

New York City Commission on HIV/AIDS
Summary Report
May 21, 2004

On December 1, 2004, World AIDS Day, the New York City Commission on HIV/AIDS was formed to advise the Mayor, various City Agencies, and community-based agencies and organizations on priorities, strategies, and best practices to improve the prevention of HIV infection, the treatment of AIDS, and the control of the HIV/AIDS epidemic.

The objectives of the Commission include:

- Examine emerging trends and needs in HIV/AIDS prevention, treatment, support, and funding and their impact on NYC government policy, services, and programs;
- Develop evidence-based HIV/AIDS policy recommendations for the City of New York to help reduce HIV infection rates, increase HIV testing utilization, and improve access to quality medical, substance abuse, mental health treatment, and housing for all persons with HIV/AIDS;
- Develop recommendations regarding the coordination of citywide HIV/AIDS policy and collaboration among NYC agency programs and services.
- Make recommendations for legislation or executive action.

The Commission meets at Gracie Mansion. At the first Commission meeting, three committees were established.

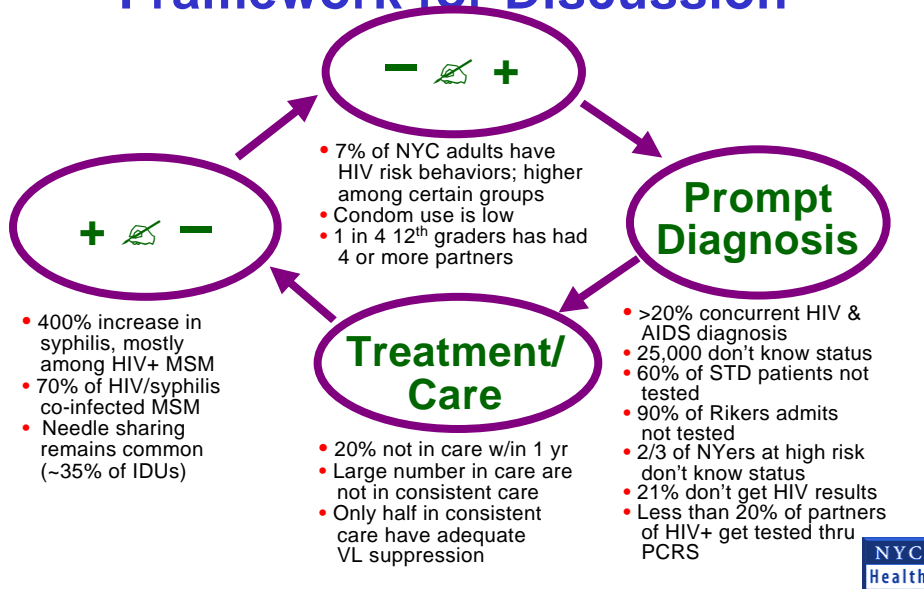
- HIV Testing, chaired by Kim Nichols, Executive Director of African Services Committee
- HIV Prevention, chaired by Moises Agosto-Rosario, Vice President, Program for Community Access at New World Health, and
- Treatment and Care Coordination, chaired by Benjamin Chu, M.D., President of the NYC Health and Hospitals Corporation.

Each committee has met several times and has identified priority issues for review. Each Committee provided a summary to the Commission. The Commission will also hold a series of Community Forums over the next 2 - 3 months to report to the public on its work and receive input to further development of recommendations.

