

# **Presentation Roadmap**

- Epidemiology of HIV among women in NYC
- BHIV programming/initiatives
  - PrEP for women social marketing campaign
  - Playsure Network
  - PrEP/PEP Detailing campaign for women's health providers
  - Trans women-focused initiatives





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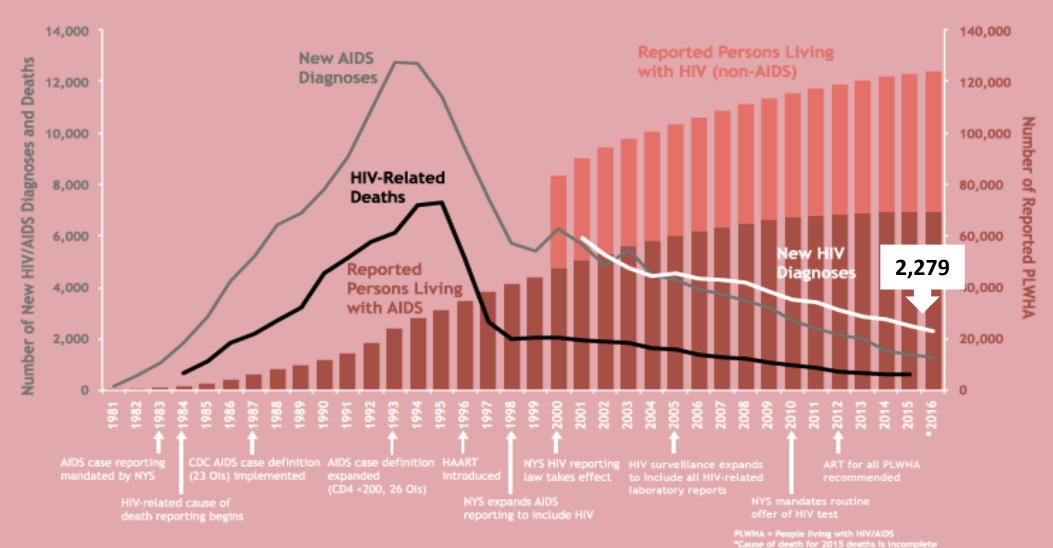
Trans women-focused initiatives



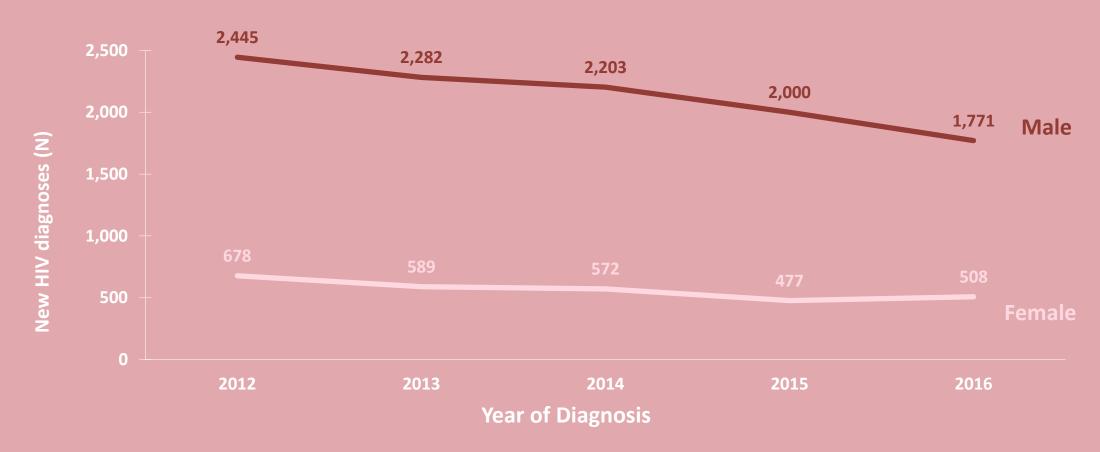


## HISTORY OF THE HIV EPIDEMIC IN NYC

#### **#PLAYSURE**



## **NEW HIV DIAGNOSES BY GENDER – NYC 2012-2016**



Female includes transgender women and male includes transgender men.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



# HIV/AIDS IN WOMEN IN NYC, 2016

#### **Basic Statistics**

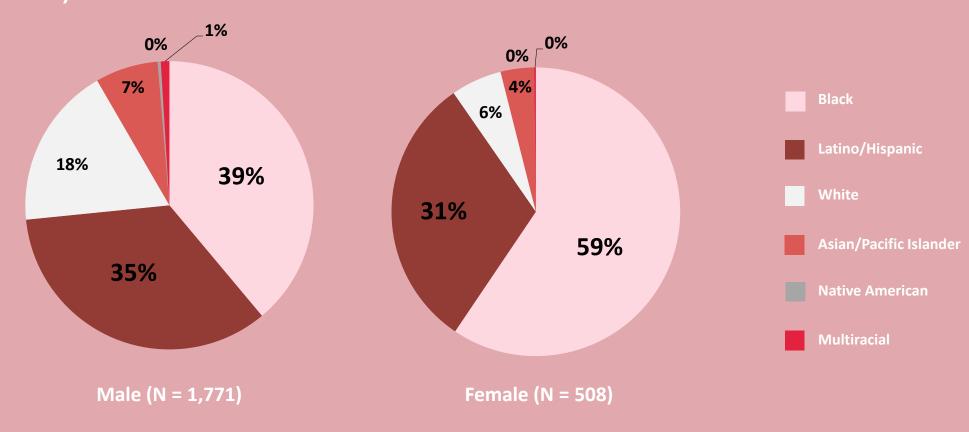
- ❖508 new HIV diagnoses
  - Includes 104 HIV concurrent with AIDS diagnoses (20%)
  - ❖ Women comprised 52% of the population of NYC and 22% of new HIV diagnoses
- ❖336 new AIDS diagnoses
- ❖ 425 deaths among women with HIV/AIDS
  - ❖8.1 deaths per 1,000 women living with HIV/AIDS² (mid-year)

<sup>1</sup>In this slide set, female includes transgender women and male includes transgender men. There were 46 new HIV diagnoses among transgender women in 2016.



