Testimony

of

M. Monica Sweeney, M.D., M.P.H.
Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene

before the

New York City Council Committees on Youth Services and Health

regarding

The HIV/AIDS Epidemic among Young MSM in New York City

September 23, 2009

City Hall
New York City

Good afternoon Chairmen Rivera, Fidler and members of the Health and Youth Services Committees. I am Dr. Monica Sweeney, Assistant Commissioner for the Bureau of HIV/AIDS Prevention and Control at the Department of Health and Mental Hygiene (DOHMH). On behalf of Commissioner Farley, I would like to thank you for the opportunity to discuss HIV/AIDS among young men who have sex with men, or MSM, in New York City. Today I will identify and assess the prevalence of disease among this demographic group, describe Health Department programs and initiatives, and identify some of the key challenges that we face in addressing this problem.

Public health measures have been effective in slowing the overall transmission of HIV/AIDS in New York City, with the number of new HIV diagnoses each year falling by nearly one-third between 2001 and 2007. A decline has occurred for many demographic groups, but is most notable among injection drug users, who experienced a 72% decrease in new diagnoses from 2001 to 2007. The risk of acquiring HIV perinatally has also decreased dramatically. Of the 441 HIV exposed births in 2007, just seven infants have thus far been reported as having been born with HIV. The number of children in New York City diagnosed with HIV infection before age 13 fell from a high of 359 in 1992 to just 10 in 2007, the last year for which this data is available. And among all men who report having sex with men, the number of HIV (non-AIDS) diagnoses has declined by 2.1 percent between 2001 and 2007.

Despite this progress, and as I noted in my testimony to the Council on May 1st of 2008, recent data has shown that some specific demographic groups are infected at disproportionate rates. While most MSM reported to the Health Department with newly-recognized HIV infection are over age 30, the number of HIV diagnoses among MSM under age 30 is increasing. This group had 420 HIV diagnoses in 2001 as compared to 592 diagnoses in 2008, based on our preliminary data for that full year. Among the youngest category, aged 13-19, new diagnoses increased from 50 persons diagnosed in 2001 to 99 persons in 2007 before dropping to 80 in 2008. In 2007, MSM ages 13-19 accounted for less than ten percent of all new diagnoses among MSM in New York City, and new HIV (non-AIDS) diagnoses are occurring in the older segment of the cohort, aged 15-19, rather than those aged 13-14.

The prevention of HIV is central to the Health Department's overall plan to improve the health of New Yorkers. Take Care New York 2012, a health policy agenda for the City that prioritizes specific action steps to improve health, includes 'stopping the spread of HIV and other sexually transmitted diseases' as one of our top ten health priorities. Our prevention strategy focuses on encouraging young people of any sexual orientation to delay the initiation of sex, and for those who are sexually active, to reduce the frequency of sexual encounters and use condoms consistently. We are reaching teens in every way we know how, including education in school about the risks of sex, internet sites/messages, HIV/STD testing in various settings and providing condoms for those who are sexually active.

In our schools, our partners in the Bureau of STD are working hard to educate adolescents about all sexually transmitted infections, or STIs, including HIV, and to voluntarily screen them for Chlamydia and gonorrhea, since we know that having Chlamydia places a sexually active person at greater risk for HIV. During the 2008-09 academic year, the Health Department's STEP-UP program educated 24,236 high school students about STIs including

HIV and tested 11,410 students. Fully 111 high schools, located at 28 campuses in all five boroughs participated in this program. Nearly half of all high school students that were offered screening accepted the offer.

