



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

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Dear Colleagues:

Resilience is defined as the ability to recover from a traumatic experience, or the ability to adapt amid on-going trauma. As I write this annual Call to Action Letter at the start of 2022, I think about the challenges and losses we have endured over the last two years. I also think about the amazing resiliency that I have witnessed within our network of providers, health care facilities, CBOs, and local health departments. This resiliency is fostered by our connections to each other, our deep commitment to the people we serve, and our willingness to innovate and adapt to changing circumstances. As our youngest ever Poet Laureate, Amanda Gorman, said in her poem *The Hill We Climb*: “*That even as we grieved, we grew. That even as we hurt, we hoped. That even as we tired, we tried. Being American is being more than a pride we inherit. It’s the past we step into and how we repair it*”.

It goes without saying that our Ending the Epidemic (ETE) efforts and [ETE metrics](#), including 2020 HIV surveillance data, were impacted by the COVID-19 pandemic. Electronic reporting of HIV-related laboratory tests (HIV antigen-antibody, CD4, viral load, genotype, nucleic acid, and antibody differentiation tests) decreased by 66% in April 2020. In 2020, the number of reports submitted monthly remained at levels averaging approximately 24% lower than in 2019 and, to date, have not returned to pre-pandemic levels. HIV testing conducted through AIDS Institute-funded sites averaged well over 2,500 tests per month in 2019 but dipped below 500 tests per month in April 2020 and did not reach 2,000 tests in any given month through June 2021. Clearly, it will take time for us to fully understand the impact of SARS CoV-2 and its variants on the communities we serve, our programmatic efforts, and our ETE data outcomes. As a result, as announced in the [ETE Addendum Report](#), released in December, 2021, **New York State is revising the ETE timeline and pledges to reach our goals by the end of 2024 with outcomes measuring ETE progress available by December 2025.**

One success we can point to is that we have met our goal of “[bending the curve](#)” of the HIV epidemic. In 2019, HIV prevalence decreased for the first time and this trend has continued in our 2020 data. Our most recent data demonstrated a continued decrease in HIV incidence (an estimate of the number of new infections) from 2,813 in 2013, to 1,467 in 2020, a 48% decrease. We also saw a continued decrease in new HIV diagnoses, reduced from 3,391 in 2013 to 1,933 in 2020, a 43% decrease. While we did not reach our ETE goal for incident infections per year by the end of 2020, our progress has been consistent. Despite COVID-19, we have moved forward many important priorities. During World AIDS Day 2022, the AIDS Institute will share an infographic summarizing our progress on the priorities I outlined in previous Call to Action letters. We have accomplished much, but our work remains unfinished.

On December 23, 2021, Governor Hochul signed into law a [package of legislation](#) that declares racism a public health crisis and outlines steps for addressing discrimination and racial injustice. COVID-19 and recent events have laid bare the long-standing inequities in health and access to social determinants of health (SDOH) experienced within communities of color, especially among Black New Yorkers. A unique collaborative effort between the AIDS Institute and the University at Albany School of Public Health has resulted in two important, recent publications: “[Assessing racial and ethnic disparities using a COVID-19 outcomes continuum for New York State](#)”, which demonstrated that COVID-19 had a significantly disproportionate impact on communities of color, in particular, Black and Hispanic New Yorkers; and, [COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York State](#),

which established that people living with HIV were more likely to receive a diagnosis of, be hospitalized with, and die in-hospital with COVID-19, compared with those without an HIV diagnosis.

We must acknowledge the persistent racial disparities in new HIV diagnoses and rates of HIV viral suppression. In 2020, non-Hispanic Black people accounted for 14.4% of NY's population, but 45.7% of new HIV diagnoses. In terms of the ETE metric, viral suppression for all people living with diagnosed HIV, the rates for non-Hispanic Black people over the past four years have averaged 7.8 percentage points lower than for White people. When looking at the ETE metric viral suppression rates for people diagnosed with HIV who are in care, the rates average 10 percentage points lower for non-Hispanic Black people than for White people. To provide additional focus around persistent disparities in ETE metrics, the AIDS Institute will release a series of Fact Sheets throughout 2022. **We must have the courage to look clearly at these disparities and have the integrity to ask ourselves a series of difficult questions about how we will prioritize our efforts to prevent new cases of HIV among Black New Yorkers, and work to eliminate racial disparities in rates of viral suppression.** To address these vital points, I propose the following priorities for 2022:

Priority # 1: Take decisive action to address persistent disparities in new HIV diagnoses and HIV viral suppression rates for Black New Yorkers.

Every RFA to be released by the AIDS Institute in 2022, and into the future, will have a health equity component and evaluative criteria specific to health equity. The AIDS Institute is making the following resources and trainings available:

- Guidance tool for applying a [health equity lens](#) in the work of an agency.
- Standardized Social Determinants of Health (SDOH) screening integrated into the AIRS.
- [Provider training on how to conduct SDOH screening in a client-centered, affirming manner.](#)
- [Health Care Organization Considerations in Support of Health Equity.](#)
- [Health Equity Competencies for Health Care Providers.](#)
- Regional training/networking sessions on racism as a root cause of inequitable health outcomes.