<sup>2</sup>Rates are age-adjusted to the Census 2010 NYC population. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

# HIV DIAGNOSES BY GENDER & RACE/ETHNICITY – NYC, 2016



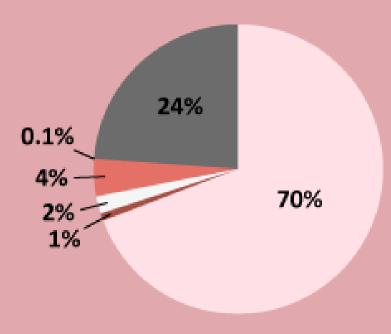
Female includes transgender women and male includes transgender men.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

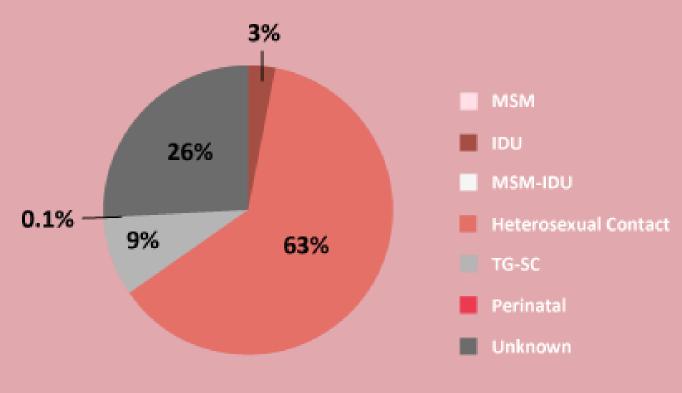


HIV DIAGNOSES BY GENDER & TRANSMISSION RISK

- NYC, 2016



Male (N=1,711)



Female (N=508)

Female includes transgender women and male includes transgender men.

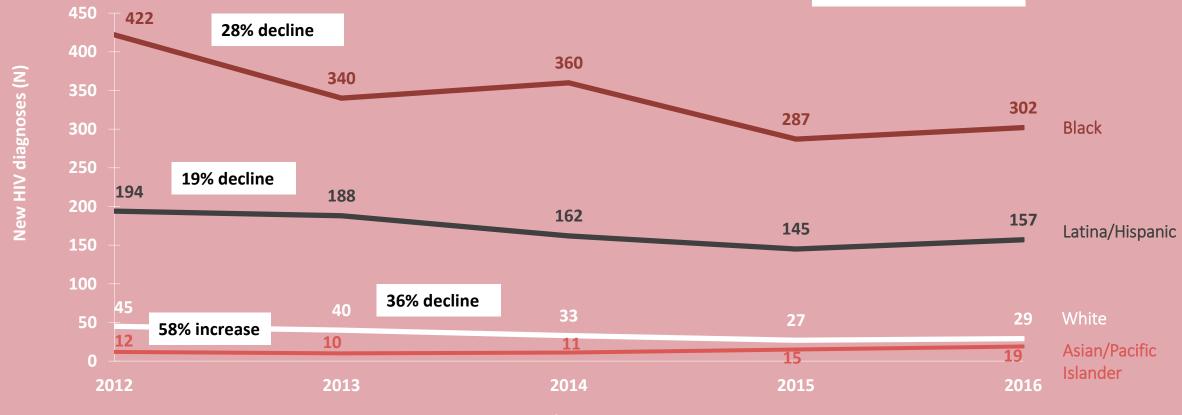
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



# HIV DIAGNOSES IN FEMALES BY RACE/ETHNICITY







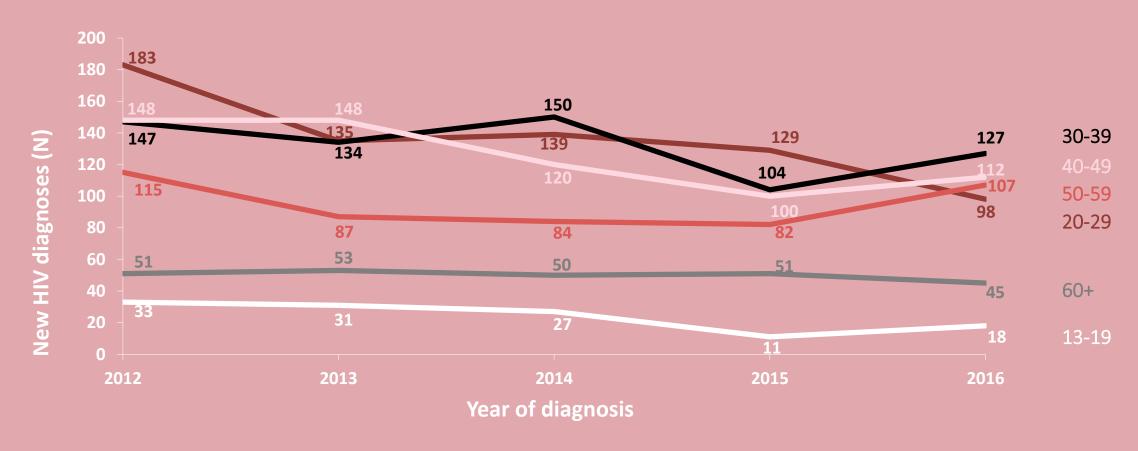
Year of diagnosis

Native American and multiracial groups not displayed because of small numbers. There were a total N=0 Native Americans and N=1 multiracial females newly diagnosed with HIV in 2016.



Female includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

# HIV DIAGNOSES IN FEMALES BY AGE – NYC, 2012-2016



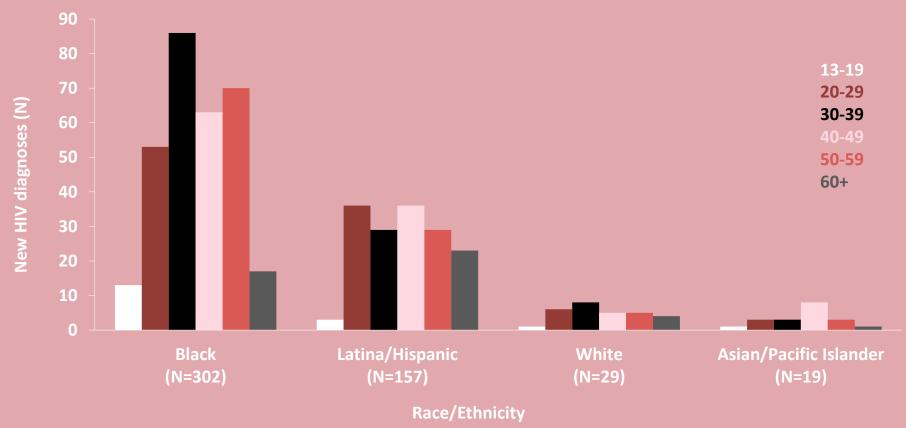
Female includes transgender women and male includes transgender men.

As reported to the New York City Department of the New Y

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



# HIV DIAGNOSES IN WOMEN BY RACE/ETHNICITY & AGE - NYC, 2016

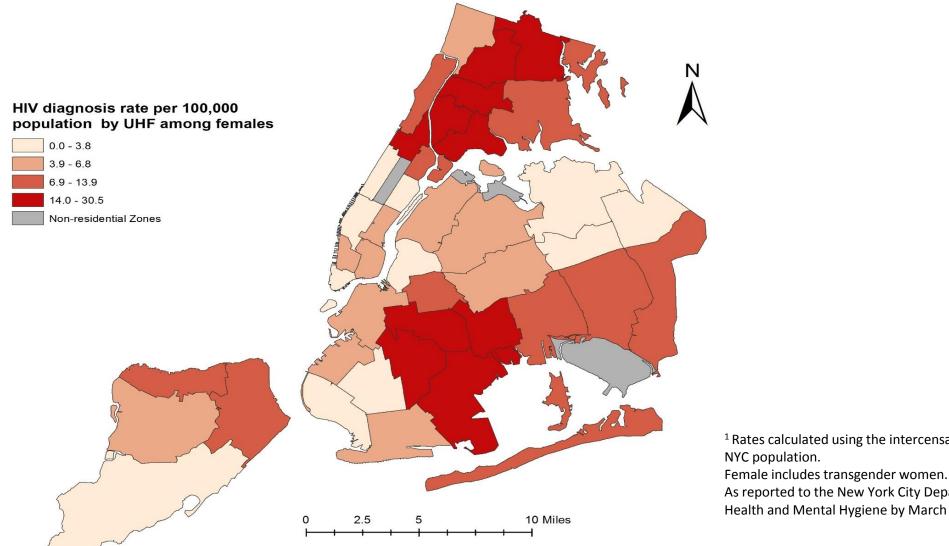


Native American and multiracial groups not displayed because of small numbers. There were a total N=0 Native Americans and N=1 multiracial females newly diagnosed with HIV in 2016.