Over the past year, the Health Department has held a series of focus groups to better understand the ways in which HIV prevention messaging did or did not resonate with the population of interest. We have learned through these focus groups that young MSM see very few messages that encourage them to adopt safer sexual behaviors. Research has also shown that the vast majority of young MSM in New York get their HIV prevention information from the internet. In the past 12 months, the Department has developed *NYC Teen Mindspace*, an interactive portal on mental health for teens, which to date has had more than 70,000 page views and 1,118 *MySpace* friends. We have also started collaborating with new and non-traditional partners around new media to reach young MSM; these new partners include the Global Business Coalition to fight HIV, TB and Malaria, the Kaiser Family Foundation (part of CDC's Black AIDS Media Partnership and the national Act Against AIDS Campaign), BET and Hip-Hop 4 Life, a non-profit organization based in New York City focusing on empowerment for at-risk teens aged 12-18.

DOHMH considers HIV testing an effective form of HIV prevention, as people who find out they are HIV positive reduce their risky behaviors by approximately 50%. The earlier people learn their status, the earlier they are able to benefit from life-saving treatment and reduce their viral load, making them less infectious to others. Our nine Health Department STD clinics tested 5,804 adolescents, aged 13-17 from 2008 to mid-2009; and through this testing identified 16 positive individuals. The number of visits made by 14-19 year-olds to our STD clinics rose by 11% from the 2007 to 2008 school years. Sites funded by our Bureau to conduct HIV screening tested another 12,925 New Yorkers aged 13-19, identifying 44 persons with a positive test result.

Another program of note is the New York City School-Based Health Center program that is overseen by the New York State Department of Health and managed locally by the Health Department's Office of School Health. There are currently 42 school-based health centers serving high school students, operated by Article 28 certified medical facilities--such as Lutheran Family Health Center Network, North Shore/Long Island Jewish Health System, Montefiore Medical Center, and William F. Ryan Health Center. Many of these 42 clinics offer voluntary HIV testing onsite. One such clinic conducted 202 pretest counseling visits and 182 HIV testing visit between January-June of 2009.

As part of our strategy to encourage safer sex for those who are already sexually active, our Bureau also works closely with the Office of School Health (a joint program between the Departments of Health and Education) and the Department of Education to support condom availability in high schools.

The social vulnerability of adolescent MSM places them at great risk for separation from family, unstable housing, substance use and other unsafe behaviors. In order to address these issues in a comprehensive fashion, Health Department staff participates on the Executive Committee of the Connect to Protect Coalition and as members of the NYC Association of Homeless and Street-Involved Youth Organizations. These networks bring together government

agencies, community-based organizations and interest groups serving young MSM and other vulnerable youth throughout the city. Their goal is to provide a more comprehensive service landscape for this diverse population which is at risk for HIV infection. Further, all twelve agencies funded by our Bureau to screen for some of the key co-morbid conditions that increase risk for HIV transmission, including sexually transmitted infections, substance use and depression, screen MSM along with other high risk populations. At four of these agencies, more than ten percent of the projected annual population served is individuals aged 13-17.

Though teenage MSM represent a small proportion of HIV infection in New York City, it is a growing problem with which we are concerned. Despite the efforts I reviewed, many challenges remain in addressing HIV/AIDS among young MSM in New York City. As a society and community, we must address the new and potentially dangerous community norms that may have resulted from the success of antiretroviral treatment. There is a need for a better understanding of the ways the internet affects risk-taking behaviors, and to evaluate the impact of the broad range of prevention strategies and programs currently employed in New York City and in other jurisdictions.

Controlling the spread of HIV/AIDS requires a coordinated effort at the federal, state and local levels. Unfortunately, today's fiscal climate is further constraining an already limited pool of available public health funding. With this in mind, it is our collective responsibility to direct resources as efficiently and effectively as possible to control this epidemic.

I am happy to answer any questions you may have at this time.

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TESTIMONY BEFORE THE HEALTH COMMITTEE

OF THE NYC COUNCIL

ON HIV/AIDS IN YMCSM, AGES 13 – 17

September 23, 2009

Mr. Chairman and honorable members of the NYC Council's Health Committee:

My name is Jose Davila and I'm the Executive Director of Bronx AIDS Services, one of the oldest AIDS services organizations in the City of New York. We are the largest provider of non medical services for persons at risk or affected by HIV/AIDS in the Borough of The Bronx, serving over 8,000 clients a year.

