New York City 2020: Ending the HIV Epidemic: A Plan for America
Community Report

New York City 2020: Ending the HIV Epidemic: A Plan for America Community Report

The New York City Department of Health and Mental Hygiene (NYC HD) coordinates New York City (NYC)'s response to the HIV epidemic, including HIV testing initiatives; prevention, care and treatment programming; surveillance; training and technical assistance; policy advocacy; community engagement; social marketing; and racial equity and social justice initiatives.

The New York City Ending the Epidemic Plan (NYC ETE Plan),[1] first implemented in 2015, employs an innovative HIV status neutral approach[2] to reduce the number of new HIV infections to non-epidemic levels; to improve the health and well-being of people with HIV (PWH) and people vulnerable to HIV infection; and to eliminate HIV-related health inequities. 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.

The NYC ETE Plan reflects and builds upon the New York State Blueprint for Ending the Epidemic (NYS ETE Blueprint), a set of recommendations New York State (NYS) adopted in 2015 organized around three overarching goals: 1) Diagnose PWH and link them to care; 2) Ensure that people diagnosed with HIV initiate and stay on HIV treatment and achieve viral suppression so they remain healthy and do not transmit HIV; and 3) Increase access to PrEP and emergency PEP for people who may be exposed to HIV.[3]

In February 2019, the U.S. Department of Health and Human Services (HHS) announced Ending the HIV Epidemic: A Plan for America (EHE: A Plan for America) which aims to reduce new HIV infections by 75% in five years (by 2025), and by 90% in 10 years (by 2030).[4] EHE: A Plan for America focuses on four pillars: 1) Diagnose; 2) Treat; 3) Prevent; and 4) Respond.

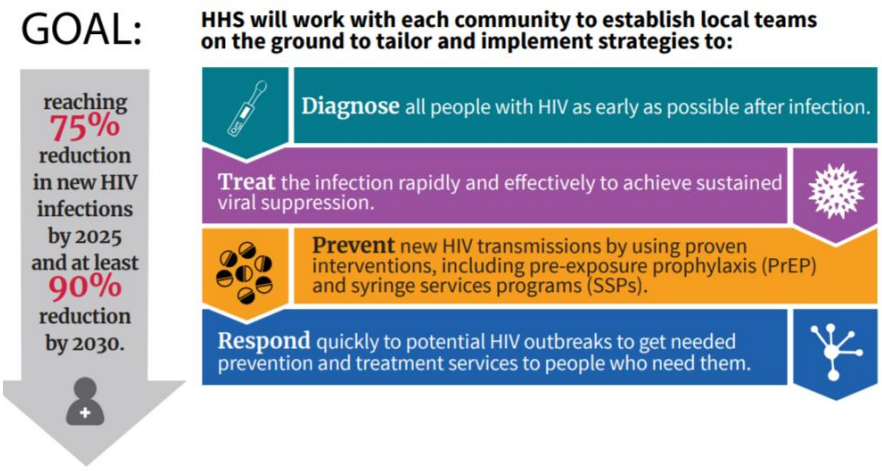
---

[1] N.Y.C. DEP'T OF HEALTH & MENTAL HYGIENE, ENDING THE EPIDEMIC: STRATEGIES TO END HIV IN NEW YORK CITY (last accessed Mar. 27, 2021), *available at* https://www1.nyc.gov/assets/doh/downloads/pdf/ah/ete-strategy.pdf.

[2] Julie E. Myers *et al.*, *Redefining Prevention and Care: A Status-Neutral Approach to HIV*, 5(6) OPEN FORUM INFECTIOUS DISEASES 1-4 (Jun. 2018).

[3] N.Y.S. DEP'T OF HEALTH, BLUEPRINT FOR ENDING THE EPIDEMIC (Mar. 2015), *available at* https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf.

[4] HIV.gov, Ending the HIV Epidemic: A Plan for America – Overview (last accessed Mar. 26, 2021), *available at* https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview.



EHE: A Plan for America includes 48 counties across the U.S.; Washington, DC; San Juan, Puerto Rico; and seven states identified as having a substantial rural HIV burden, each of which will receive additional resources, expertise, and technology to meet these goals. Included in these 57 jurisdictions are four NYC counties (boroughs): Bronx, Kings (Brooklyn), New York (Manhattan), and Queens Counties.[5]

In October 2019, NYC HD received funding to initiate a community planning process to collect feedback and recommendations to guide the development of the New York City 2020: Ending the HIV Epidemic: A Plan for America jurisdictional plan (NYC 2020 EHE Plan),[6] which builds on, extends, and updates our earlier NYS ETE Blueprint and NYC ETE Plan. In addition to collecting feedback during community listening sessions, NYC HD developed a survey to reach community members and providers citywide. The survey invited feedback on two Cross-Cutting Issues: 1) Social and Structural Determinants of HIV-Related Health Inequities, and 2) The HIV Service Delivery System; and the four EHE: A Plan for America Pillars: 1) Diagnose; 2) Treat; 3) Prevent; and 4) Respond.

Listening Sessions

In planning the listening sessions, NYC HD sought to partner with agencies and stakeholders serving members of priority populations identified in the NYC 2020 EHE Plan[7] and additional populations disparately impacted by HIV and/or facing unique barriers to HIV prevention and care,[8] with an aim to integrate new voices into the planning process.

[5] Although the EHE: A Plan for America initiative prioritizes four of the five boroughs, NYC HD invited people from Staten Island and areas that surround NYC (i.e., Long Island and the Tri-County Region (Putnam, Rockland, and Westchester Counties) to participate.

[6] N.Y.C. Dep't of Health & Mental Hygiene, New York City 2020: Ending the HIV Epidemic: A Plan for America Plan (last accessed Mar. 26, 2021).

[7] Using 2019 HIV surveillance data; documented health inequities related to race/ethnicity, sexual orientation, and gender identity; and extensive community input, NYC HD identified seven populations to prioritize as part of our work under the EHE: Plan for America federal initiative: 1) Black men who have sex with men (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; and 7) Youth and young adults ages 13 to 29 years. N.Y.C. Dep't of Health & Mental Hygiene, New York City 2020: Ending the HIV Epidemic: A Plan for America Plan (last accessed Mar. 26, 2021).

[8] NYC HD also recognizes that people may have multiple, intersecting identities and that the seven priority populations identified in the NYC 2020 EHE Plan may not reflect all members of additional populations that are disparately impacted by HIV and/or face unique barriers to HIV prevention and care, including the following: 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

To that end, NYC HD reached out to local community- and faith-based organizations, colleges, City agencies that work in the HIV sector as well as those that do not (e.g., NYC Administration for Children's Services, NYC Department of Education, NYC Department for the Aging, NYC Health + Hospitals, NYC Commission on Gender Equity, Mayor's Office for Economic Opportunity, and the Mayor's Office to End Domestic and Gender-Based Violence), organizations that serve people who exchange sex for money, drugs, housing, or other resources, and organizations that serve justice-involved people, including young people, to name a few. NYC HD also enlisted the support of and gathered feedback from members of various planning bodies and advisory groups, including the NYC HIV Planning Group (NYC HPG), HIV Health and Human Services Planning Council of New York (Planning Council), New York State Department of Health (NYS DOH) AIDS Advisory Council, NYS DOH HIV Advisory Body, Sexual Health Advisory Group, Transgender, Gender Non-Conforming and Non-Binary Community Advisory Board, and Project THRIVE Community Advisory Board. Partner organizations were evenly distributed across the Bronx, Brooklyn, Manhattan, and Queens, and supported the recruitment of participants for listening sessions. Figure 1 in the Appendix shows a sample flyer used during recruitment.