LIVING SURE

Female includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

# HIV DIAGNOSIS RATE BY UHF AMONG WOMEN IN NYC, 2016



<sup>1</sup> Rates calculated using the intercensal 2015

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

# NEW DIAGNOSES BY GENDER & BOROUGH – NYC, 2016



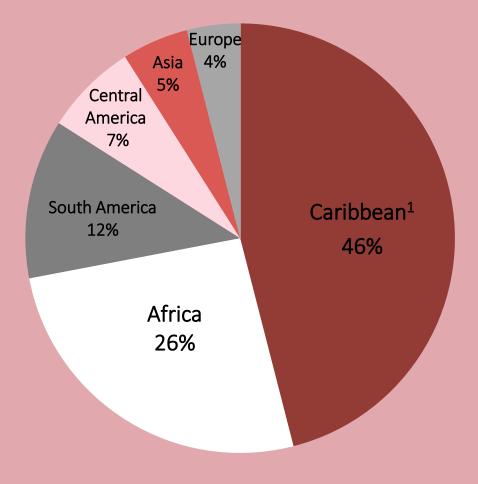
**Borough of Residence** 

Female includes transgender women and male includes transgender men.
As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



# HIV DIAGNOSES AMONG FOREIGN-BORN WOMEN BY REGION OF BIRTH – NYC, 2016

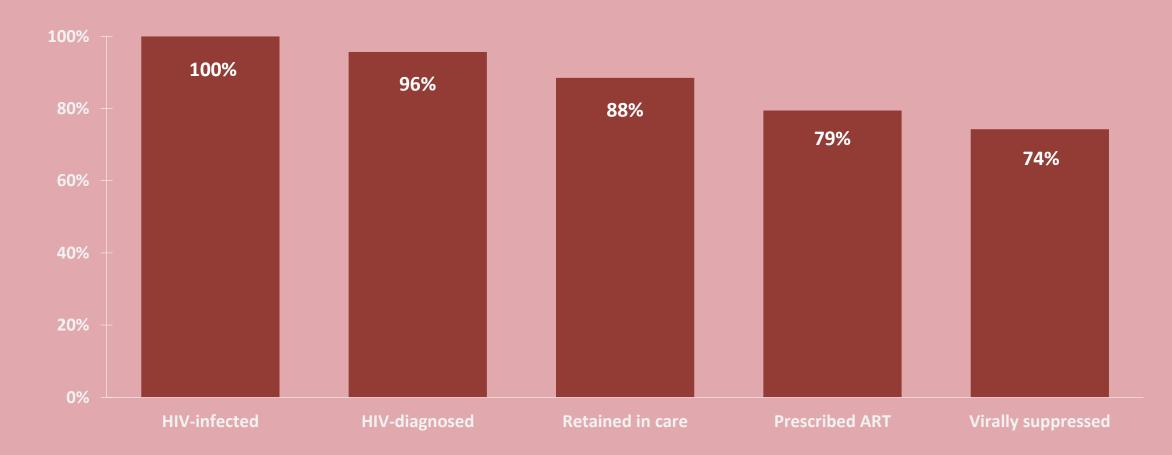
35% of newly diagnosed females were foreign born



<sup>1</sup>Excludes Puerto Rico and the US Virgin Islands. Female includes transgender women. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



# **HIV CARE CONTINUUM AMONG WOMEN - NYC, 2016**



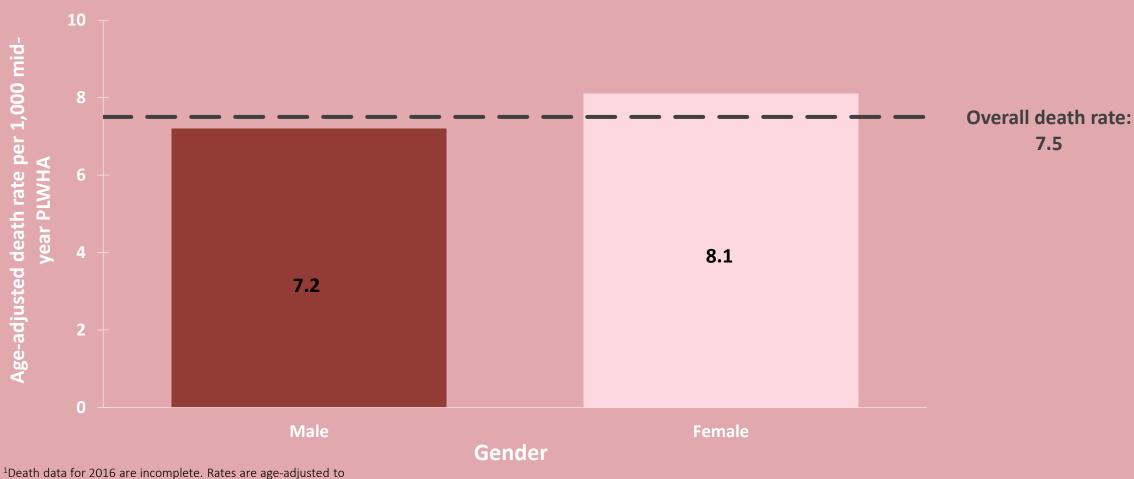
Female includes transgender women and male includes transgender men.

As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.



# AGE-ADJUSTED DEATH RATES BY GENDER – NYC, 2016

**#PLAYSURE** 



LIVING SURE

the Census 2010 NYC population.

Female includes transgender women and male includes transgender men. As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017.