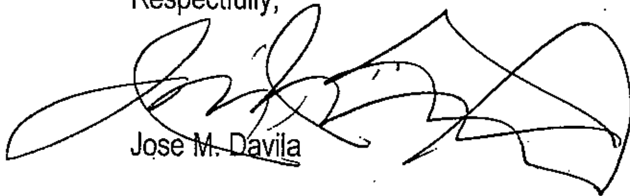
More than a year ago, I came before you to discuss the precarious state of funding and programming to address the needs of MSM of Color infected or affected by HIV/AIDS in NYC. For months before that and for months after, BAS and a number of other community based providers, who identified ourselves as the "Emergency Response Coalition for MSM of Color" prepared to have these discussions with you and the City Department of Health. Our task was to come up with a plan to address the tremendous need for culturally, linguistically and technologically relevant interventions that is unmet and it is hampering our ability to make sustainable changes in risk and health behaviors among this population. Numerous hours from our agencies' staffs were dedicated to a thorough and evidenced based analysis of those needs which were incorporated into a "white paper" that was to be presented to and discussed with the then City Commissioner of Health, Dr. Thomas Frieden. The meeting never happened and frankly and with all due respect to this

esteemed body, I think I speak on behalf of many of my colleagues and the clients that we represent when I say that we are tired of talking and writing!

We need action and we need it now! In the year that we've been talking, writing and waiting, approximately 675 Young men of color who have sex with men were infected by HIV in NYC. How many more young men's health and lives are expendable before we act? The surveillance data is clear: during the first half of 2008, the last period from which we have surveillance reports in NYC, almost 50% of all new infections were attributed to MSM contact and 20% of those were among the 13-29 age group. This disease is decimating our young generation and we need to stop it now.

I urge the Health Committee and the City Council in general to request that the City Department of Health address this crisis without further delay. We in the community based service sector stand ready to collaborate, implement and act jointly with them to address the needs of this population. But no more talking, please!

Respectfully,



Jose M. Davila

Jeffrey Birnbaum, M.D., MPH.
Harold, Hamilton, Psy.D.
SUNY Downstate Medical Center/HEAT Program
760 Parkside Avenue, Room 308
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Testimony for the September 23, the City Council's Health Committee will be holding a hearing on "HIV/AIDS Among Young Men Ages 13 to 17 Who Have Sex with Men."

Good afternoon, my name is Dr. Harold Hamilton, I am speaking on behalf of Dr. Jeffrey Birnbaum, the Director of the Health Education Alternatives for Teen program at SUNY Downstate Medical Center in Brooklyn. The program provides comprehensive medical, mental health, and casemanagement services HIV/AIDS infected (13- 24 year old) adolescents. The program started in 1992.

HIV and AIDS among YMSMs ages 13-17 years old in NYC is a challenge to address for health providers for a variety of reasons. This is an age group where the interface of sexual exploration and illusions of immortality associated with adolescent development cause a high risk scenario for HIV transmission, as well as creating some unique HIV prevention challenges. The epidemiology of HIV transmission in adolescents and young adults in NYC, as well as elsewhere in the USA can help illustrate some of these challenges:

In NYC, during the first half of 2008, 94 new cases were identified in the 13-19 year old age group, compared to 508 in the 20-29 year old age group[1]. During this time period, the rate of newly diagnosed men who have sex with men (YMSM) aged 13-29 was 286. This number represents an increase from the 253 YMSMs diagnosed during the same period during the previous year[1].

