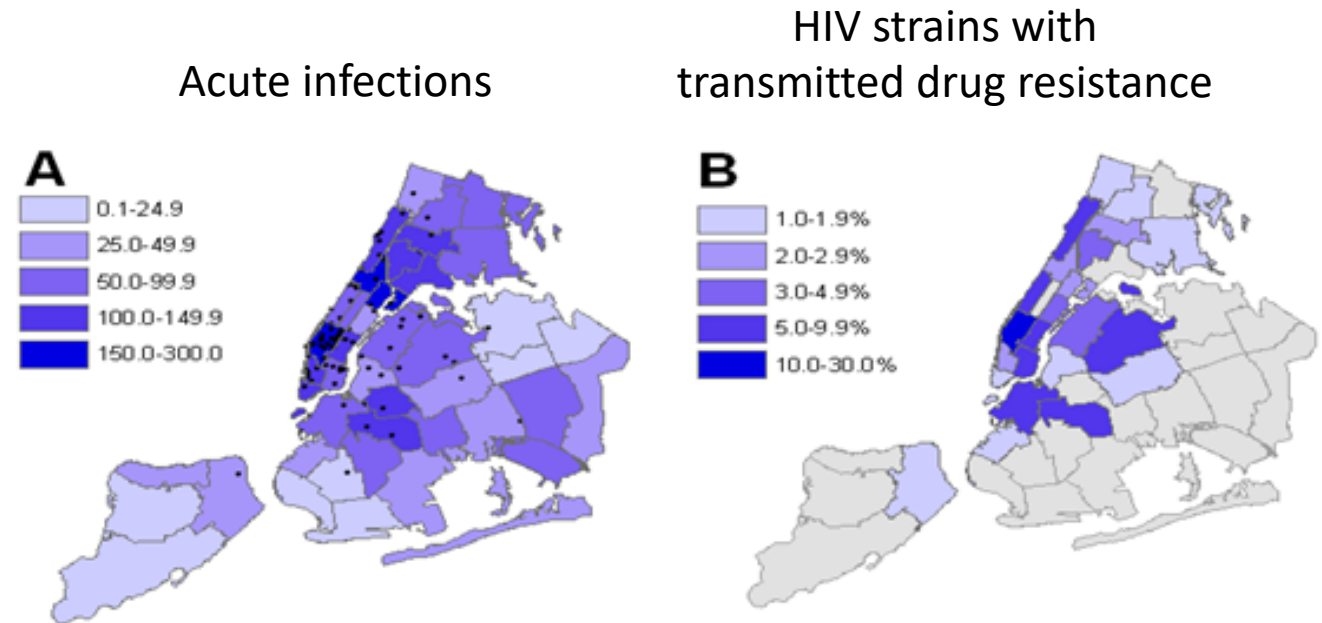
- Determines the genetic similarity between different HIV strains
- Knowledge of outbreaks (or clusters) of infections can help target resources to specific locations and/or groups

AGCUAAAGCUA... Sequence #1  
AACUAAACCUG... Sequence #2  
AACUCCACCUA... Sequence #3  
GGUUGCACCGG... Sequence #4