# HIV DIAGNOSES AMONG PEOPLE #PLAYSURE IDENTIFIED AS TRANSGENDER IN NYC, 2016

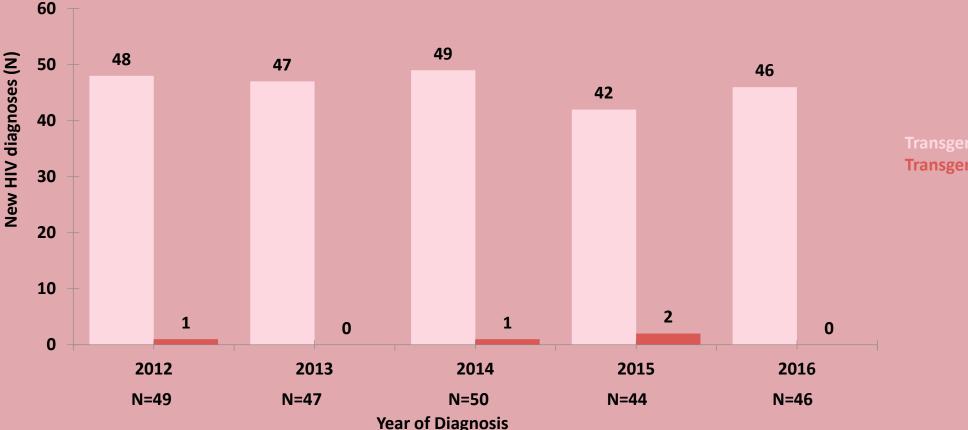
- ❖ Transgender people comprised 2% of all new HIV diagnoses in NYC in 2016
- **❖** Approximately 1,100 transgender people known to be living with HIV in NYC at the end of 2016
  - **❖99%** transgender women and 1% transgender men
  - **47%** Black and 44% Latino Hispanic
- **46** new HIV diagnoses among transgender individuals in 2016
  - **❖** 46 transgender women (100%)
  - **❖** Includes 3 diagnoses of HIV concurrent with AIDS¹ (7%)

<sup>1</sup>AIDS diagnosed within 31 days of HIV diagnosis As reported to the New York City Department of Health and Mental Hygiene by March 31, 2017



# NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY GENDER IDENTITY AND YEAR OF DIAGNOSIS IN NYC, 2012-2016

### **#PLAYSURE**

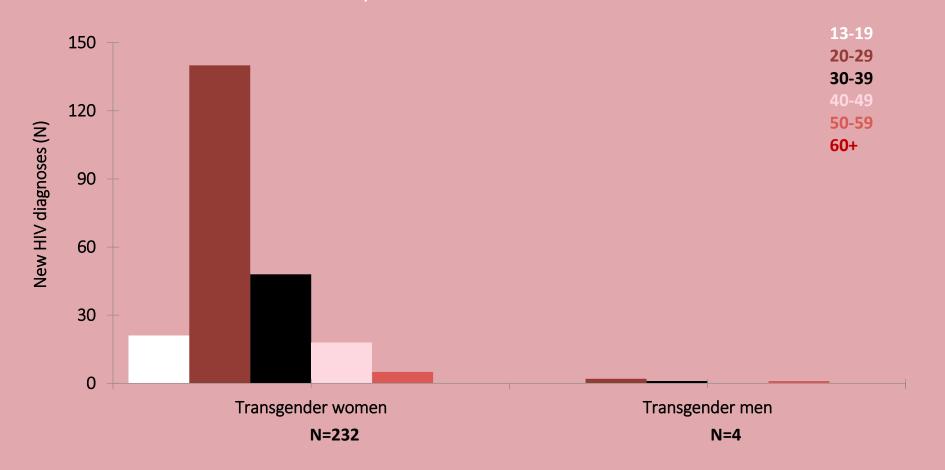


Transgender womer Transgender men



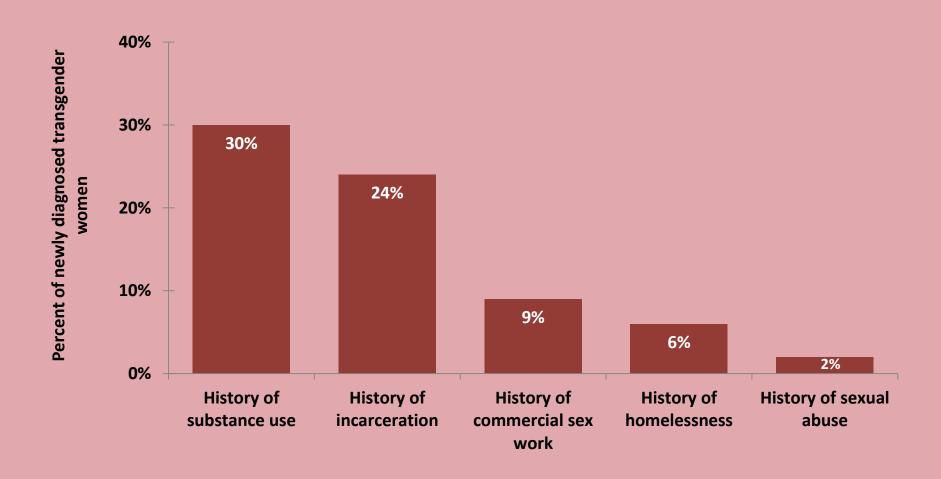
# NEW HIV DIAGNOSES AMONG PEOPLE IDENTIFIED AS TRANSGENDER BY GENDER IDENTITY AND AGE AT DIAGNOSIS IN NYC, 2012-2016

**#PLAYSURE** 





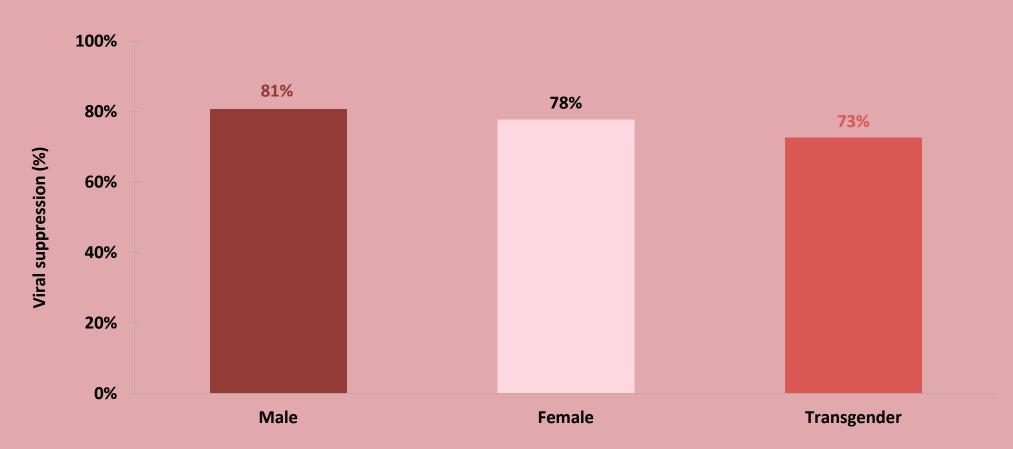
# ADDITIONAL CHARACTERISTICS OF TRANSGENDER WOMEN NEWLY DIAGNOSED WITH HIV IN NYC, 2012-2016



<sup>&</sup>lt;sup>1</sup>Characteristics documented in medical record. People may have reported more than one characteristic.



