



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

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Executive Deputy Commissioner

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Dear Colleague:

Since being appointed Director of the AIDS Institute in 2016, I have strived to continue the AIDS Institute's long-standing commitment to gaining community input. This has been a commitment of every past AIDS Institute Director, perhaps most notably Humberto Cruz, who we sadly lost in 2019. He taught us so much about how to address HIV with his keen ability to listen, his understanding of the societal issues underpinning HIV, his appreciation of the diversity of New York's communities, and his deep commitment to honoring the inherent worth of every human being. I don't know if he was the first person to say this, but I will always remember Humberto saying, "HIV is not the disease. It's a symptom. The disease is poverty, racism, homophobia, transphobia, stigma, fear, lack of education, and lack of health care access." In Humberto's honor, I share information at the end of this letter about upcoming listening sessions slated to help us plan our Beyond 2020 Ending the Epidemic (ETE) efforts.

In concert with the AIDS Institute's 2019 **World AIDS Day** events and the **Ending the Epidemic Summit: Maintaining the Momentum and Expanding the Vision** in Albany on December 3-4, Governor Cuomo announced the latest data indicating that [estimated new HIV infections have fallen to record low levels](#), and we are indeed bending the curve of this epidemic. More New Yorkers are being tested for HIV as a result of extensive efforts, and as previously reported, new confirmed HIV diagnoses in 2018 reached an all-time low of 2,481 — an 11 percent decrease from 2017 and a 28 percent decrease since the start of ETE. The 11 percent decrease is the largest single year decrease since mandatory HIV reporting began in 2000. For detailed information, visit the [ETE Dashboard](#).

The 2019 ETE Summit was a great success because of the many important presentations and conversations about the underlying social factors that impact our work toward ending the epidemics of HIV, hepatitis C, and opioid overdose, and addressing the ongoing challenge of increased rates of sexually transmitted infections. Several courageous individuals pointed out the importance of honoring all of our diverse communities. This means being respectful and clear about gender pronouns when we speak, working to address housing needs of vulnerable individuals, especially transgender people, and making sure our data presentations and programming include Native American communities and Asian/Pacific Islanders. Our work is most effective when we make efforts to engage, represent and monitor progress across all communities. If you were unable to attend the Summit, you can view the [archived sessions](#).

For the past several years, I have issued Call to Action letters, similar to this one, at the start of each year. In past letters, I have urged our communities to focus on rapid treatment initiation, increasing rates of viral suppression, and expanding access to PrEP. We are making progress in each of these areas as indicated by the following:

- 82% of newly diagnosed persons were linked to care within 30 days in 2018;
- 89% of patients in care were virally suppressed in 2018;
- 32,000 New Yorkers had prescriptions for PrEP in 2018 - an increase of 32% from 2017.

**Our ETE effort extends to the end of 2020 which means we must IGNITE this year's programming to reach our stated goals.** Please note that the impact of our six-year ETE effort will be available in December of 2021, when 2020 data are complete and available. I have been steadfast in saying that, to be successful, we must ensure that

ETE gains are realized across every population and community. As we make our final ETE push, it is those most impacted by social inequities, those who experience the greatest barriers, who have the least access, that we must focus our efforts upon. We must continually ask ourselves the following important questions: How can we enhance safety so that people who feel marginalized will come forward for services? How can we bridge the gap of mistrust in health care and public health? How can we improve the underlying social factors and address unequal access to ensure all can benefit from HIV testing, rapid treatment initiation, PrEP, and the benefits of health care? With this in mind, I am sharing the following priorities:

**Apply a health equity framework:** In the coming months, the AIDS Institute will share resources, fact sheets, and trainings to build capacity to identify specific disparities in HIV testing, care, and prevention and will make recommendations about how to apply a health equity lens to level the playing field and promote equal access and care for all. According to the 2018 NYS HIV Care Cascade, 91% of people living with HIV are aware of their status, meaning those who have access, and feel safe enough to do so, have come forward for an HIV test. With statewide viral suppression rates at 89%, we know that those in supportive living situations who access care are able to benefit from HIV treatment. As we lead the nation in PrEP uptake with 32,000 individuals having a prescription in 2018, we know that those who access evidenced-based education are taking advantage of PrEP. Our challenge now is to take meaningful, targeted steps to reduce mistrust, create safety, and modify how we approach education and service delivery to reach our most vulnerable residents. Important resources are the implementation strategies outlined in the reports developed by 12 [population-specific ETE workgroups](#), including the recently released [Native American Advisory Group Implementation Strategies](#). Future AIDS Institute RFAs and RFPs will include specific requirements and guidelines related to applying a health equity lens to service delivery. To share your ideas with the AIDS Institute's health equity team, please write to [AI.HealthEquity@health.ny.gov](mailto:AI.HealthEquity@health.ny.gov).