Throughout 2022, and into the future, AIDS Institute contract managers will dialogue with funded agencies to identify specific actions to be taken, consistent with the funding stream, to prioritize innovative, culturally appropriate HIV prevention services, and refine models of HIV care, treatment, and support services to reduce racial disparities in new diagnoses, linkage to care, and viral suppression.

Priority #2: Take action in accordance with NYS's Hepatitis C Elimination Plan.

On November 17, 2021, New York State released its [Hepatitis C Elimination Plan](#). The plan is rooted in four guiding principles: Health Equity; Harm Reduction; Trauma-Informed Care; and Engagement of people with lived experience. The plan is comprised of recommendations in four areas and includes: nine recommendations related to prevention; 12 recommendations related to testing and linkage to care; six recommendations related to care and treatment access; and 14 recommendations related to social determinants of health. Based on your organization's mission and funding, I urge you to review these recommendations and take bold action in support of the effort to eliminate hepatitis C in NYS.

Priority #3: Stem the increasing tide of congenital syphilis.

The number of congenital syphilis cases in NYS has more than doubled over the last five years. Congenital syphilis, which results from untreated maternal syphilis infection in pregnancy, is entirely preventable. Each case represents a failure of both the public health and health care systems. To reduce missed prevention opportunities, we need sustained, consistent, equitable, and timely access to high quality prenatal care for all persons, including transgender persons. The AIDS Institute is calling on all health care providers in NYS to: 1) screen persons for syphilis as [recommended](#), 2) determine pregnancy status of all persons of reproductive capacity diagnosed with syphilis, 3) make sexual health discussions a routine part of every prenatal visit, and, 4) screen all pregnant persons at least three times during their pregnancy, including at the time pregnancy is first identified, between 28 and 32 weeks, and upon delivery. The AIDS Institute-supported [Clinical Education Initiative's](#) Sexual Health Center will prioritize training on these important topics.

Priority #4: Meet the needs of older adults and all long-term survivors living with HIV.

The AIDS Institute will advance efforts on several fronts including:

- Enhanced Data Analysis – AIDS Institute staff will analyze data to determine the extent to which AI-funded providers and direct services programs are serving older adults at risk for, or living with, HIV to identify disparities and work to modify existing programming and to identify new programming possibilities.
- Uninsured Care Programs (UCP) Outreach to Older Adults – UCP will provide outreach to participants in adult day programs, senior service programs and other settings to discuss available services, including PrEP Assistance Program and ADAP Plus Insurance Continuation. The program will develop written materials for its Medicare clients to educate individuals on the benefits of utilizing the UCP in conjunction with other health insurance like Medicare.
- Develop a Continuing Education Concentration on HIV and Aging for Certified Peer Workers (CPW) – CPWs will be trained to conduct age-related screenings that will help connect older adults with HIV to needed services related to reduced mobility, memory, and frailty.

Priority #5: Expand access to harm reduction services and mental health services.

[Recent legislation](#) provides new tools to combat the opioid crisis, including expanding access to substance use disorder treatment in NYS prisons and [county jails](#). This historic legislation reminds us that all health and support services providers should take every opportunity to [promote access to harm reduction services](#), treatment for substance use disorder, [access to naloxone](#), and [safety planning](#) to reduce opioid overdose. Our systems should work to destigmatize mental health services and strengthen our capacity to make effective referrals for needed services. Using a harm reduction model to address the intersection of health, mental health, and substance use must be a priority for 2022.

The visionaries who had the audacity to advocate for an end to the HIV epidemic, and then went on to develop a comprehensive ETE blueprint, understood that the success of our efforts would rest, to a great extent, on our ability to impact larger social realities such as poverty, barriers to services, stigma, and lack of equitable access to social determinants of health. **As our six-year journey has unfolded, many of us understood intuitively that our effort to end the epidemic would not follow a straight line, nor would it be a one-time event. COVID-19 didn't just disrupt our ETE efforts. It also underscored the importance of applying the very principles that we used to guide the planning and implementation of our ETE efforts: follow the science; prioritize community engagement; address the underlying social factors that impact health; and recognize the overlapping, complex nature of syndemics.** These are sound principles which must continue to guide our public health efforts.

As you know, on December 1, 2021, Mary Bassett, MD, MPH, began her tenure as New York's Commissioner of Health. I am truly looking forward to working with Dr. Bassett, who is a proven leader and acknowledged expert in health equity. Many of you are aware that in August of 2021, I assumed a new role as Deputy Director of Community Health. My role now includes serving as the Director of both the AIDS Institute and the Center for Community Health (CCH). The CCH is comprised of four Divisions focused on Chronic Disease Prevention, General Epidemiology, Nutrition, and Family Health. As director of both centers, I will be working to identify opportunities for cross-program learning, collaboration, and synergies to advance the health of New York's diverse communities. I look forward to many opportunities throughout 2022 to dialogue with you about how we can move forward the strategic priorities outlined in this letter. May we continue to work toward achieving the mission of the [AIDS Institute](#), which, simply stated, is to: "End epidemics, fight stigma, and promote health."

In appreciation,

Johanne E. Morne, MS
Deputy Director, Community Health