# VIRAL SUPPRESSION AMONG DIAGNOSED PLWHA BY GENDER IN NYC, 2016





# Prep awareness among women of color in nyc, 2016

Among 411 HIV-negative/status-unknown cisgender women in the NYC 2016 Sexual Health Survey,

- **❖** 24% had ever heard of PrEP
  - **❖** Awareness significantly lower among women with income <\$20,000/year
- **❖ 13**% had indications for PrEP based on national and state guidelines



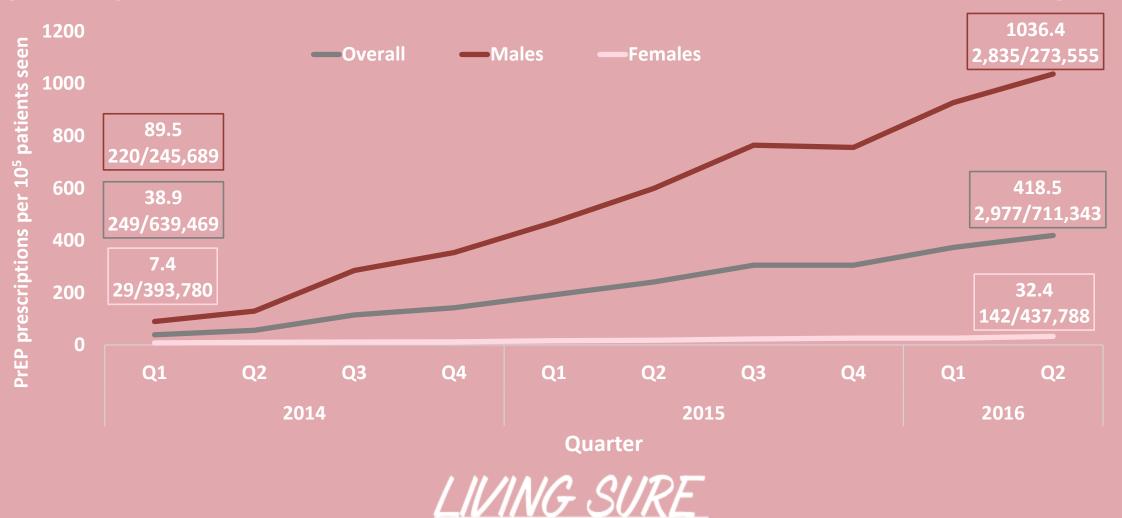
# Prep awareness among women of color in nyc, 2016

- **❖** Among those who had heard of PrEP (n=97)
  - **❖ 13**% had ever discussed it with a healthcare provider
  - ❖ Another 76% had not discussed with provider, but would be comfortable doing so
  - **❖** 39% did not believe or were not sure whether PrEP was effective
  - **❖** 19% were interested in PrEP
- Only 2 women (<1%) reported having used PrEP</p>



### Prep Prescription trends using pcip's "Hub"

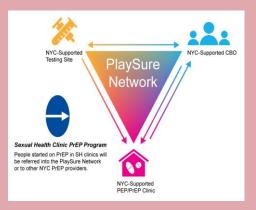
(PrEP Rx/100,000 PATIENTS AT 602 AMBULATORY CARE PRACTICES 2014-2016)



## **Facilitate Access to Prep & Pep**

- Promoting PrEP to potential users
  - ❖ Media and Social Marketing
  - Provider Directory
- Promoting PrEP to potential providers
  - ❖ Public Health Detailing Program
  - **❖** Technical assistance with PrEP Programming
  - Implementation Workshop
- Supporting PrEP in diverse service models
  - **❖** Municipal Sexual Health Clinics
  - Collaborative of clinical and non-clinical providers
  - ❖ Financing PrEP: NYS PrEP Assistance Program, Gilead Co-Pay Programs, increasing insurance coverage







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Trans women-focused initiatives





# Tailoring Social Marketing for Women

### **#PLAYSURE**

































## Formative Research for Social Marketing Campaign

- Community Consultation
  - Occurred on July 2017
  - **❖** 14 cisgender women, 4 transgender women
  - **❖** Two groups of 9
  - **❖** Age Range: 20-50+
  - **❖** Affiliation: Members of the Women's Advisory Board and the Community Engagement Group well as New York Knows partners

## Formative Research for Social Marketing Campaign

### **Findings/Contributions**

- Marketing campaign should raise of awareness of PrEP among women
  - ❖ Most do not know what it is and if they do view it as exclusively for MSM
- Campaign models should be diverse and look like the women we are trying to reach
  - ❖ Diversity means a variety of race/ethnicities, body shapes and range of ages.
- **Sex-positivity** is highly desirable
- **For transwomen in particular:** 
  - ❖ it is **meaningful and relevant** to be portrayed alongside cisgender women.
  - interactions of PrEP with hormone therapy is the greatest concern affecting uptake and adherence among transwomen.

# **Campaign Images**



















## ENJOY SEX WITH ONE LESS WORRY. Prep can keep you hiv negative.

If you are HIV negative, PrEP is a safe, daily pill that protects you from HIV.PrEP will not interfere with your hormone therapy. Condoms offer additional protection against other sexually transmitted infections.

PLAY SURE: Talk to your doctor or visit nyc.gov/health and search for "PrEP".





#PLAYSURE

## ENJOY SEX WITH ONE LESS WORRY. Prep can keep you hiv negative.

If you are HIV negative, PrEP is a safe, daily pill that protects you from HIV. PrEP will not interfere with your hormonal birth control or hormone therapy. Condams offer additional protection against other sexually transmitted infections and unintended pregnancy.

PLAY SURE: Talk to your doctor or visit nyc. gov/health and search for "PrEP".



## **Placements**

- Subway cars
- Subway stations
- **❖** Bus kings
- **Bus shelters**
- **❖** Non-traditional venues
- **❖** Social media

# Sightings: E train



# Sightings: 23<sup>rd</sup> Street, 1 train



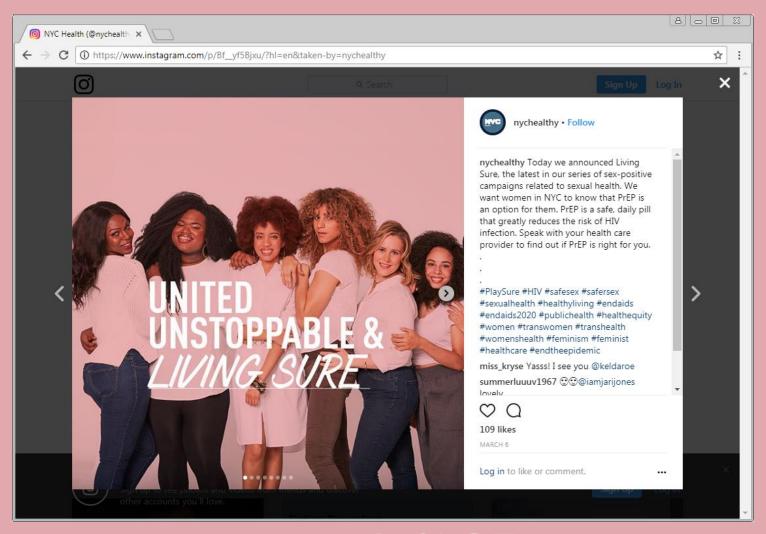
### Sightings: Rogers & Church Ave. in Flatbush, SBS 44



