

The Enhanced Comprehensive HIV Prevention Plan New York City

EXECUTIVE SUMMARY

In September 2010, the New York City Department of Health and Mental Hygiene (NYC DOHMH) Bureau of HIV/AIDS Prevention and Control (BHAPC) received funding from the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention to develop an Enhanced Comprehensive HIV Prevention Plan (ECHPP) for New York City. The primary goals of the ECHPP process are to identify the optimal combination of coordinated HIV prevention, care and treatment services that can maximize the impact on reducing new HIV infections in the five boroughs of New York City. Using the framework of the twenty-four required and recommended interventions outlined by the CDC in its program guidance (those for which evidence of decreased incidence and/or decreased risk has been shown to be strongest), the NYC ECHPP describes key activities already underway and indicates goals, strategies and objectives for each intervention that should best maximize achievement of NHAS targets. Where possible, the NYC ECHPP describes gaps in current HIV prevention strategies, as well as current efforts to enhance coordination between HIV prevention, care and treatment services, and recommends activities to strengthen and intensify these efforts.

New York City falls within the New York-Northern New Jersey-Long Island, NY-NJ-PA Metropolitan Statistical Area (MSA)--specifically the New York-White Plains-Wayne, NY-NJ Metropolitan Division. Within the New York Division, the five boroughs of New York City include the Bronx (Bronx County), Brooklyn (Kings County), Manhattan (New York County), Queens (Queens County), and Staten Island (Richmond County). The activities described in ECHPP focus on major efforts taking place within the five boroughs of New York City.

The development of the New York City ECHPP has included collaboration with public health and community stakeholders throughout all five boroughs and within New York State, including the New York State AIDS Institute, the New York City Prevention Planning Group, the HIV Treatment, Care and Housing program within the Bureau of HIV/AIDS Prevention and Control, the Bureaus of STD and TB Control, the Office of Viral Hepatitis, the Office of Correctional Health (serving Riker's Island jail), the Division of Mental Health, the Department of Education, clinicians and leaders within community organizations serving members of priority populations (including HIV positive individuals and high risk negative individuals), as well as academic researchers that study key issues related to HIV prevention, care and treatment in the United States.

In addition to engaging external stakeholders, BHAPC has convened an internal workgroup composed of all BHAPC program units (Prevention, Epidemiology and Field Services, and Treatment, Care and Housing) to ensure that the NYC ECHPP was comprehensive and inclusive. Since the fall of 2010, BHAPC has been working with Dr. Scott Braithwaite and the NYU School of Medicine's Section of Value and Comparative Effectiveness in the Division of Internal Medicine to model the optimal set of resources and interventions from among those enumerated by the CDC for maximal impact and cost-effectiveness in New York City. This analysis will help NYC DOHMH make strategic allocation decisions in order to meet or exceed the HIV prevention goals of the National HIV/AIDS Strategy (NHAS).

A major focus of activity in New York City, since at least 2005, has been the expansion of HIV testing, including both routine HIV screening and targeted testing in non-clinical settings, with prompt linkage to care and an emphasis on treatment adherence to maximize viral load suppression. National estimates of HIV transmission rates for persons aware versus unaware of their HIV status suggest that knowledge of serostatus and engagement in HIV treatment can decrease the HIV transmission rate by more than two-thirds (Marks et al., JAIDS 2006). Multiple interventions to impact knowledge of HIV serostatus in New York City have included direct contract funding to more than fifty hospitals, clinics and community based organizations for HIV testing, using both CDC HIV prevention and Ryan White funds (with enhanced payment for confirmatory testing and linkage to care); introduction of a social network recruitment strategy to engage individuals who are connected to one another via dense networks of high prevalence or high risk behavior; and the piloting of a jurisdictional approach in the Bronx, called *The Bronx Knows*, where all sectors within the community have been engaged to raise awareness, promote and conduct HIV screening with prompt linkage to care, according to their unique capabilities. Together, these approaches have led to a significant increase in screening throughout New York City. Community Health Survey data show that the percent of New Yorkers, aged 18-64, who report that they have ever tested for HIV grew from 63.2% in 2007 to 67.4 % in 2009, a statistically significant increase. This rate compares to a national rate for 18-64 year-olds of 45% (CDC/NCHS, National Health Interview Survey, January–September 2010). In the Bronx, 79 percent of all residents aged 18 to 64 reported ever testing for HIV in 2009, up from 72.3 % percent in 2007, an increasing trend that is also statistically significant.

More recently, efforts to improve linkage to care and treatment adherence have been the focus of BHAPC's work. In addition to rewarding prompt linkage to care (i.e. within three months) through the contracting process, BHAPC's HIV Testing Unit has begun to provide more intensive technical assistance to funded agencies on best practices for prompt linkage, including methods used by the Antiretroviral Treatment Access Study (ARTAS) I and II. Beginning in October 2011, all agencies funded for HIV testing will be required to participate in an NYC DOHMH training on ARTAS and motivational interviewing techniques to enhance prompt linkage. Currently, more than three quarters of individuals newly diagnosed with HIV were linked to care within three months of their diagnosis. Beginning in December 2009, the NYC DOHMH began using Ryan White funds to enhance a comprehensive array of services to encourage engagement and retention in care—a program known as 'Care Coordination.' Twenty-eight hospital and community-based agencies in NYC are funded to provide these services, which include directly observed therapy for those HIV positive patients having the greatest difficulty with treatment adherence.

A third shift in emphasis undertaken by the NYC DOHMH has been to refocus a significant portion of the HIV prevention portfolio toward decreasing risk behaviors among persons living with HIV (PLWH). This shift is taking place through at least four major endeavors: a clinic-based pilot evaluation of three provider-driven models of risk reduction for PLWH; a curriculum being developed for all newly diagnosed individuals in NYC that emphasizes risk reduction and retention in care; a systematic effort to ensure comprehensive condom distribution to all HIV primary care clinics throughout NYC's five boroughs; and an expansion of partner services for all newly diagnosed individuals in NYC, including those who are diagnosed acutely. These shifts in emphasis will be further enhanced by results from the resource allocation modeling activities currently underway, and will help to ensure that NYC achieves, at minimum, the targets set by the National HIV/AIDS Strategy.