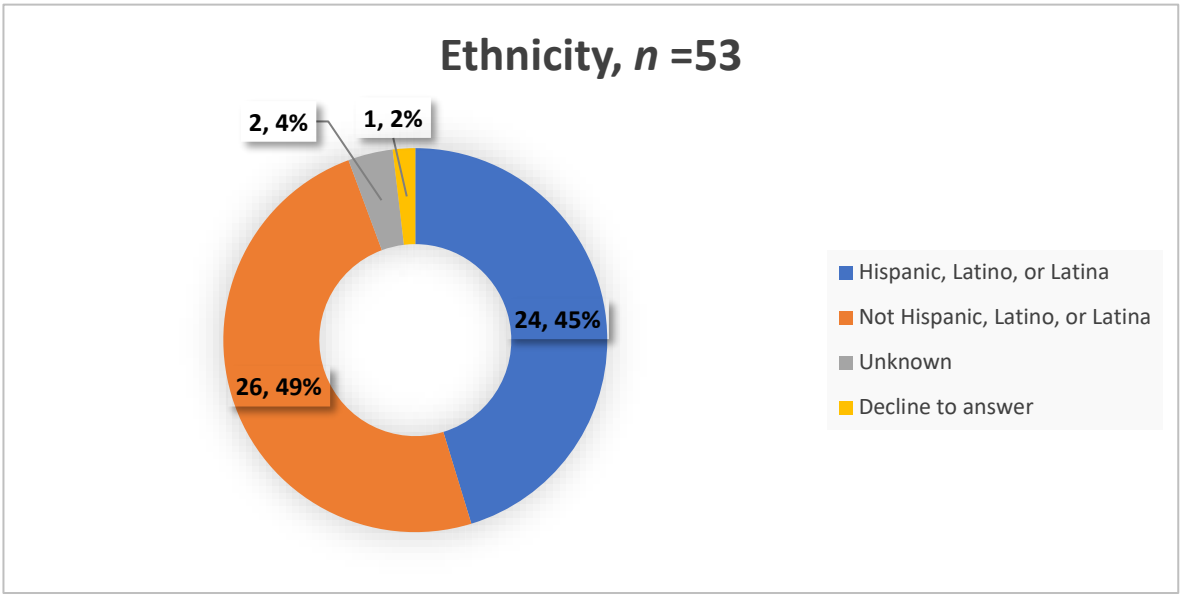
Due to the COVID-19 public health emergency, instead of in-person listening sessions, NYC HD facilitated virtual listening sessions exclusively to ensure the safety of community members. The shift to virtual sessions alleviated the need to facilitate borough-specific sessions as community members were able to attend from anywhere. Between June and December 2020, NYC HD facilitated nine virtual listening sessions, with nine unique partner organizations and groups, drawing a total of 308 participants. Each session was well-attended, with anywhere from 11 to 93 participants, with an average of 35 participants across all sessions.

At the end of each virtual listening session, participants were invited to complete an optional demographic survey to help NYC HD ensure that it was indeed reaching new and diverse voices that represent the distribution of NYC's HIV epidemic. Approximately 18% (55) of listening session participants completed the survey. Results from this sample are described below.

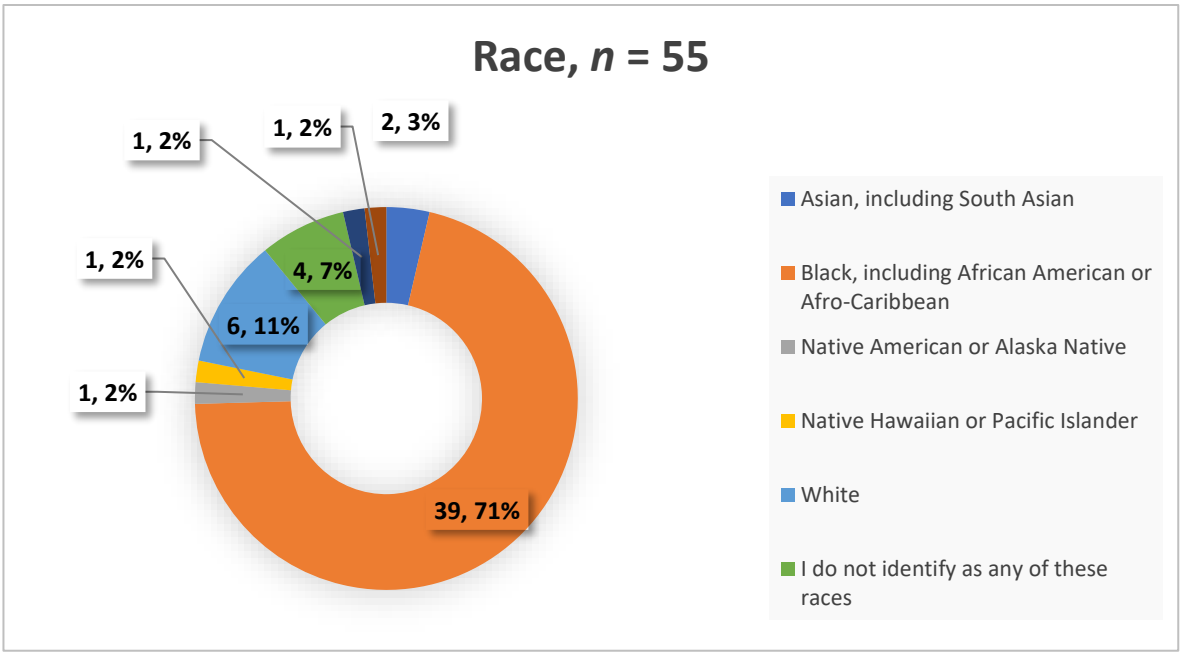
or "adjusted" immigration status (i.e., people who do not yet have legal residence or citizenship, sometimes referred to as "undocumented" status); people who live in medium-, high- or very high-poverty NYC neighborhoods; people with limited access to ongoing, high-quality primary health care; people who have experienced intimate partner violence; and people with a history of incarceration and other justice-involved people. N.Y.C. DEP'T OF HEALTH & MENTAL HYGIENE, NEW YORK CITY 2020: ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA PLAN (last accessed Mar. 26, 2021).

Listening Session Demographics[9]

Ethnicity



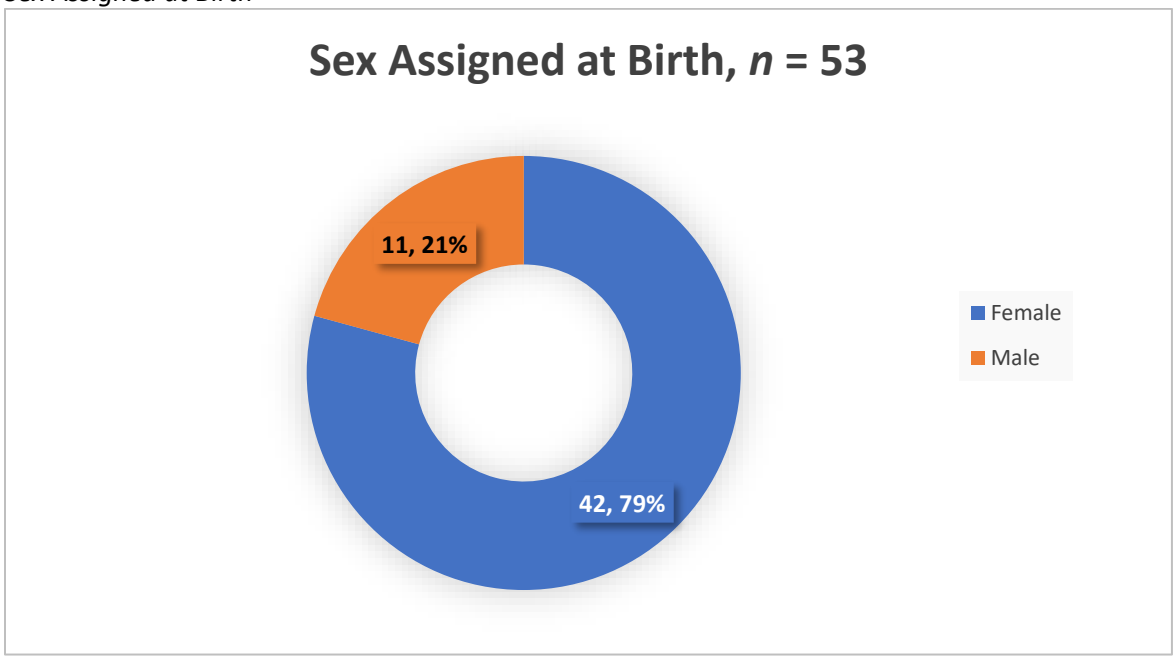
Race[10]