# **Sightings: Laundromat, Bronx**



### **Social Media: Instagram**

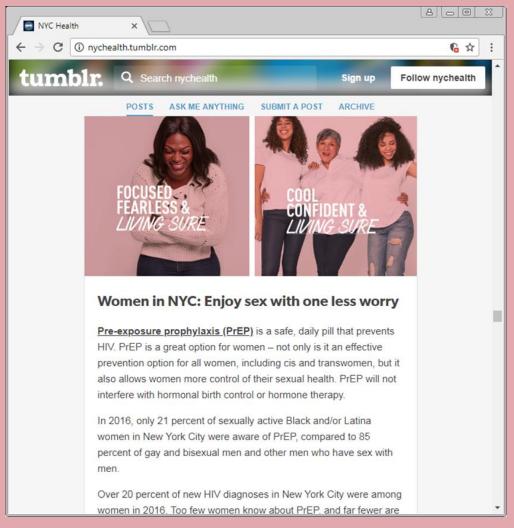


### **Social media: Facebook**





### **Social Media: Tumblr**





### **#PLAYSURE**

# What's next for Living Sure: Disseminating Social Marketing Materials

Developing palm card/post card

Printing posters for distribution

Developing an online repository of downloadable Living Sure images

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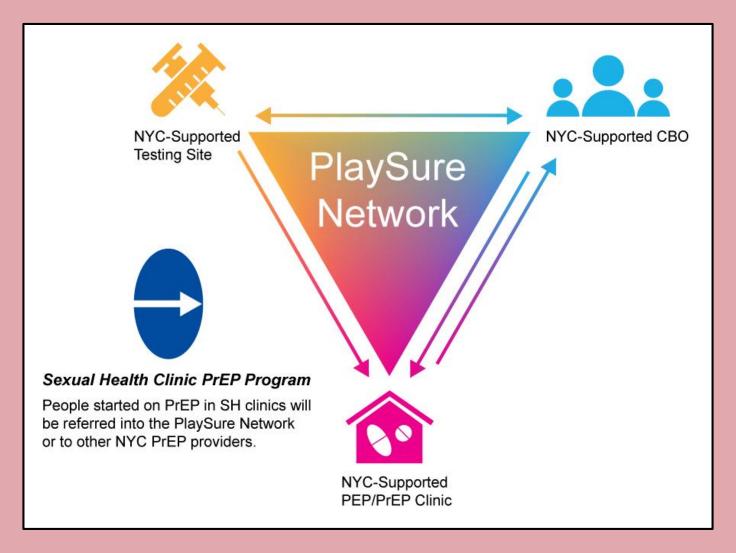
Trans women-focused initiatives





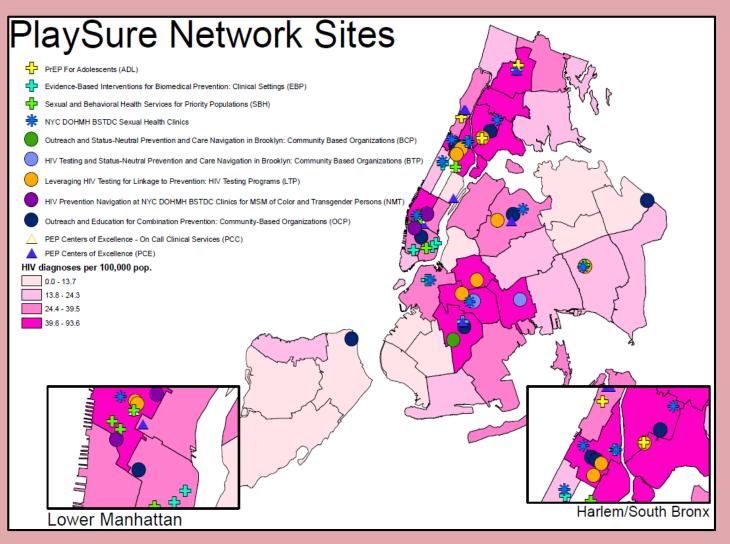
### **The PlaySure Network**

### **#PLAYSURE**



## The PlaySure Network

#### **#PLAYSURE**



# PrEP and Cisgender Women in the PlaySure Network

- ❖ Of ~5400 new enrollments (Apr-Dec 2017), over 600 (12%) were among ciswomen who have sex with men (WSM).
  - **❖** Among enrolled cis-WSM:
    - **❖**38% non-Latina Black and 33% Latina
    - **❖** 27% were < 25 years old, 38% 25-34, 20% 35-44, and 15% 45+
- **❖** 58% and 42% of enrollments cis-WSM were at clinical and non-clinical sites, respectively.
- **❖** Among cis-WSM enrolled at clinical sites, 55 (34%) were prescribed PrEP
- ❖ Among cis-WSM enrolled at non-clinical sites, 40 (12%) were linked to PrEP

# Strategies for engaging women with PrEP

### **❖** Non-clinical sites

- Utilizing women staff members to help make personal connections with clients
- Incorporating PrEP into all programming
- Using the opportunity when women come for wraparound services aside from HIV to educate/share resources/offer HIV services
- Schedule PrEP clinical appointment with the client present
- Sharing the epidemiology about newly diagnosed women

## Strategies for engaging women with PrEP

### Clinical Sites

- Utilize walk-in, routine STI screening programs as an opportunity to engage women in conversations about pleasurable sex and PrEP
- Allow for several conversations to change women's perceptions and attitudes towards PrEP
- Utilize women staff members to make personal connections with patients and leverage shared experiences
- Leveraging strong relationships with other clinical providers
  - HIV primary care clinics
  - Family Planning and gynecology departments

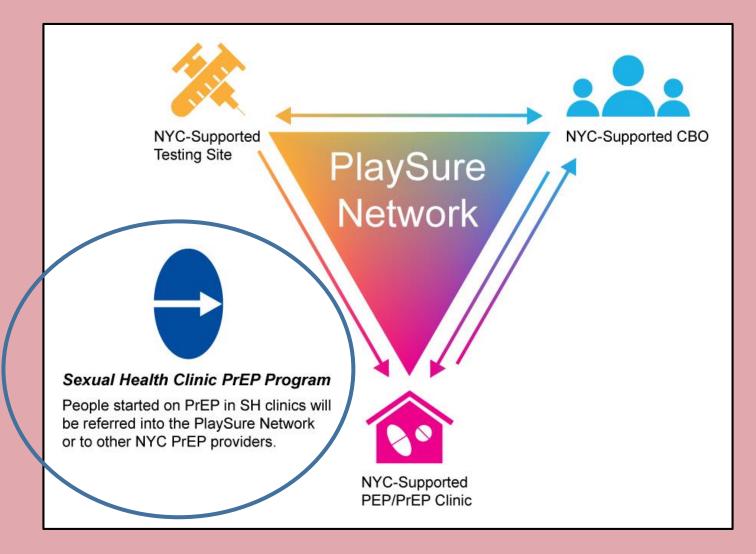
### PrEP and Transgender Women in the PlaySure Network