# NYC: Monitor New Infections - phylogenetics

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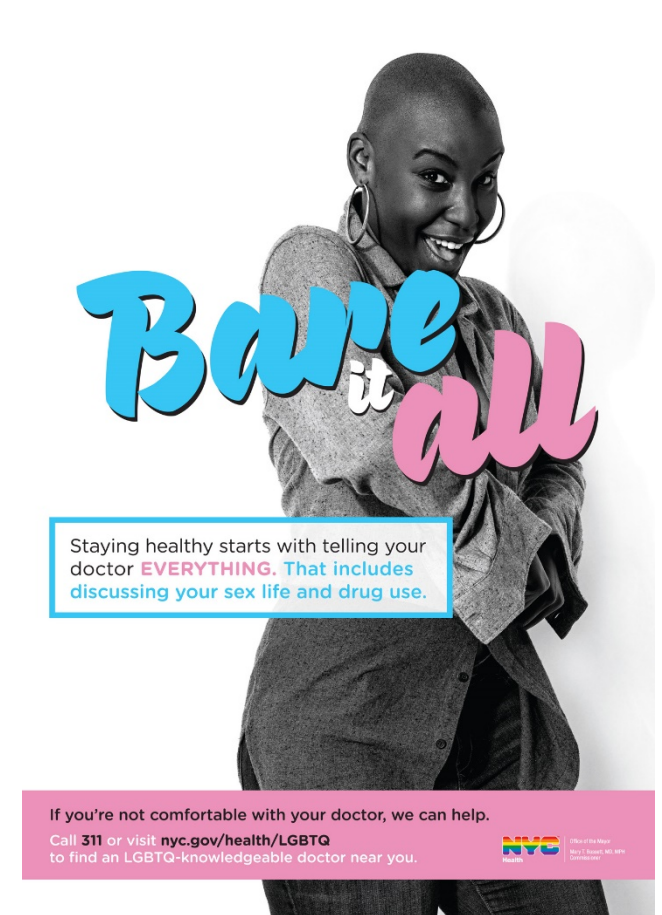
# NYC: Sexual Health Equity

- 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





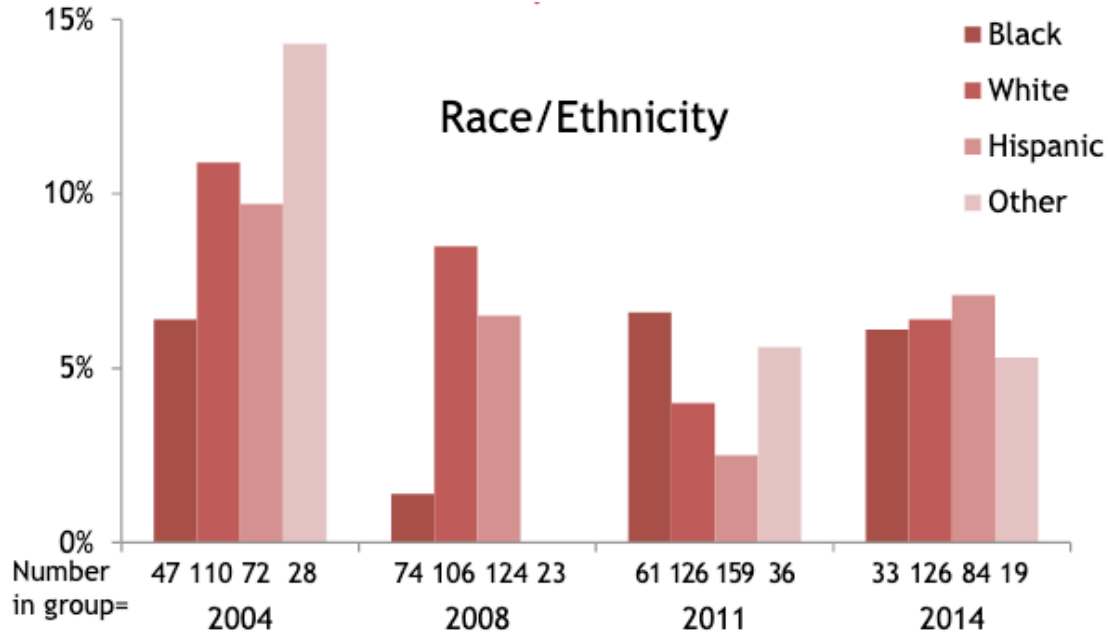
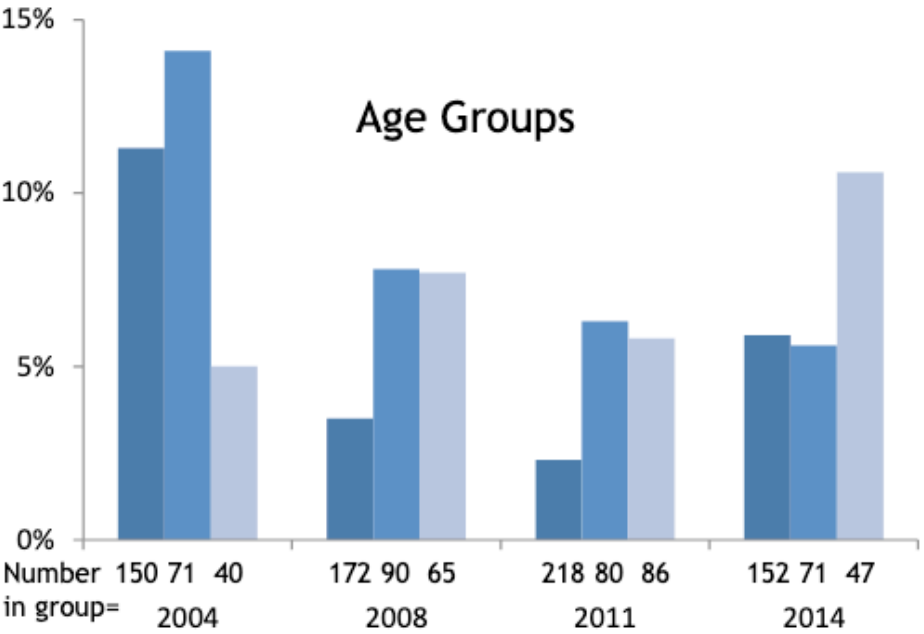
# NYC: Sexual Health Equity