These numbers represent higher rates of diagnoses found in the 18-29 age group, what these numbers don't reflect is when the young people are actually getting infected. We know there is a variable lag time between when a person actually gets infected and when they first are diagnosed with HIV through testing. It is the clinical perception of most HIV providers who care for young people that many of the patients they care for in the 20-29 year old age group were infected during their teen years, including the 13-17 year old age group. During the first half of the 2008, 17% of 13-17 year old and 16.7% of the 20-29 year old age groups[1] had concurrent HIV/AIDS diagnoses, which supports the clinical perception earlier HIV infection times for when some members of the group are newly diagnosed.

Several factors play into why 13-17 year olds are not diagnosed with HIV earlier. First and foremost is that this age group tends not to access health care services, particularly services for HIV testing. The age group may also have a lack of knowledge about where to get an HIV test (or other sexual health services) and be concerned about the ability to pay for such services. The providers may have concerns about rights to consent as a minor as well as concerns about confidentiality of the sexual behavior and sexual identity in relationship to the parents/legal guardians of the minors served. Providers may also be faced with potentially absorbing the cost of providing services to minors without parental consent. 13- 17 year olds are impacted by the

overall poor quality of sex education and HIV prevention education in NYC schools (especially for YMSMs) and lack of effective HIV outreach and prevention modalities for younger teens. In general, teenagers often are faced with a paucity of age-appropriate health services and tend to fall in the cracks between pediatric and adult care.

At the HEAT Program in Brooklyn which provides comprehensive care to HIV positive youth ages 13-24 years, our patient demographics are also reflective of the epidemiology of HIV in this age group in NYC. Of HEAT's current caseload of 90 HIV+ youth, 59 are YMSM. Of these, only 15 (~25%) entered care in the 13-17 year old age group. Ten out of these 15 were already 17 years old.
The age spread at the time of entry into care is as follows:
13-0
14-0
15-1
16-4
17-10

Of HEAT's historical caseload since 1992 of over 300 HIV+ cases, a total of 82 were YMSM. Of these 82, only 23 (28%) entered care between the ages of 13 and 17 years old. The age spread at the time of entry into care is as follows:
13-0
14-1
15-2
16-8
17- 12
The numbers of 18-24 year olds with HIV increases considerably once they enter this age group, reflective of NYC's epidemiology of new cases of HIV identified.

At the HEAT Program, our problems with finding younger MSMs who are HIV positive and engaging them in care are further complicated by the extremely limited amount of funding directed towards adolescent HIV services. For example, performance-based funding schedules (such as Ryan White/Title 1 funding through the HIV Planning council and MHRA) that are based on volume of clients serviced, may serve to discourage community based organizations who serve YMSM's in the 13-17 year old age range from applying for/or less likely to be awarded monies because they are unable to produce the desired numbers. Success with this population provides the opportunity for early detection, engagement and retention in treatment in a developmentally appropriate manner. There has also been a heavy concentration of funding in Manhattan based agencies compared to Brooklyn, Queens, Staten Island, and the Bronx. At the Heat Program, we have found that we are successfully able to engage YMSM's and treat them in their own care as they juggle medical treatments and activities with their school schedules. Finally, as a member of the Empire State Coalition for runaway, homeless, and street-involved youth I add that the population of YMSM is vulnerable to housing problems as sexual orientation may contribute to being expelled from living with their families. In turn, housing issues increase the HIV risks for this vulnerable population as they engage in sex work, substance abuse, and are impacted by mental health problems.

Thank you again for the generosity of your time, attention and consideration. And, once again, good afternoon.

[1]New York City Health Dept. HIV Epidemiology & Field Services Semiannual Report covering January 1, 2008 – June 30, 2008.
http://www.nyc.gov/html/doh/downloads/pdf/dires/dires-2009-report-semi1.pdf

GAY MEN'S HEALTH CRISIS

TESTIMONY TO THE NEW YORK CITY COUNCIL COMMITTEE ON HEALTH

Hearing on HIV/AIDS among Young Men Ages 13-17 Who Have Sex with Men

Sep 23, 2009

Good afternoon my name is Lyndel Urbano, Manager of Government Relations at Gay Men's Health Crisis.