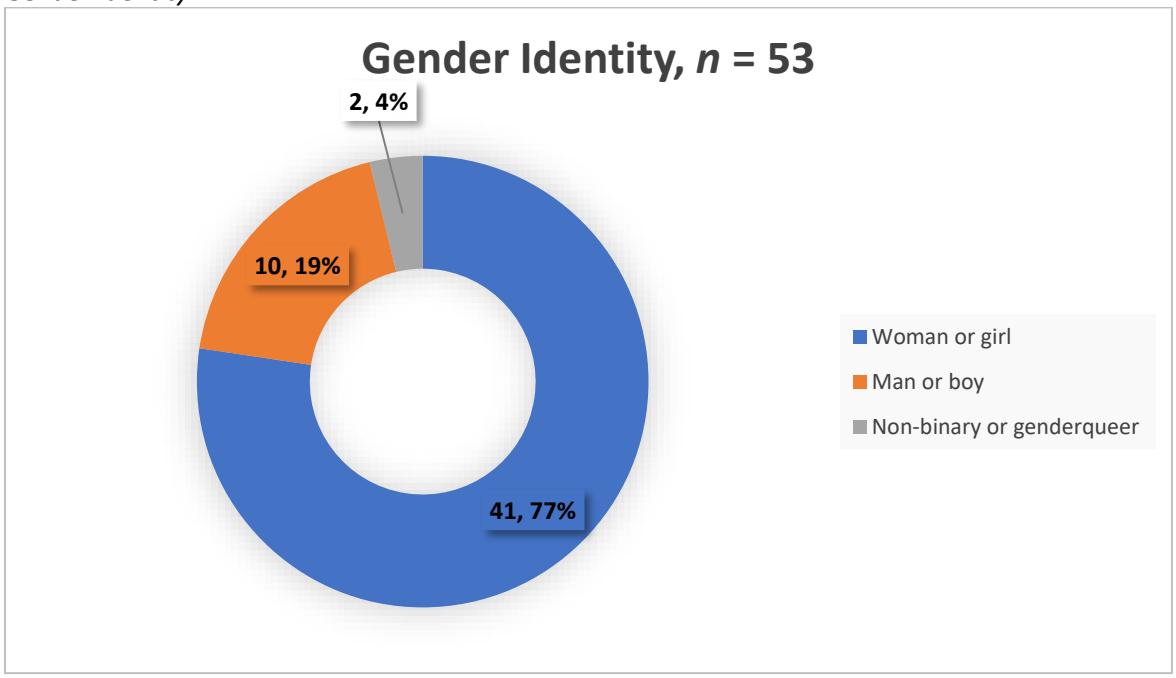
[9] Because questions in the demographic survey were optional, participants could elect to leave questions unanswered. This accounts for the variability in sample sizes across the survey.

[10] For race, respondents could select multiple responses. Response options included "Asian, including South Asian," "Black, including African American or Afro-Caribbean," "Native American or Alaskan Native," "Native Hawaiian or Pacific Islander," "White," "Does not identify with any provided race," "Unknown," and "Decline to answer." Any responses that included "Decline to answer" were recorded as "Decline to answer," regardless of other options selected. Respondents who selected "Unknown" along with other race categories were classified according to other racial categories; however, they were grouped with "Unknown" if that was the only response provided. In some instances, respondents also wrote in country of origin or ethnic identity.

Sex Assigned at Birth[11]

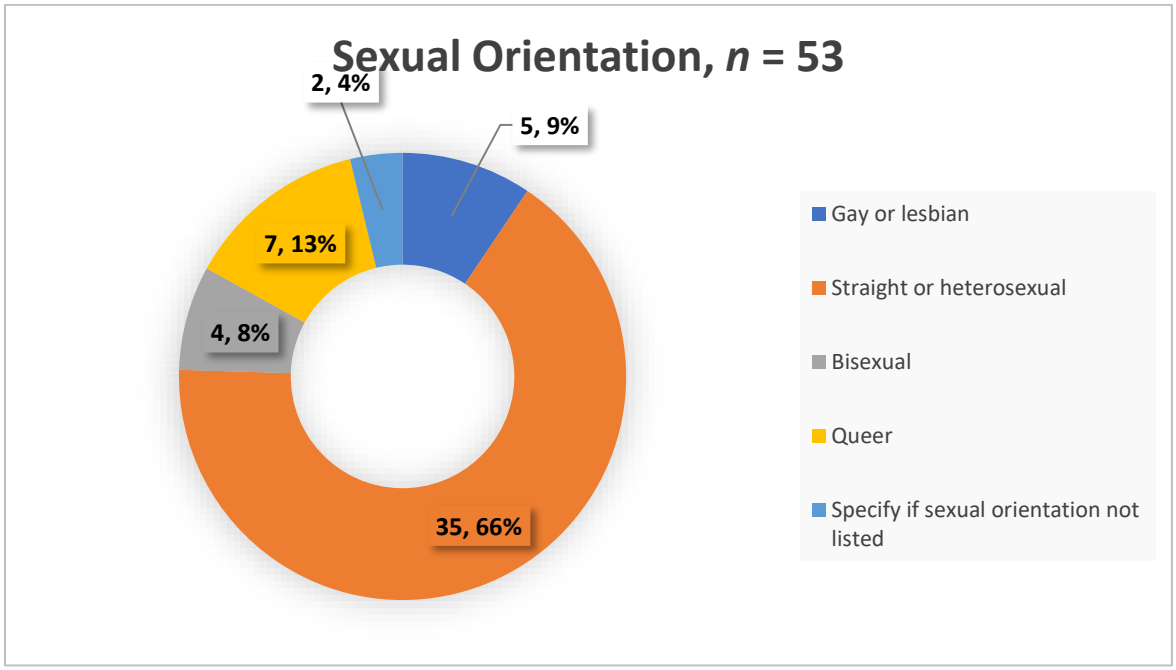


Gender Identity

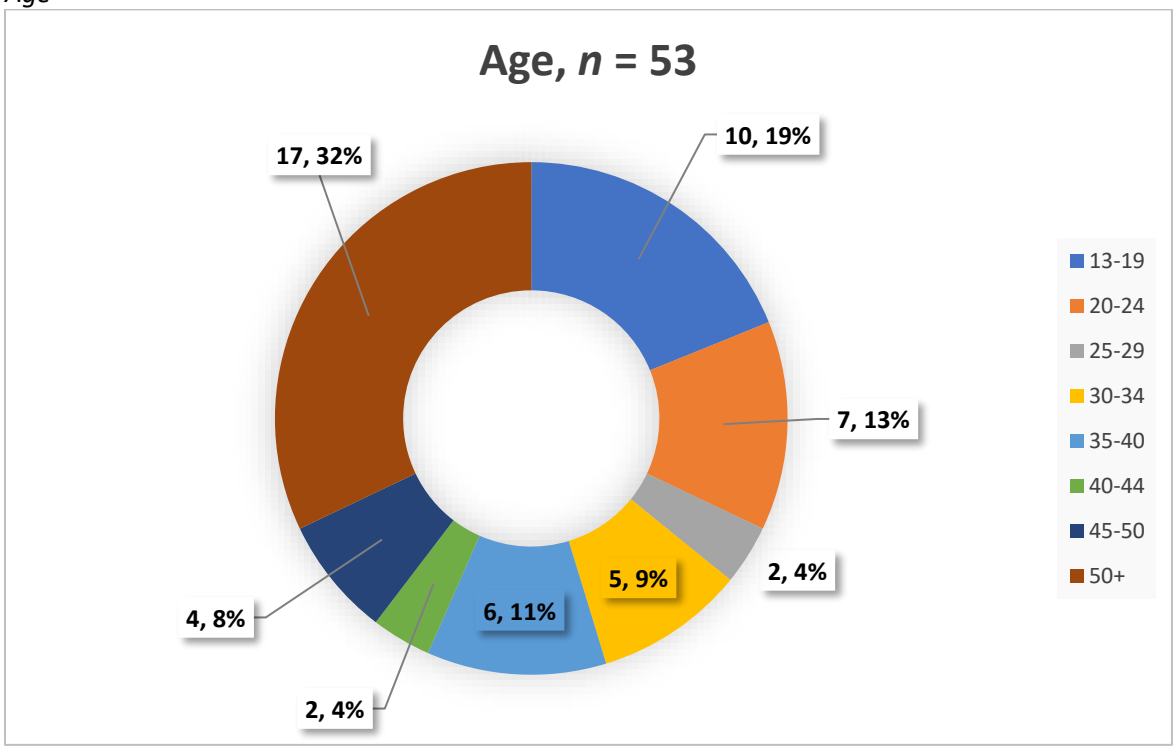


[11] For both listening session demographic survey and the community survey, sex assigned at birth and gender identity were included as measures to better capture people who may identify as transgender but may not feel comfortable sharing or may not identify as a person of trans experience.