## 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.

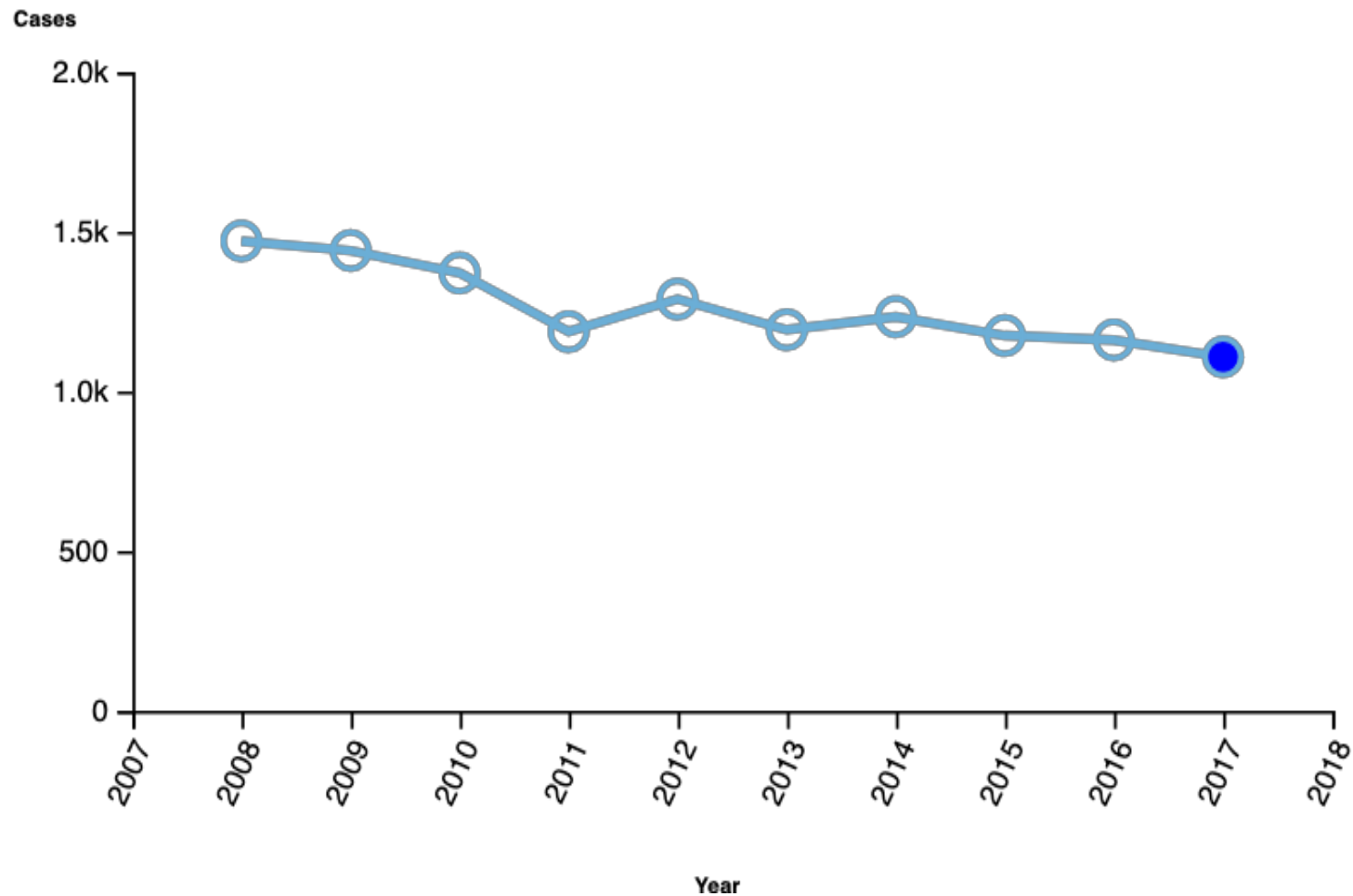
# NYC: Sexual Health Equity: methamphetamine use