Fifty seven percent of new HIV infections in the United States occur among men who have sex with men. About half of these MSM are black or Latino. The bulk of new infections among black and Latino MSM occur among teens and young men in their twenties. In New York City young black and Latino gay and bisexual men are disproportionately affected. New infections among gay and bisexual men 13 to 29 are up 33% since 2001 in New York City.

As a city we must do more to reduce the rate of HIV infection among our youth. There are three concrete steps that we can take to tackle this challenge.

First, we must make HIV/AIDS education more widely available in NYC schools. A lack of science-based prevention and comprehensive sex education puts youth in danger. According to the National Youth Risk Behavior Survey, almost half (47%) of high school students in the United States report being sexually active. Because youth are not receiving adequate information about protecting themselves when they chose to engage in sexual activity, 4 million young people in the U.S. contract STDs each year.

In December 2007 the NYC Department of Education (NYC DOE)adopted a supplemental curriculum to its Comprehensive Health Education Curriculum that includes sex and HIV education. However, almost two years later, it has not been widely implemented because sex education is not mandated by the NYC DOE, meaning that school principals decide whether or not to include sex education in their school's curriculum.

This means that the information shared within each school is not determined by the city or state and can vary by school and class. For HIV/AIDS education to be effective, the city Department of Education should mandate specific requirements for HIV/AIDS prevention and education and monitor this provision in every public school.

We must also do more to encourage LGBT-affirmative interventions in schools. The most recent National School Climate survey conducted by Gay, Lesbian, and Straight Education Network (GLSEN) found that 64% of LGBT high school students reported that they had been verbally harassed in the past year because of their sexual orientation, and 46% because of their gender expression. Studies show that an unsafe educational atmosphere can push students out of school and into high-risk behavior.

A Massachusetts Department of Education study found that in schools with Gay Straight Alliances and other gay-affirming interventions, young gay and bisexual men were less likely to engage in HIV risk

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behavior than in schools without these interventions. Again the tools exist to address this problem but they are not being widely implemented. NYCDOE has put together a curriculum called Reducing the Risk that attempts to address issues of bias in schools, but it is not being widely implemented. Only one in seven New York City high schools has a gay-straight alliance, for example. To be fully effective, NYC DOE should fully implement the Dignity for All Students Act.

Finally, a study earlier this year in the journal *Pediatrics* documents that family rejection of gay, lesbian and bisexual youth correlates with poor health outcomes. LGB youth who are rejected by their families are 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families who accept them. It is essential that the NYCDOHMH support efforts to implement social marketing campaigns that promote parental acceptance of young MSM. Here is an example of such a campaign that GMHC ran targeting neighborhoods in spring 2008. Unfortunately, because of funding constraints we were unable to distribute it as widely as we would have liked.

If we take action now, by promoting sex education, gay affirming school interventions and family acceptance of gay and bisexual sons, we can still stem the tide of HIV infection among young men who have sex with men in New York City.

Thank you for this opportunity to testify.

Testimony to New York City Council

Jarron Magallanes, LMSW
Program Manager of LGBT Services
APICHA
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jmagallanes@apicha.org

My name is Jarron Magallanes, and I work for the Asian and Pacific Islander Coalition on HIV/AIDS, APICHA. Our mission is to end stigma on HIV/AIDS and those affected by it, to prevent the spread of the HIV/AIDS pandemic in the Asian and Pacific Islander communities, and to provide care and treatment for APIs living with HIV/AIDS and their families. I serve as the Program Manager of LGBT Services, as part of the agency's HIV prevention unit. I'm here today to testify on behalf of my agency, but especially on behalf of all young A&PI men living in New York City.