Sexual Orientation[12]

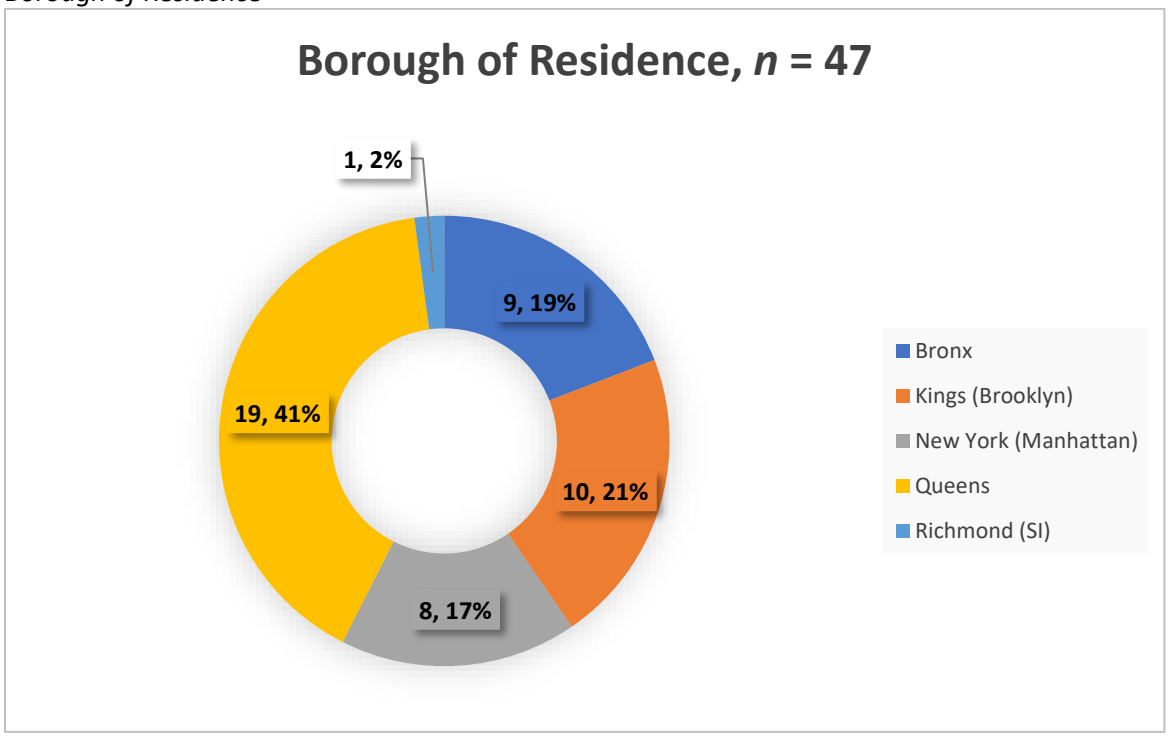


Age

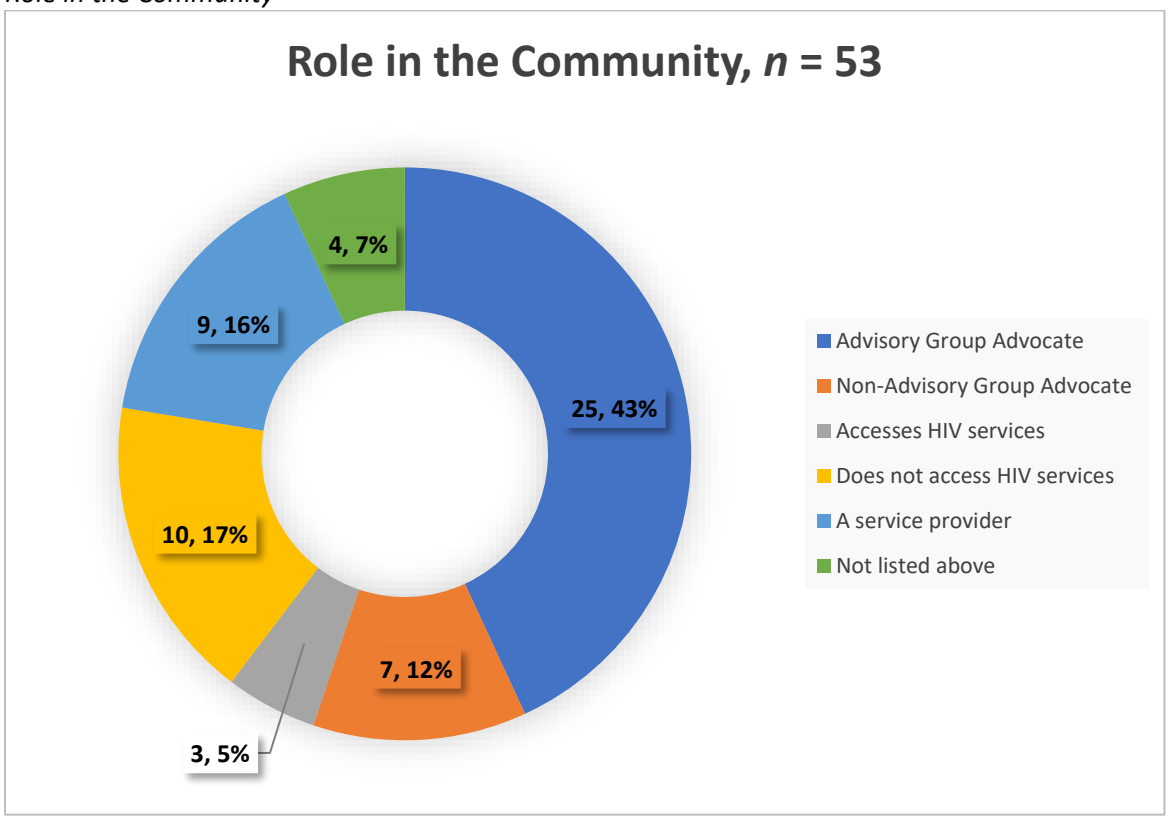


[12] The two respondents who indicated that they identify as a sexual orientation not listed above specified that they identify as "pansexual."

Borough of Residence



Role in the Community



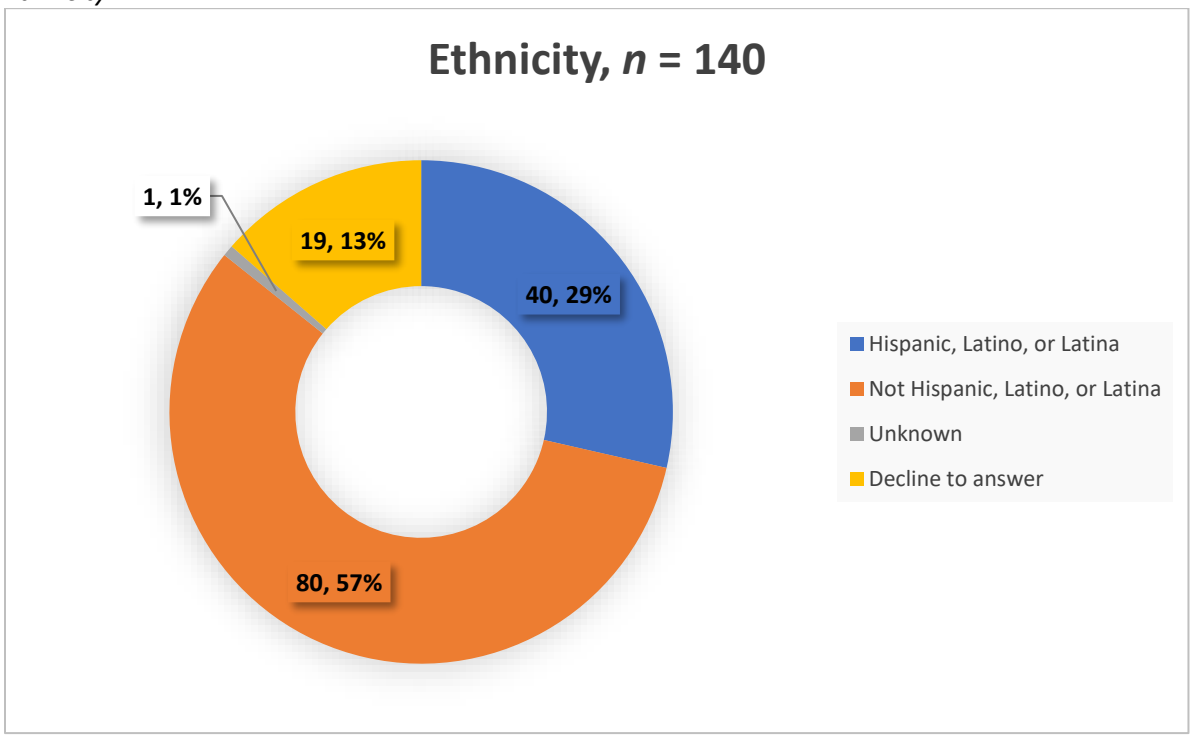
Survey

Before the community survey launched, NYC HD worked closely with NYC HPG and other community members to ensure that the survey instrument was user-friendly and organized in the most efficient way. We received feedback about the wording of demographic questions, literacy levels at which questions were designed, and overall length of the survey. We revised the survey to integrate this feedback, expanded the age ranges of participants, and added immigration status to the questions. The survey was designed to be completed within 15-20 minutes and was disseminated through HIV- and non-HIV-specific partner organizations serving priority populations, local stakeholders (community leaders, activists, staff at organizations), City agencies (e.g., NYC Administration for Children's Services, NYC Department of Education), HIV planning bodies and advisory groups (e.g., NYC HPG, Planning Council, Project THRIVE Community Advisory Board, Transgender Gender Non-Conforming and Non-Binary Advisory Group, Sexual Health Advisory Group), and other traditional and non-traditional partners across the city (e.g., barbershops, faith-based organizations, local businesses). NYC HD and partners also disseminated the survey via social media platforms.