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



NYC DOHMH National Behavior surveillance data.

# HIV in New Jersey



Centers for Disease Control and Prevention (CDC) [NCHHSTP AtlasPlus](#)





# HIV in New Jersey

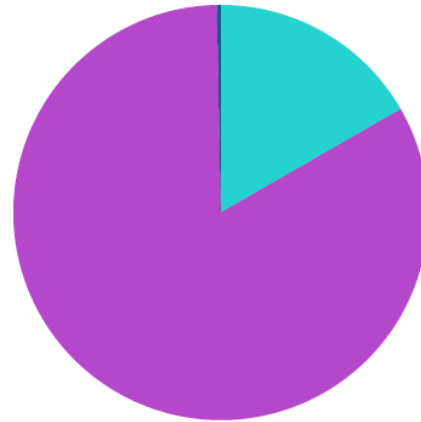
## New Diagnoses By Transmission Category

Male Transmission Categories



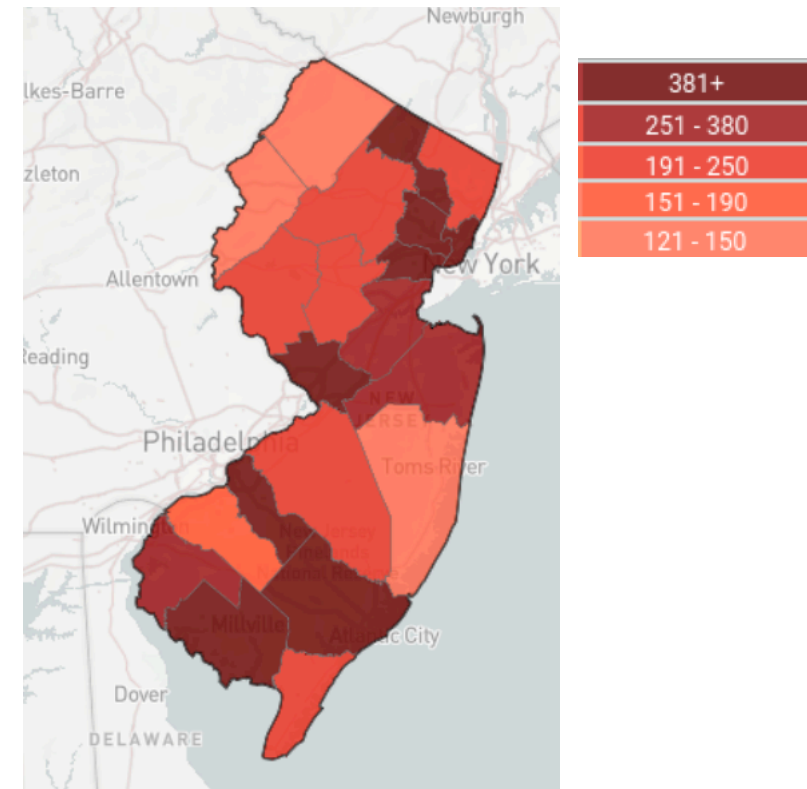
- Injection Drug Use (10.1%)
- Heterosexual Contact (13.8%)
- Male-to-Male Sexual Contact (74.0%)
- Male-to-Male Sexual Contact & Injection Drug Use (2.0%)
- Other\* (0.1%)