- ❖ Of the approximately 5400 enrollments from Apr-Dec 2017, over 150 (2.9%) were transgender women
  - **❖** 53% were at clinical sites and 47% were at non-clinical sites
  - **4** 68% received PrEP/PEP education (combines clinical and non-clinical sites)
  - **❖** Among clinical site enrollments, 29% were prescribed PrEP
  - **❖** Among non-clinical site enrollments, 21% were linked to a PrEP clinical provider



### **The PlaySure Network**

### **#PLAYSURE**



## Why the STD Clinics Matter for HIV

### **HIV POSITIVE** 10% of new HIV in NYC diagnosed there 20% of NYC Acute HIV diagnosed there Safety net for some PLWHA not connected to care Existing models of immediate ARV starts for newly diagnosed ideal for this setting Data support treatment is prevention STD clinics with proven track record for connection to care

# **Expanded Services and Hours Have Made #PLAYSURE Sexual Health Clinics Destination Clinics**

- ✓ Expand hours and triage to improve access
  - **❖** M-F schedule for all clinics; Saturdays, select clinics
  - Triage Nurses at ALL clinics
- ✓ Restore screening services for asymptomatic clients
- ✓ Modernize STD diagnostics
  - **Solution** HSV testing, Hepatitis C, Trichomonas testing
- **✓** Enhance HPV-related services
  - Anal/cervical screening (PAPs)
  - Colposcopy
  - High Resolution Anoscopy
  - **HPV** vaccines
- ✓ Quick Start contraceptives for women







# State of the Art HIV Interventions in Sexual Health Clinics

BIOMEDICAL EVALUATION AND INTERVENTION:
INSTANT STARTS OF ARV TREATMENT AND PREVENTION

SOCIAL WORK ASSESSMENT FOR SOCIAL DETERMINANTS OF RISK OR DISEASE PROGRESSION + INSURANCE CONNECTION

NAVIGATION TO LONGITUDINAL CARE FOR BOTH HIV NEGATIVE AND POSITIVE CLIENTS

## NYC Sexual Health Centers are HIV Hubs!! #PLAYSURE

### **PrEP Navigation**

Launched 10/31/16
ALL CLINICS
Over 6,700 Encounters

#### **PEP 28**

Started 10/31/16
ALL CLINICS
1,571 PEP Starts
60% Black/Latinx

### "JumpstART"

Launched 11/23/16

STARTED IN ONE CLINIC ALL CLINICS NOW ON BOARD

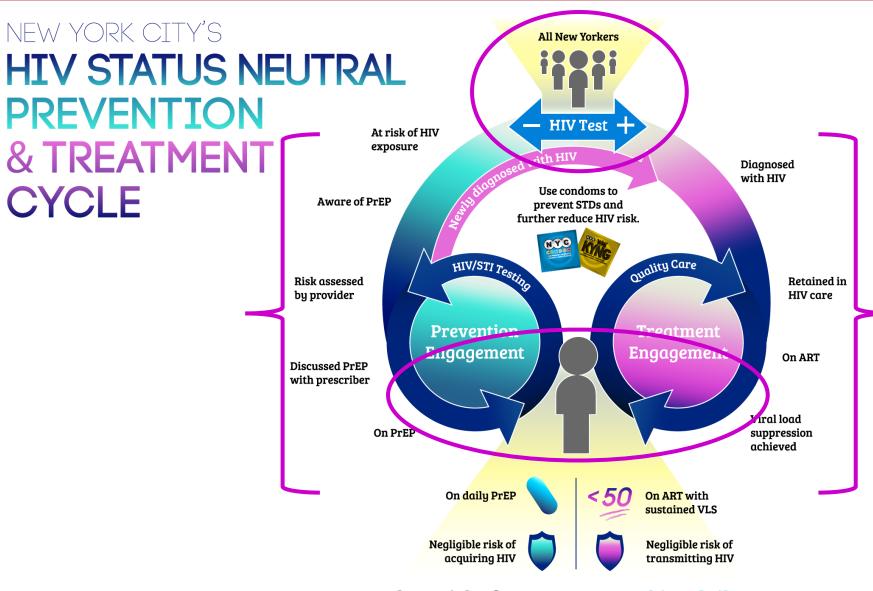
272 JumpstARTs
72% Black/Latinx

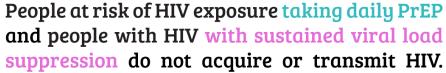
### **PrEP Initiation**

Started 12/22/16

STARTED IN ONE CLINIC NOW AT 7<sup>th</sup> CLINIC

1,213 PrEP Starts
57% Black/Latinx







NEW YORK CITY'S

CYCLE

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Trans women-focused initiatives







Summary: The NYC Health Department urges medical providers to expand the offer of PrEP to HIVnegative women, considering both prescribing guidelines and local epidemiology. We ask you to: 1. Offer PrEP to women diagnosed with gonorrhea or early syphilis – biomarkers of HIV risk.

- 2. Screen women for other HIV risk and offer PrEP accordingly including to women who have sex for money, a history of intimate partner violence, or an HIV-positive partner with a
- 3. Offer PrEP to Black and Latina women who live in areas of high HIV incidence such as the Bronx, Brooklyn, upper Manhattan, southeastern Queens or the North Shore of Staten Island. When offering PrEP, discuss condom use and emergency PEP as HIV prevention options, and
- reproductive health needs as appropriate.

July 31, 2017

Each year in NYC, over 400 women are diagnosed with HIV, the vast majority Black or Latina. Prep (Pre-Exposure Prophylaxis) is a powerful tool to prevent HIV infection. While PrEP use has steadily increased among men who have sex with men, few women are aware of PrEP and far fewer are taking this daily prevention pill. Identifying women at risk of exposure to HIV, and encouraging them to consider PrEP, has the potential to greatly reduce the burden of HIV among women, an underserved population.

New York State Prep guidelines indicate that women diagnosed with anogenital sexually transmitted infection (STIs) are prime candidates for PrEP. Diagnosis of gonorrhea and syphilis (in its primary, secondary or early latent stages) are a particular concern; among HIV-negative women in NYC, these STIs are predominantly diagnosed in women who live in neighborhoods with high rates of HIV diagnosis (many of which are also characterized by high HIV prevalence and high poverty).