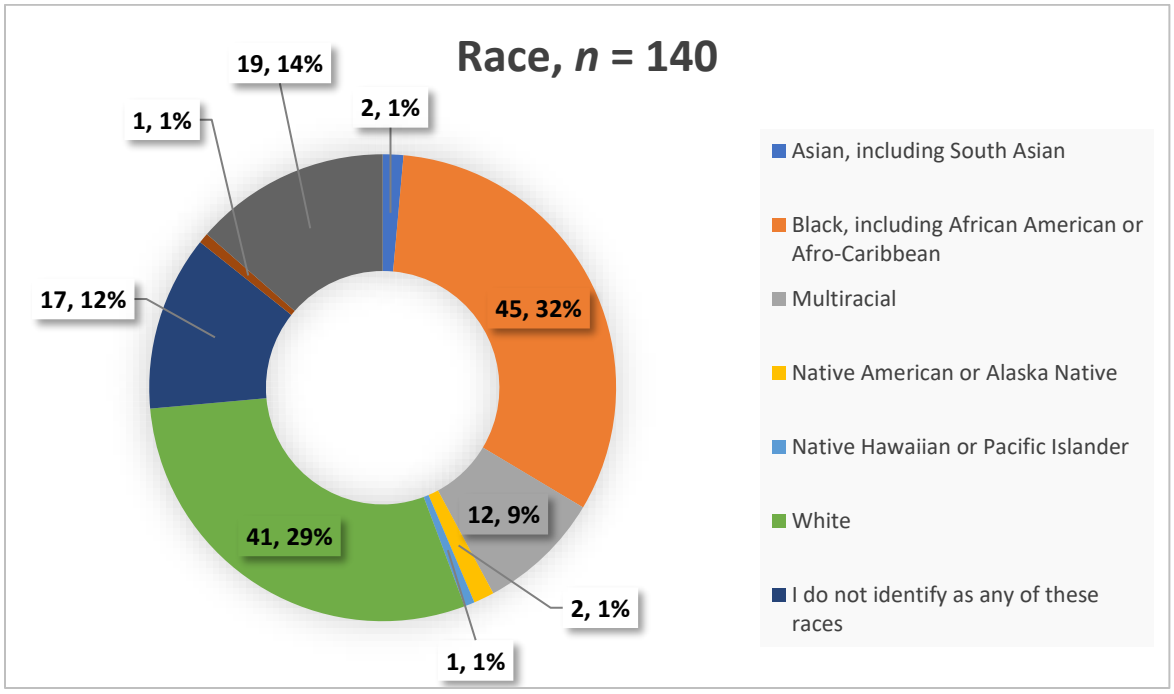
In total, 619 participants provided feedback regarding the NYC 2020 EHE Plan; however, only 23% (148 people) completed the demographic component of the survey. Results from this sample are described below. The demographic survey was optional, and no question was mandatory; thus, participants were able to select questions to which they wanted to respond. This accounts for the variability in the sample sizes for each question.

Survey Demographics

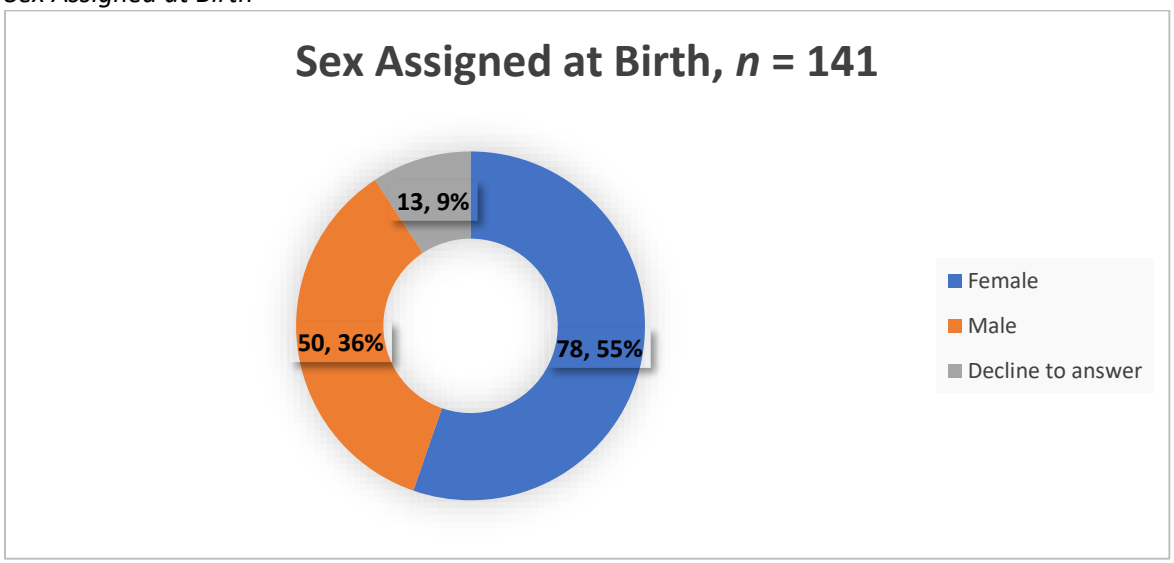
Ethnicity



Race[13]