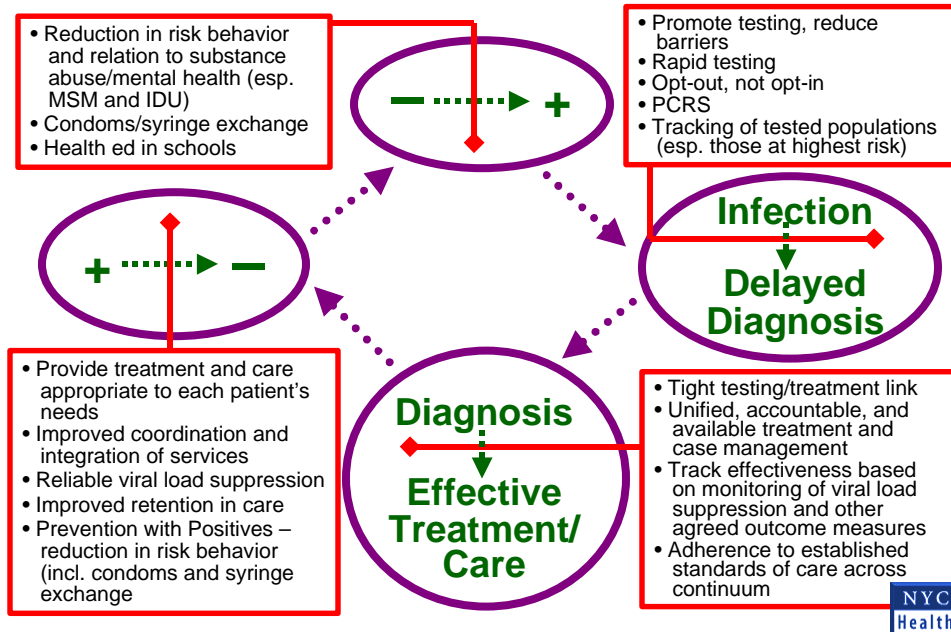
At the first meeting of the Commission, Dr. Frieden presented a comprehensive overview of the status of the HIV/AIDS epidemic in New York City. (This presentation can be viewed on the internet at http://www.nyhiv.com/office_of_aids_policy_nyc_commission_hiv_aids.html). He presented a framework for the Commission to consider in the process of forming their recommendations. The framework also serves as a potential outline of key interventions.

Each Committee has developed an initial approach to setting their policy agenda. Each Committee will provide a brief summary of its initial thinking and policy directions and will sponsor a community forum to respond to and inform these recommendations. The Committees and the Commission continue to meet regularly. The Commission anticipates releasing its first set of recommendations in the Fall 2004.

HIV/AIDS Framework for Discussion



Stopping the HIV/AIDS Epidemic



Committee on HIV Testing

Approximately one fourth of HIV-infected New Yorkers do not know their HIV status and more than one in five people newly diagnosed with HIV are concurrently diagnosed with AIDS. The Committee has determined that the City's primary goal in this area should be to improve HIV testing rates, to promote earlier detection of HIV infection, and to increase the number of people with HIV who receive timely treatment. Earlier identification of HIV infection is known to prevent illness, reduce hospitalizations, and prolong life through the delivery of care and support services, and can assist in HIV prevention efforts. Three objectives were outlined:

- Identify the barriers to HIV testing and methods to overcome them;
- Develop policies and programs to improve utilization of HIV testing, especially among people who are at higher risk of infection;
- Enhance policies and programs to link HIV testing services to prevention, care and support services.

The availability of rapid test technology presents an important opportunity to expand HIV testing and a challenge to re-examine the conditions under which testing is performed. The Committee is currently reviewing data on testing availability, demographic information about where, how, and when people test, and the value of social marketing campaigns to encourage testing. The Committee has serious concerns about gaps in HIV/AIDS surveillance data and will develop recommendations describing additional information that, if available, would provide a better picture of the HIV epidemic in New York.

Previous policy changes, such as mandating infant testing and routine voluntary testing of injection drug users, have been successful in increasing testing. The Committee is reviewing the current pre- and post-test counseling requirements established in the late 1980's when testing was first introduced. At issue is whether these requirements are overly burdensome and create barriers to testing. The importance of counseling is not being questioned, but rather when and how in the process of HIV testing counseling should be provided. Because of the great advances in HIV treatment, routine provision of HIV testing with the ability to opt-out of routine testing may now be a more effective HIV testing policy. The Committee is considering recommending changes in these requirements, along with an analysis of what legislative and regulatory changes may be necessary to make such changes. The protection of patient confidentiality remains an essential component to any HIV testing policy.