**Apply a sexual health framework:** It is critical that we approach our work with a sexual health framework, rather than the outdated disease-based mindset. The American Sexual Health Association defines sexual health as: "the ability to embrace and enjoy one's sexuality throughout one's life." The adoption of a [sexual health framework](#) includes ensuring that all people in NYS are empowered to exercise and achieve control over their sexual health and can access sexual health services that promote wellness in a manner that is respectful of their needs. This framework acknowledges sexuality as a life-long endeavor for people of all identities. It recognizes the importance of sexual pleasure, satisfaction, and intimacy to overall health and well-being. In 2019, the AIDS Institute created a new Office of Sexual Health and Epidemiology to lead our efforts. The AIDS Institute currently helps support 12 sexual health clinics which are piloting innovative models for integrating HIV, STI and social support services within a sexual health framework. It is anticipated that sexual health clinic services and other sexual health initiatives will be expanded to additional upstate communities over the next year. There will be opportunities for community members, stakeholders, and providers across the state to provide the AIDS Institute with input regarding needed initiatives, program activities and strategies. Finally, a PrEP track will be added to the NYS Peer Certification Initiative, and a series of new trainings on sexual health-related topics will be introduced.

**Address HIV, hepatitis C, STIs and opioid overdose as a syndemic:** The [syndemic](#) model recognizes that the health conditions we are seeking to address share essentially the same social underpinnings and affect the same communities, and that the interplay among the conditions has confounding effects that worsen health at the individual and population level. It is important that our systems of screening, prevention, care and support services are responsive to the unique needs of each individual, that staff are cross-trained, and that services are provided, to the extent permitted by funding, in an integrated manner. The syndemic approach helps reduce missed opportunities for engagement and is especially important for building relationships with people who do not regularly come forward for care.

**Implement Trauma-Informed Care (TIC):** The AIDS Institute is in its fourth year of implementing a Trauma-Informed Care (TIC) Capacity Building Initiative that has reached over 60 health and social services agencies. A three-year program to promote adoption of TIC and implement screening for trauma is also being implemented in

six community health centers in NYC. TIC challenges us to revise our systems of care to promote safety, choice, collaboration, trustworthiness and empowerment. It recognizes the historical impact of trauma on certain communities, particularly communities of color, and emphasizes the importance of peer support. Implementation of TIC requires that staff at all levels of an organization work together to revise methods of service delivery, and it focuses on self-care, not just for people being served, but also for staff. I urge all AIDS Institute-funded programs to take immediate steps to learn about TIC and implement this approach.

**Meet the needs of long-term survivors:** Since the beginning of our 2014-2020 ETE effort, people living with HIV have asked, “What does ETE mean for me? Will my needs matter if HIV is no longer considered an epidemic? What support will be available for my health care, which includes HIV and other co-morbidities? As I age, what opportunities will I have to grow and thrive?” Into the foreseeable future, NY will be home for **more than 100,000** people living with HIV. The majority of these individuals will be Long-Term Survivors. Many of these individuals are older adults who have complicated health, behavioral health and long-term care needs. All will want opportunities to grow and thrive. Let me say very clearly that the AIDS Institute is committed to ensuring robust systems of care will continue to be in place for ALL people living with HIV. We will work to promote the availability of opportunities to grow. The NYS Peer Certification Initiative has brought forth a workforce of over 230 certified individuals, creating important opportunities for people living with HIV to earn a livable wage and help others. Certified Peer Workers are able to use their experience with the program to earn up to 32 college credits so they can continue their personal and professional growth. In 2020, the AIDS Institute will work with multiple state agencies in a statewide effort to highlight opportunities for expanding employment for people living with HIV and educate the community about protections included in the Gender Expression Non-Discrimination Act (GENDA), which was signed into law on January 25, 2019. It is my vision that in 2020 and beyond, we will see many people living with HIV in their sixties, seventies, and eighties thriving and sharing their hard-earned wisdom with the larger society.

I am happy to share that the AIDS Institute has already initiated community discussions to support post-ETE planning. Additional listening sessions are being scheduled in 2020. The AIDS Institute will broadly announce these meetings, and information will be posted on the [NYSDOH Ending the Epidemic webpage](#).

In closing, I anticipate that our work in 2020 and beyond will continue to address the interplay between the health care system and the social inequities that gave rise to HIV/HCV/STIs/opioid overdose, and could give rise to future health crises if left unaddressed. Taking steps to promote health equity, employ a sexual health framework, implement trauma-informed care, and respond with the syndemic model will benefit all New Yorkers.

I wish you all a healthy and happy 2020. I look forward to continuing our important conversations and seeing many of you at upcoming ETE discussions and events.

Sincerely,

Johanne E. Morne, MS  
Director  
AIDS Institute