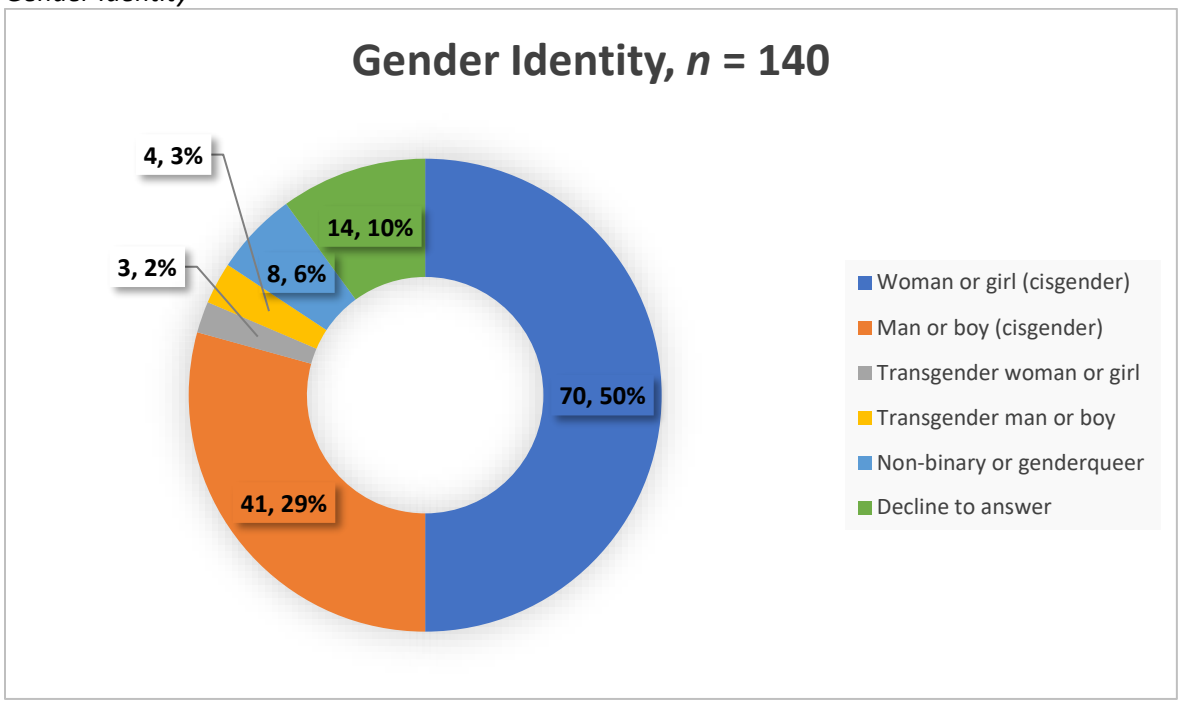


Sex Assigned at Birth

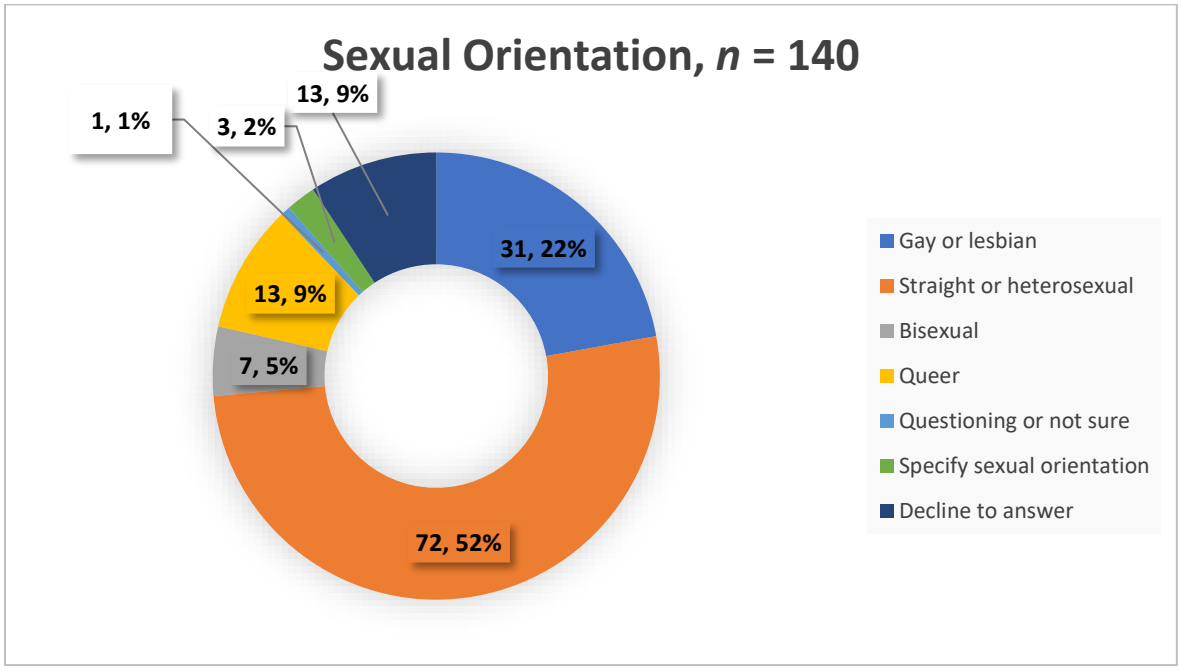


[13] For race, respondents could select multiple responses. Response options included "Asian, including South Asian," "Black, including African American or Afro-Caribbean," "Native American or Alaskan Native," "Native Hawaiian or Pacific Islander," "White," "Do not identify with any provided race," "Unknown," and "Decline to answer." Any responses that included "Decline to answer" were recorded as "Decline to answer," regardless of other options selected. Respondents who selected "Unknown" along with other race categories were classified according to other provided racial categories; however, they were grouped with "Unknown" if that was the only response provided. Respondents who selected more than one response option were classified as "Multiracial." Those who wrote in their responses reported identification with countries in Africa (e.g., Guinea, Uganda), the Caribbean (e.g., Grenada, Haiti, Jamaica, Puerto Rico), Europe (e.g., France, Italy, Spain), Asia (e.g., China, Philippines), and with the Jewish culture. Note: This list of specified countries does not represent the comprehensive list.

Gender Identity[14]

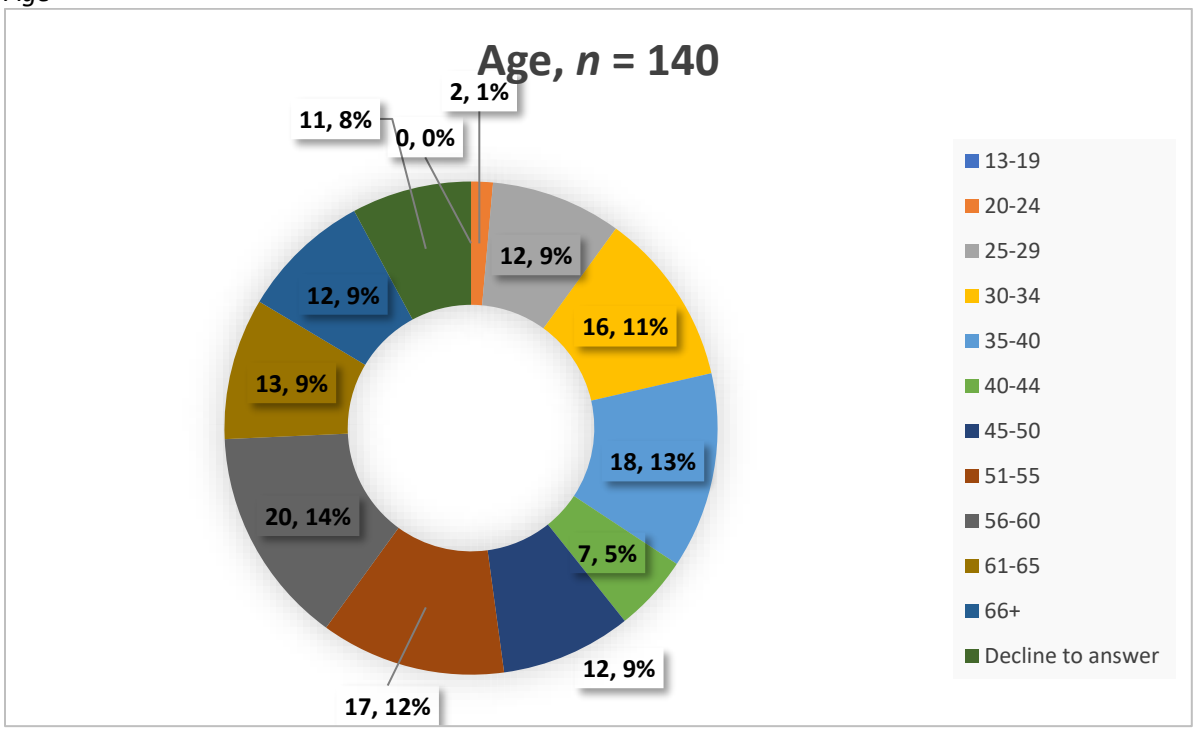


Sexual Orientation[15]