Recognizing that less than 20% of partners of HIV+ individuals get tested, the Committee is considering how best to strengthen partner counseling and referral services. It is also considering how to encourage HIV testing promotion by primary care physicians, who are often well positioned to do so.

The Committee will develop recommendations regarding the promotion of HIV testing through social marketing campaigns. One recommendation discussed is a high-profile testing campaign in which high-level city officials, celebrities, union leaders, and others undergo HIV testing, with results, of course, remaining confidential.

Finally, the Committee is looking into best practices for linking HIV testing with treatment and support services.

Committee on HIV Prevention

Since HIV was first identified in New York, prevention education and interventions have led to substantial reductions in new infections. However, new infections still occur and continued vigilance to stop HIV transmission is essential. The first objective of the Prevention Committee is to identify prevention interventions that have been shown to be successful and encourage their continued and increased support. Needle-exchange programs and expanded availability of drug treatment programs are important examples. The Committee outlined its priority concerns:

- Substance use and abuse and its effect on safer sex negotiation and practice. Of particular concern is the rising use of methamphetamine and its impact on safer sex negotiation. However, other forms of substance abuse are also of importance and require continued and increased attention.
- Elevated rates of unsafe sex among gay men and men who have sex with men.
- Identification of effective prevention interventions for women, particularly women of color. Women often do not perceive themselves to be at risk for HIV and find out about their infection late in the course of the disease. How can prevention activities increase awareness about HIV risk and provide effective interventions for women to reduce their risk?
- The Committee has also identified populations that may require additional support and attention. These include: older adults, men of color who have sex with men, immigrants, homeless people, and those incarcerated.

As the Committee reviews the available data on current HIV infection rates, it is also discussing the roles of government and community in prevention activities. The government's role has been defined as providing leadership, resources, credible information, and coordination of activities. Community-based organizations can provide peer-based counseling, education and other support services that are culturally-appropriate and tailored to meet the needs of the communities they serve.

There is increasing concern about a lack of resources to adequately address prevention efforts, as well as federal government restrictions on the sexual content of federally-funded HIV prevention programs may hinder the effectiveness of these programs.

The Committee will:

- Identify and encourage further support for prevention interventions that are proven successful;
- Identify gaps where problems exist and new initiatives are needed;
- Recommend where additional funding is needed;
- Address the link between STIs and HIV;
- Identify unanswered questions and research needs.

Committee on Treatment and Care Coordination

The goal of the Committee is to develop recommendations that ensure high-quality, consistent, and equitable HIV care and support for all New Yorkers. First, the Committee outlined the components for a comprehensive standard of HIV care. These include:

- High quality and continuous medical care, including medications;
- Housing and home care;
- Mental health and psycho-social services;
- Drug treatment and harm reduction services;
- Prevention services;
- Income support and job training;
- Opportunities for social interaction.

Currently, the ability of the care system to assess outcomes of service delivery is incomplete. Recognizing and building upon important work done in this area by the New York State AIDS Institute, the Committee will identify outcome measures to determine if services are available, equitable, effectively provided, and adequately monitored.

Consistent management of all these services is essential and there is concern that current case management efforts are duplicative and of varying quality. Restrictions on the sharing of patient information hinder efforts to provide coordinated case management to ensure that people are receiving consistent services. One recommendation under consideration is the development of a secure, confidential patient registry that would make available to providers and case managers complete medical and social service histories. This, along with a networked database that would allow case managers to identify available services in every community, could greatly enhance coordinated case management efforts. The Committee will examine how such a registry might be developed, current legal and regulatory barriers to such development, and how best to safeguard patient confidentiality.

The Committee will look at models of case coordination and identify a set of core competencies for all case managers to ensure that they have a solid understanding of the needs of people living with HIV/AIDS and the resources available to meet those needs.