Female Transmission Categories



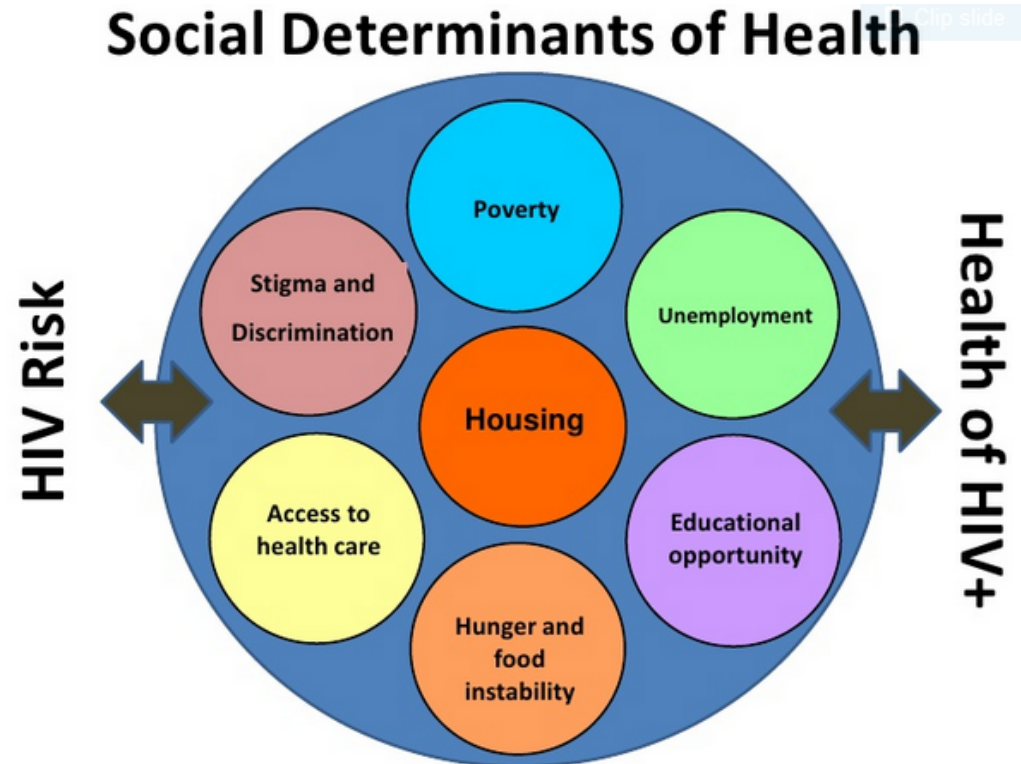
- Injection Drug Use (16.7%)
- Heterosexual Contact (83.0%)
- Other\* (0.3%)

## 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)

Machtiger EL, et al. AIDS Behav 2012; 16:2091–2100.

Phillips G, et al. AIDS Care 2014; 26:827–834.

Sullivan KA, et al. AIDS Patient Care STDS 2015; 29:S42–S48.