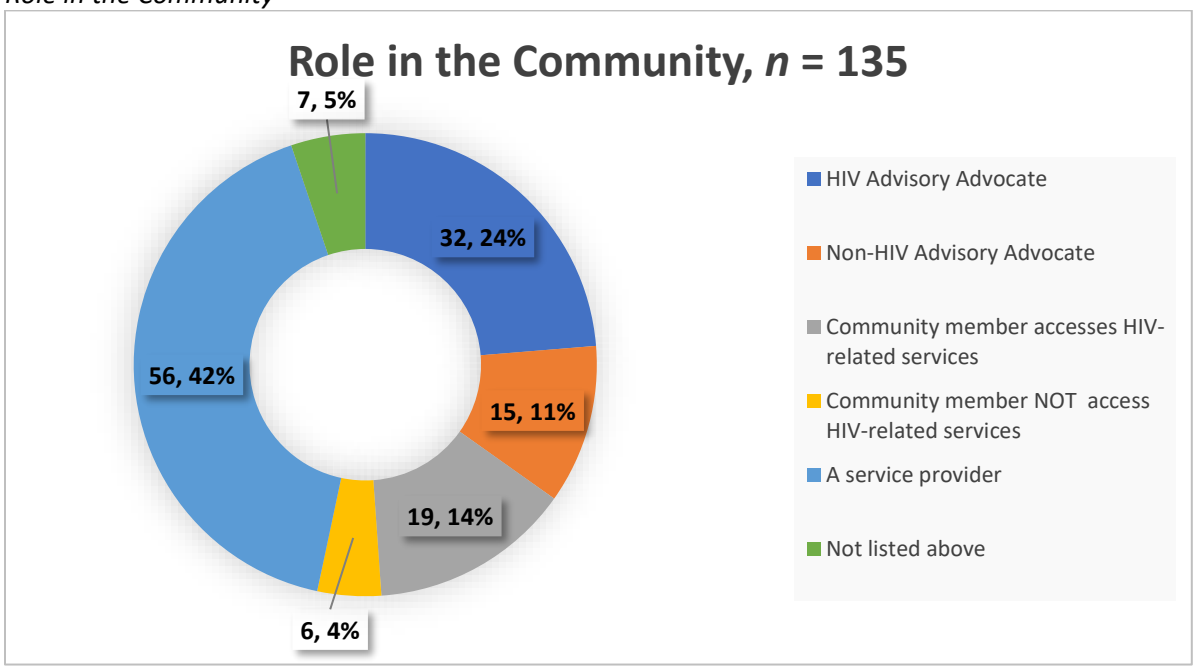


[14] To determine cisgender or transgender identify, sex assigned at birth was compared with current gender identity. If respondent selected "Decline to answer" for either question, then "Decline to answer" was recorded.
[15] Of the 3 respondents who wrote in their answers, 1 identified as "pansexual," 1 as "same-gender loving," and 1 as "transgender non-binary."

Age[16]



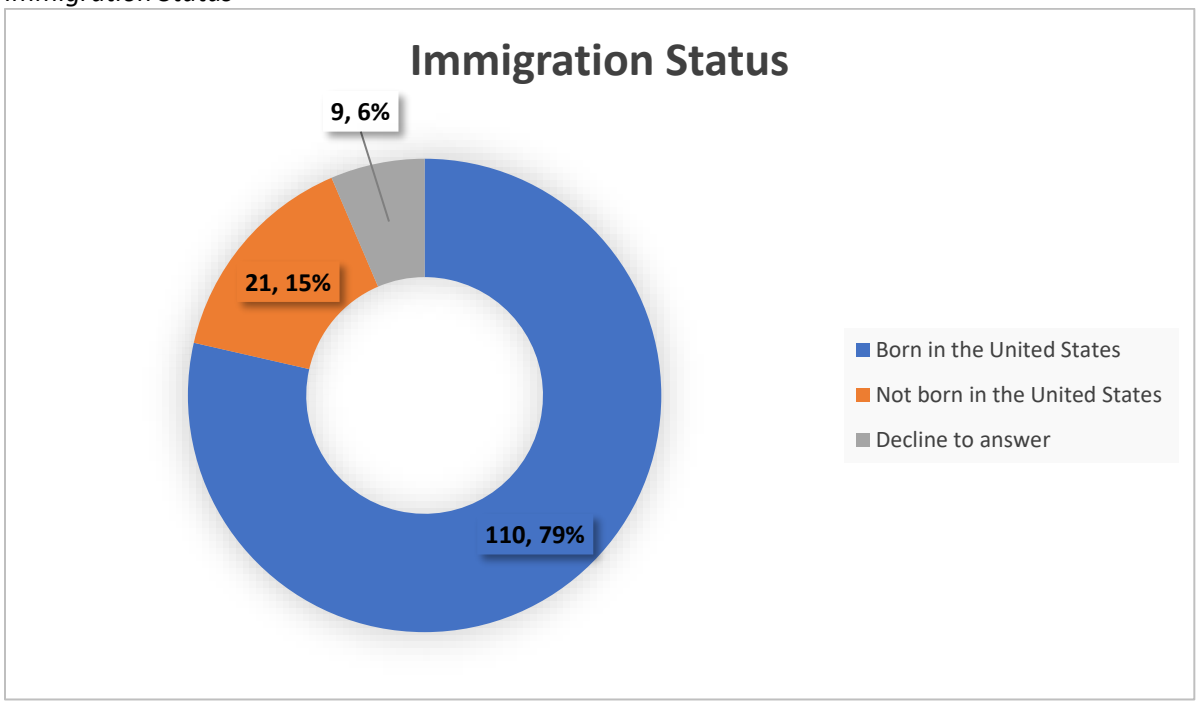
Role in the Community[17]



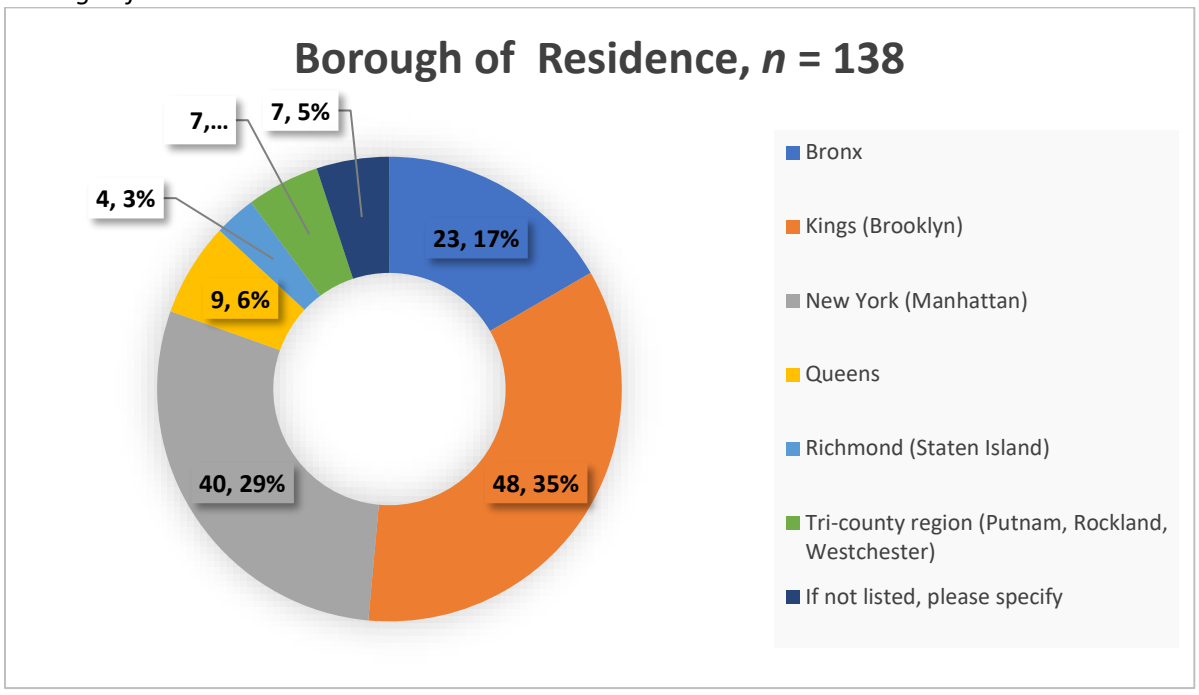
[16] The demographic survey for community listening sessions capped age ranges at 50+. However, based on feedback, the age ranges for the survey were expanded to delineate between respondents who were 51-55, 56-60, 51-65, and then capped at 66+ to capture nuances in these groups.

[17] Of the 7 respondents who specified their involvement in the community, 1 identified as a City government employee; 4 as community activists, advocates, educators, or service providers; 1 as a person who accesses HIV prevention services; and 1 as a Christian.