APICHA's efforts to prevent the spread of HIV are increasingly effective many individuals in this but the because of limited access to the population we are discussing we are unable to deliver similar services to young gay men. Today, I am making three recommendations to the committee:

1. We strongly believe that the greatest need of this population is gay affirming messages.
2. We strongly recommend funding be directed towards delivering these messages using new media tactics (facebook, blogs, youtube etc.)
3. APICHA asks that any new program or initiative be culturally component and considerate of the many languages spoken by the A & PI community.

I'm going to be up front with everybody. I am 30 years old, 13 years outside of what would be considered a youth. My experiences as a teenager in the early and mid-1990's were VERY different from the reality of gay youth today—the youth that we serve. **Some** things may be the same. For example, I never felt that I had a safe space to talk about my sexuality in my Catholic high school. I didn't feel like I had access to gay-affirming sexual health information. I also didn't feel that I could be completely open with my family doctor. These issues stayed with me, even to this day. I often refer to myself as a "recovering Catholic". People often say that coming out is a gradual process for youth—you tell different people at different points in time

Flash forward to 2009—focus group after focus group, counseling session after counseling session, our gay Asian youth are saying the same things that I was thinking when I graduated from high school in 1997. If we're tired, angry, sad, lonely, all our friends will read our Twitter updates and know about it. The internet has become a primary tool for driving young gay people out of isolation. They can find other gay men online and communicate: flirt, update, poke, instant message, email, webcam, skype, twitter, send roses and send kisses, all from the privacy of their bedrooms. And the next day they can go to school and not even identify as gay.

Thanks to the persistent activism of my colleagues Suki Ports, Therese Rodriguez and John Chin, we have been able to reach API gay men 18 years and older by creating safe spaces, offering gay-affirming services and educating funders about the unique cultural and linguistic needs of A&PIs. Now that the platform has been has been set, we are faced with the challenge of moving forward—of adapting what my colleagues created and implemented 20 years ago.

The next level of HIV prevention must be cognizant of the fact that communication has changed and for young gay men the change is in their favor. It is also in our favor. The day of safe sex workshops in schools that saw zero to little attendance can be replaced with a private workshop. The young person can get the same information without the stigma of known association with it.

We are ready to deliver the same messages but lack a venue. The internet is a venue that we need to deliver these message and the Council must take a leadership role in guiding funding and making policy changes to foster this. APICHA serves a diverse community that speaks many different languages so we ask that any plans to implement internet based interventions include materials that reflect the diversity of our young, gay NYC residents.

Without special attention given to online interventions, social marketing, and innovative ways of reaching the next generation of young gay men, we risk ignoring these new "safe spaces"—cyberspace. Online social networking and hook-up sites are their own community, and within these websites you have a captive audience. Gay Asian youth are huge consumers of online resources. However, there is very little to no representation of APIs in HIV-related social marketing, thus perpetuating the age-old "model minority myth". The significant increase in new HIV infections among A&PI YMSM in NYC cannot be ignored. Prevention efforts need to be supported financially and with appropriate policy changes. Strategies need to be technologically, age and culturally appropriate in order to be effective. New York City has the opportunity to be a leader in implementing innovative social marketing strategies. The interventions are completed: they've been tested and proven to be effective. Now we just need **your** help in delivering them.

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Name: Lyndel Urbano

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Address: DOHMH

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Name: Kalvin Leveille

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I represent: HEAT Program

Address: 760 Parkside Brooklyn NY

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Name: HAROLD HAMILTON, PSYD.

Address: 760 PARKSIDE ROOM 308 BROOKLYN, NY 11226

I represent: SUNY HEAT PROGRAM

HOME Address: 530 HENRY ST #5 BROOKLYN, NY 11231

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Name: Jacoby Johnson

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I represent: Harlem United

Address: 104 East 126th Street N.Y., N.Y.

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YMSM + HIV ☐ in favor ☐ in opposition

Date: 9/23/09

(PLEASE PRINT)

Name: Jarron Magallanes

Address: 400 Broadway

I represent: APICHA

Address: ''

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