Obstetricians, gynecologists and other providers can assess for other indications for PrEP by taking a comprehensive sexual history. New York State guidelines recommend the consideration of PrEP for

- Are in a sexual relationship with a partner living with HIV (whose viral load is unknown or not) HIV-negative women who:

  - Have been prescribed PEP (Post-Exposure Prophylaxis) and have continued risk of HIV exposure
  - Use stimulant drugs that increase the risk of HIV exposure

  - Are transgender women whose sexual practices may expose them to HIV

- In addition to other HIV risk factors (CDC, NYS)
  - E.g., IPV, HIV+ partner with detectable viral load, exchange sex for money
- Offer PrEP to women with
  - Gonorrhea diagnosis
  - Early syphilis
  - Understand local epidemiology:
    - Black and Latina women in NYC are disproportionately affected by HIV



# Provider Education: Public Health Detailing



- ❖ Effective model for "selling" or promoting public health interventions through the targeted delivery of short, standardized, evidence-based key messages
- ❖ Public health representatives conduct visits to clinical practices and engage in one-on-one or small-group interactions with prescribing providers and office staff
- ❖ Based on a successful history of public health detailing at NYC DOHMH, BHIV launched a detailing campaign focused on increasing capacity to provide PrEP and PEP

# **Key Messages**

- Take a thorough sexual history
- Screen and treat STIs
- **❖** Talk about PrEP and PEP with patients
- Prescribe PrEP and PEP according to clinical guidelines, or refer patients to sites that provide PrEP and PEP

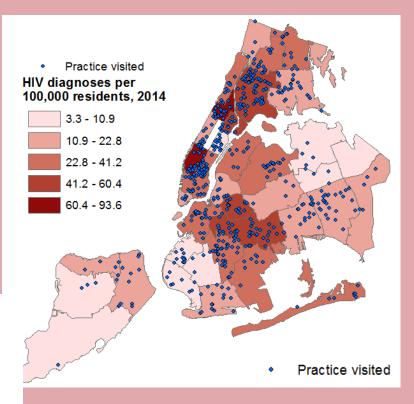


## **Broad Reach of Campaigns**

# During four 10-12 week campaigns (2014-2017), representatives have:

- Visited approximately 1,300 facilities
- Interacted with over 5,000 clinical staff
- Detailed almost 2,500 prescribing providers





# Findings from Formative Research with Women's Health Providers

#PLAYSURE

- Most of the providers did not routinely ask about partner HIV status as part of sexual history-taking with their patients.
- A minority of providers were familiar with PrEP and PEP and comfortable offering it to patients.
- Providers wanted scientific evidence and resources to better understand side effects and safety concerns, especially as they related to conception, pregnancy, and breastfeeding.
- There were frequent concerns about payment/insurance coverage, how to prescribe and follow patients on PrEP



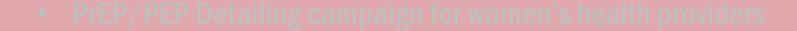
### **Detailing on PrEP for Women – what's next**

- Updated and expanded Action Kit content will:
  - Better meet provider needs around screening for and providing PrEP to women (including safety, IPV screening, and partner/contextual factors)
  - Help women self-screen and make decisions around PrEP and PEP
  - Include more images of women across the materials!



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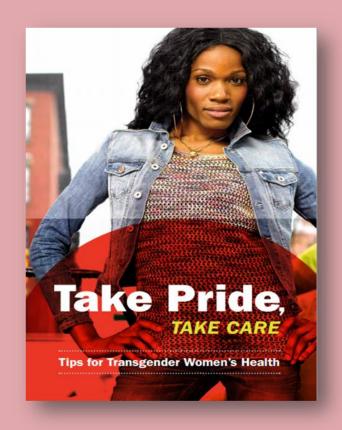


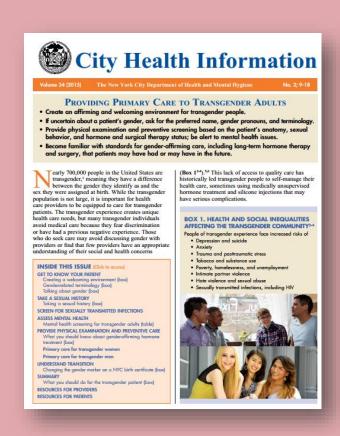
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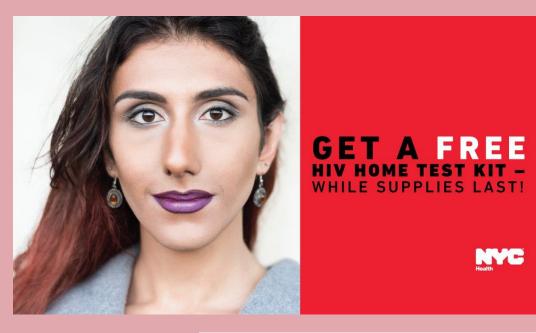




# Promoting the Well-Being of Trans Women: Education Materials



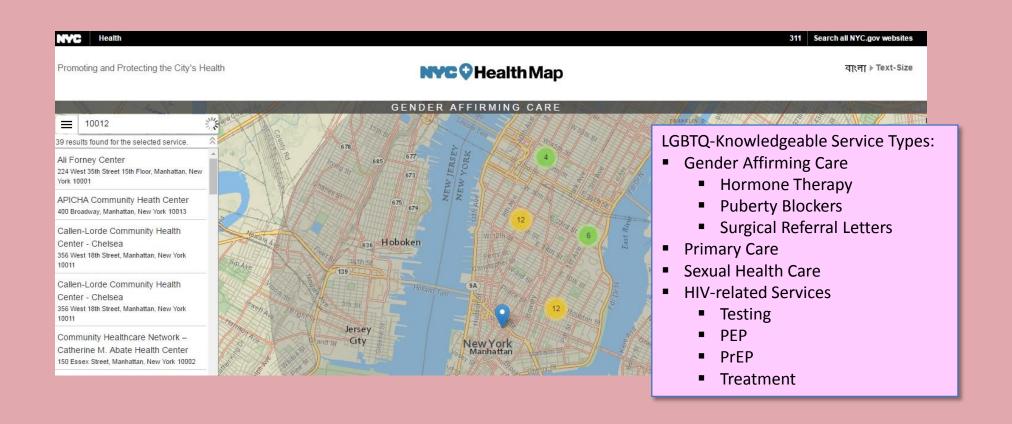








## LGBTQ-knowledgeable provider directory#PLAYSURE





# Support for Transgender-Led Organizations #PLAYSURE From Foundation to Frame

Funding model focused on building organizational capacity in transgender-led organizations

- Four (4) Transgender-led organizations funded for organizational development
- One (1) Organization to provide capacity building assistance and support for organizational development











# Support for Transgender-Led Organizations Looking Forward

Increased
Organizational
Capacity



Expansion of service delivery to promote the well-being of transgender persons



Organizational Accomplishments

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### NYC Health Presentations at Face of AIDS Summit

Breakout session time	Topic	Presenters
11:15a	Leave No Woman Behind: Addressing Disparities in HIV- related Health Outcomes among Women of Color	Ashley Azor, MPH, Kristecia Estem, MPH, Sahani Chandraratna, MPH, MSW, Bisrat Abraham, MD, MPH, Jennifer Carmona, MPH
1:45pm	Project SUCCEED: HIV Undetectable, Hep C Cured!	Kizzi Belfone, MPH, MaNtsetse Kaama, MPH, Natalie Octave, MPH, CHES
3:00 pm	Sexual Risk Behaviors and Partnership Characteristics Among Women who Exchange Sex in NYC	Sarah Braunstein, PhD, MPH





# Questions



❖ Feel free to email me at: oblackstock@health.nyc.gov