# 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

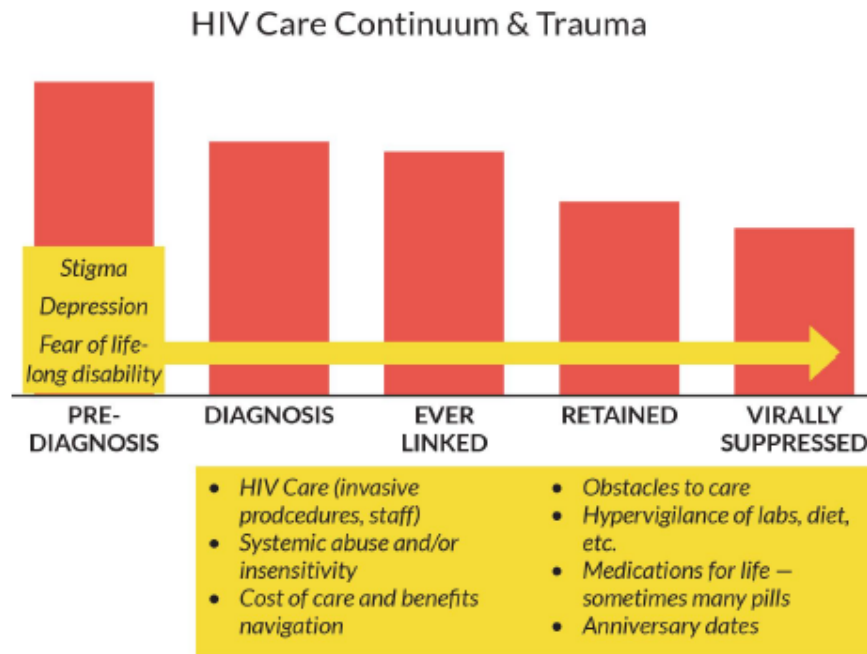
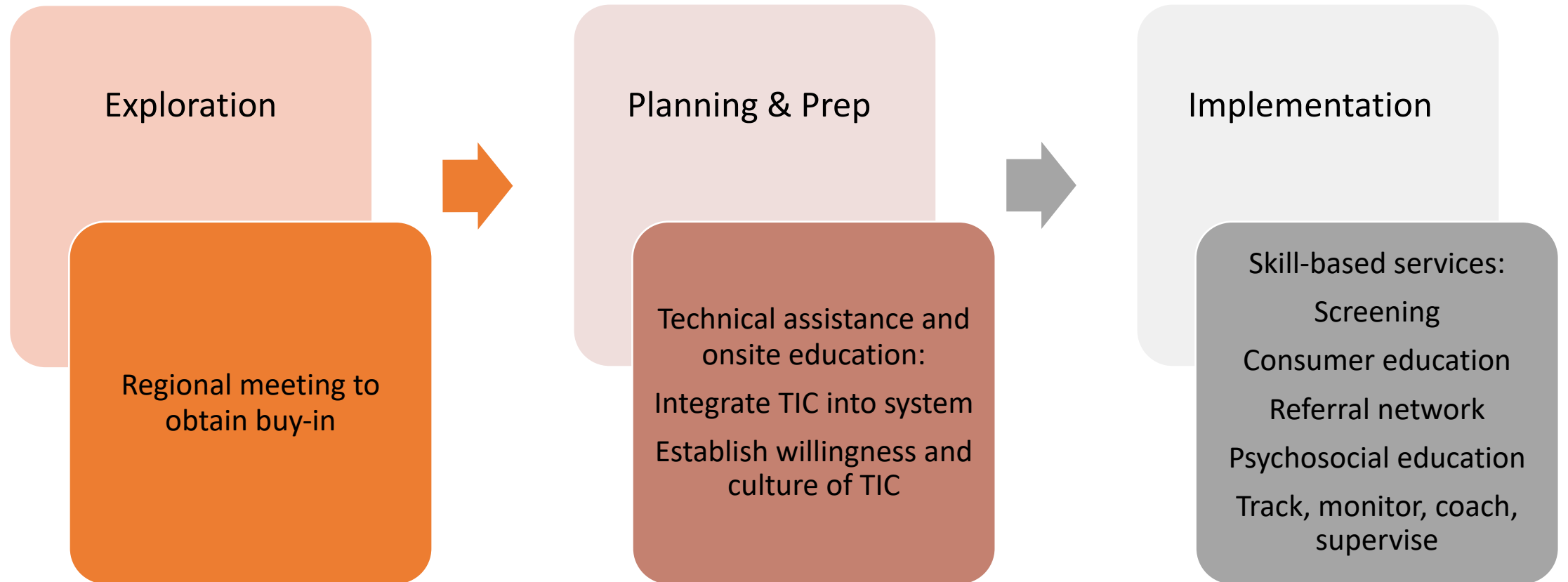