Immigration Status

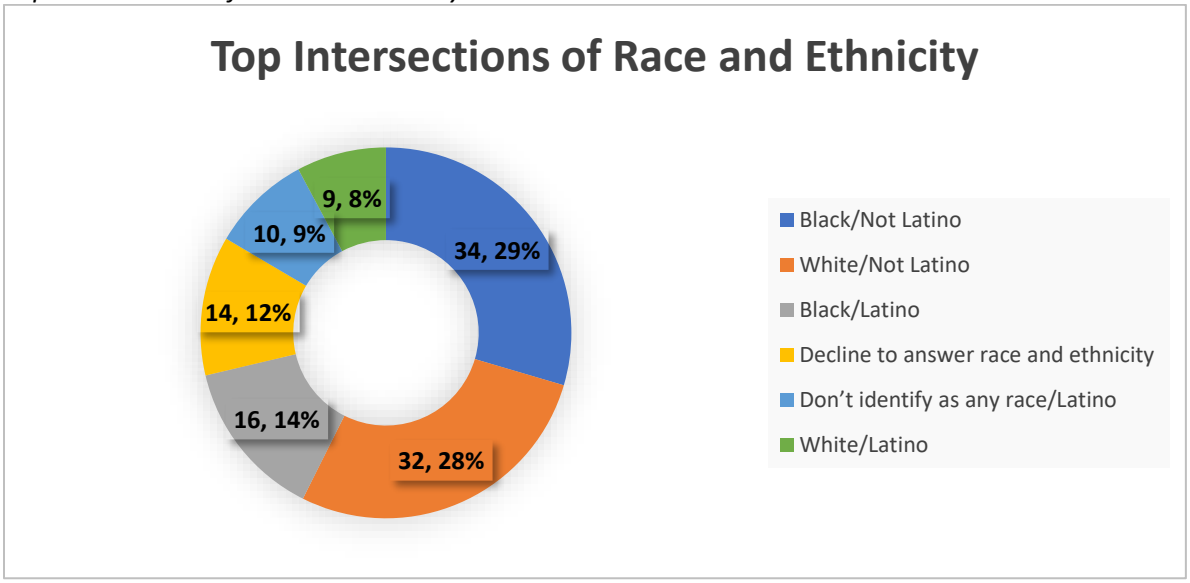


Borough of Residence[18]

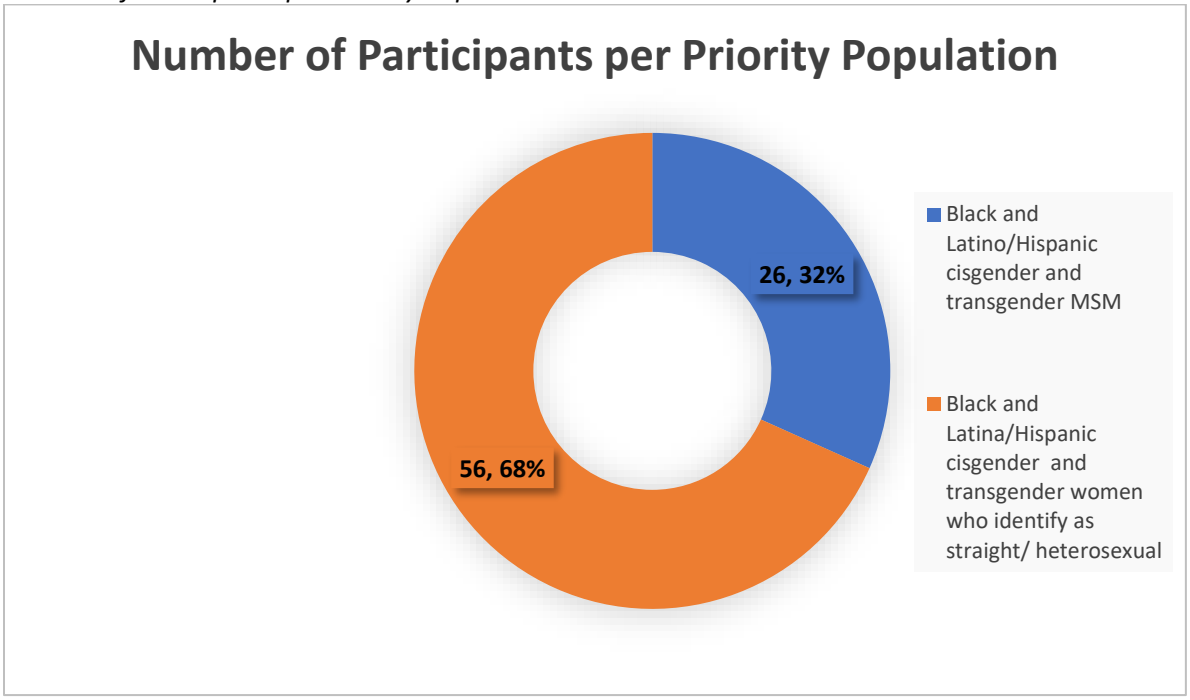


[18] Of the 7 respondents who wrote in their answers, 5 were from Long Island; 1 from Newark, New Jersey; and 1 did not specify.

Top Intersections of Race and Ethnicity[19]



Number of Participants per Priority Population[20]



[19] Reporting for top intersections of race and ethnicity accounts for a sample size, *n*=115. This does not include any intersections that represent a sample of *n*=5 or smaller.

[20] Demographic data were analyzed with respect to number of respondents from the seven priority populations identified in the NYC 2020 EHE Plan. This table highlights four of the seven groups: Black cisgender and transgender MSM; Latino/Hispanic cisgender and transgender MSM; Black cisgender and transgender women who identify as straight/heterosexual; and Latina/Hispanic Black cisgender and transgender women who identify as straight/heterosexual; the other three are represented in tables in this section (e.g., age, gender identity).

Recurring Themes and Notable Quotes

A series of common themes emerged from community listening sessions and the survey. These themes, which include words and phrases such as “equity,” “stigma,” “housing,” “education,” “community,” and “universal healthcare,” were used to generate a word cloud, which is a collection of words shown in different sizes. The bigger and bolder the word appears, the more frequently it was mentioned during the listening sessions and in the surveys. The word cloud that was generated serves as the cover page for this report. The following quotes from community members highlight some of the themes represented in the word cloud:

- “There is a false impression or outlook regarding what the HIV epidemic and what sexual health look like in real time. To many people, there is a belief that the HIV crisis is over.”
- “People involved in the correctional system should be reflected across all of the pillars.”
- “Sex workers need to be included in this conversation. Let us remember everyone when it comes to treatment and prevention. When you are doing your outreach, you must speak universally even when you are reaching members of the LGBTQ community.”
- "Establish systems for accountability and reporting of stigmatizing experiences with providers."
- “Making resources available that patients can come and bring back to their community is also important. Community members can be liaisons between community and the health care system.”
- “Using testimonies of community members and making sure that language and materials that are shared with community are accessible to different levels of literacy and reaching as many intersections as possible [are important strategies for reaching priority populations].”

Concurrence Process

Once community feedback had been integrated into the draft NYC 2020 EHE Plan, NYC HD sought approval from the NYC HPG and Planning Council. In preparation for a concurrence vote, NYC HD met with the NYC HPG during their monthly General Membership, Coordinating Committee, and Executive Committee meetings during the 2020 term and at the beginning of 2021 to present project updates, share information, and solicit feedback and recommendations for moving forward. Additionally, the NYC HD met with the Planning Council during their regularly scheduled General Membership meetings and sent updates via e-newsletters and emails.

To support concurrence, a full draft of the NYC 2020 EHE Plan was sent to members of the NYC HPG and Planning Council, along with an electronic feedback tool to use to provide recommendations for outlined activities across the two Cross-Cutting Issues and the four EHE: Plan for America Pillars. Additionally, NYC HD hosted two virtual pre-concurrence meetings in January 2021, one for each body, to present a draft of the NYC 2020 EHE Plan and receive feedback in real-time. During each session, NYC HPG and Planning Council members were provided with a high-level overview of the contents of the draft NYC 2020 EHE Plan and reviewed the Cross-Cutting Issues and EHE: Plan for America Pillars. They then worked in breakout groups to discuss strengths, gaps, and recommendations for moving forward. NYC HD compiled feedback submitted electronically and feedback from the virtual sessions, and then revised the NYC 2020 EHE Plan accordingly.

In late February 2021, NYC HD convened separate sessions with NYC HPG and Planning Council to share updates to the draft NYC 2020 EHE Plan and hold a concurrence vote. Of the 26 NYC HPG members who attended the NYC HPG concurrence meeting, 24 voted “Yes” to concur and two abstained from voting.

Of the 37 Planning Council members who attended the Planning Council concurrence meeting, 36 voted "Yes" to concur and one abstained from voting.

Next Steps

NYC HD recognizes that the NYC 2020 EHE Plan is broad and extensive, although many of its elements build on current activities or work already in development. As we move forward, NYC HD will continue to partner with the community to develop additional measures and work plans to implement the NYC 2020 EHE Plan strategies and key activities. The NYC 2020 EHE Plan is a living document that may be updated over time to adapt and respond to emerging trends of the local epidemic and corresponding community needs. NYC HD will continue to welcome community feedback as we improve upon activities aimed to reduce new HIV infections by 75% by 2025, and by 90% by 2030.

Comments on this report or the NYC 2020 EHE Plan may be sent to hivstatusneutral@health.nyc.gov.

Appendix

Figure 1: Talk that Talk Community Listening Session Flyer