Image source: NASTAD Trauma-Informed Approaches Toolkit

Image source: Psychologic Health Center of Excellence

# New Jersey: Trauma Informed Care



# 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



SAMHSA-HRSA CIH

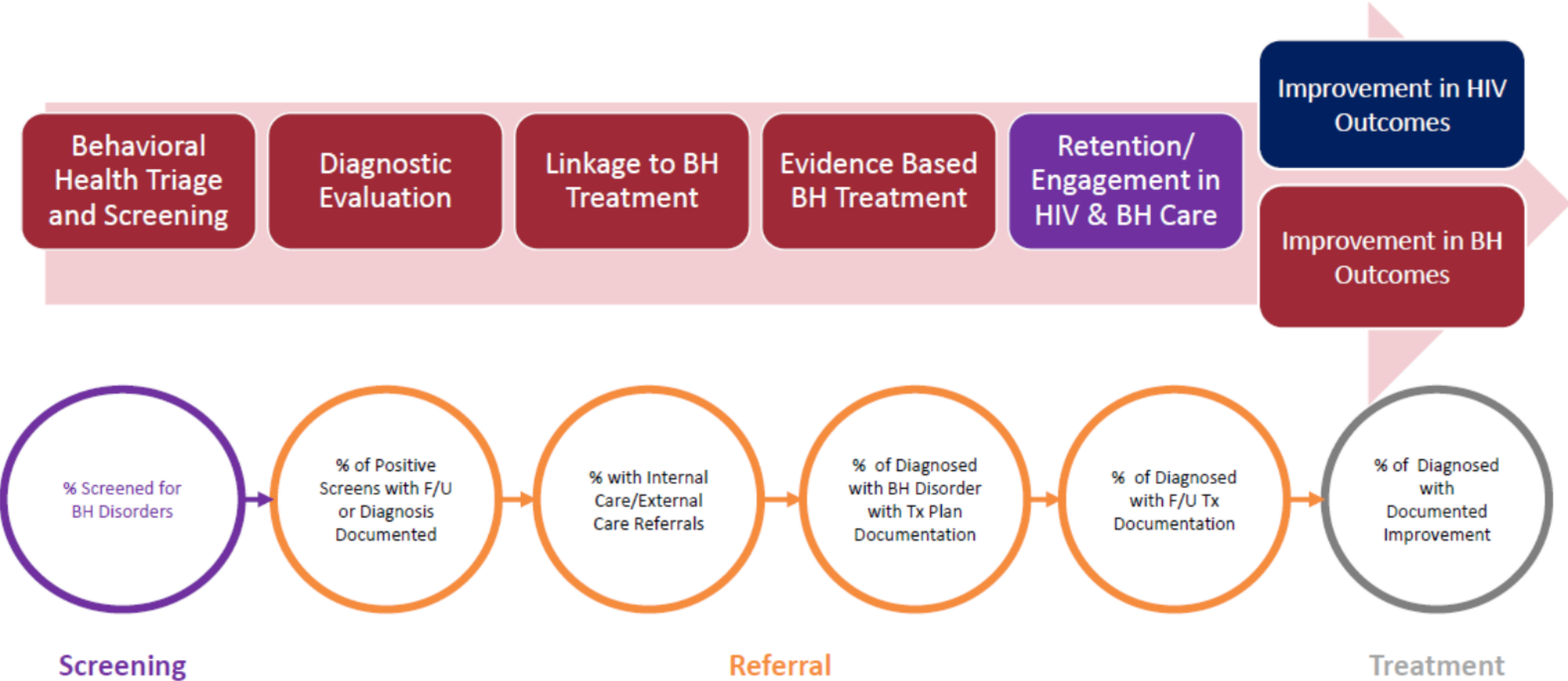
*Doherty et al, 2013*



COLUMBIA UNIVERSITY  
MEDICAL CENTER



# New Jersey: Behavioral Health and HIV continuum



# New Jersey: B-HIP Toolbox



Networking



Learning Sessions  
& Training



Webinars



Coaching



Twinning



# 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.



# Conclusions

- Ending the epidemic in NYC and NJ is feasible
- Health disparities in testing, treatment and prevention are being targeted
- Trauma informed care, increased behavioral health treatment, and improved housing are fundamental for successful HIV treatment and prevention

Thank you!