



Meeting of the
HIV HEALTH AND HUMAN SERVICES PLANNING COUNCIL OF NEW YORK

Thursday, January 28, 2021
3:00-5:20 PM
By Zoom Videoconference

MINUTES

Members Present: G. Harriman (Governmental Co-chair), D. Walters (Community Co-chair), P. Carr (Finance Officer), A. Abdul-Haqq, S. Altaf, F. Alvelo, M. Bacon, M. Baney, D. Beiling, L. Best, A. Betancourt, R. Brown, R. Bruce, M. Caponi, E. Casey, R. Chestnut, B. Cockrell, M. Diaz, M. Domingo, J. Dudley, B. Fields, T. Frasca, M. Gilborn, C. Graham, B. Gross, J. Natt, G. Plummer, D. Powell, J. Reveil, M. Rifkin, A. Roque, L. Ruiz, J. Schoepp, F. Schubert, C. Simon, M. Singh, A. Straus, M. Thompson, T. Troia, R. Walker

Members Absent: P. Canady, J. Edwards, B. Fenton, MD, R. Fortunato, A. Lugg, D. Martin, S. Sanchez, B. Zingman, MD

Staff Present: *DOHMH:* D. Klotz, M. Lawrence, A. Gandhi, PhD, S. Braunstein, PhD, C. Rodriguez-Hart, J. Colón-Berdecia, K. Mack, J. Carmona, K. Miller, E. Jimenez-Levi, S. Hubbard; *Public Health Solutions:* J. Moy, B. Carroll; J. Corbisiero (*Parliamentarian*)

Guests Present: S. Torho, V. Schubert (*Consultants*)

Agenda Item #1: Welcome/Moment of Silence/Introductions/Minutes

Mr. Harriman and Ms. Walters opened the meeting followed by introductions and a moment of silence in honor of pioneering HIV doctor Joseph Sonnabend, MD and LGBT rights leader and former AIDS Institute staff member Carmen Vasquez. The minutes of the December 17, 2020 meeting were approved with no corrections.

Agenda Item #2: Recipient (Grantee) Update

Ms. Plummer reported that the US HHS released a National Strategic Plan to Eliminate Viral Hepatitis as a Public Health Threat. HHS hosted a stakeholder webinar on federal Ending the HIV Epidemic (EHE) implementation on January 27th. The 2020 RW Conference workshop videos are posted on the targethiv.org website.

Partial Part A awards were announced, with EMAs receiving 34% of the previous year's formula award and 22% of the MAI award. The full award will come later this year. The DOHMH Division of Disease Control executed a new master contract that includes administration of the RWPA sub-contracts, awarded to Public Health Solutions for 9 years. The PSS TINCNB concept paper was released to be followed by a town hall. The RFP will be released on Feb. 3rd, followed by a pre-proposal conference on Feb. 17th.

Dr. Anisha Gandhi will return to her role as BHIV Director of Racial Equity, and Dr. Sarah Braunstein is the new Acting Assistant Commissioner. She has been with BHIV for over 10 years as Director of HIV Epidemiology. BHIV's COTA unit has funded three organizations under the RFP "Building Equity: Intervening Together for Health" (Be: Into Health), which will implement interventions for priority Black and/or Hispanic populations (youth, women, over 50, MSM). *Mr. Harriman* thanked Dr. Gandhi for her support of the Council and gave Dr. Braunstein best wishes in her new role.

In response to questions, *Ms. Plummer* reported that RWPA contract will begin soon. *Mr. Harriman* stated that the NYS End AIDS Coalition has asked Gov. Cuomo to list all PWH as high priority for the COVID vaccine, regardless of immune status.

Agenda Item #3: Planning Council Bylaws Amendment

Mr. Fields explained that the Rules & Membership Committee (RMC) has been reviewing the Council's Bylaws to see where they can be strengthened. One area where the Bylaws is silent is the roles and responsibilities of sub-committee chairs. The Bylaws discuss the appointment and terms of service of sub-committee chairs and state that all committee meetings are run according to Robert's Rules of Order (RRO). The Bylaws do not, however, describe the chairs' roles and responsibilities. RMC thinks that broad guidance should be added to the Bylaws so that chairs are clear about their roles in helping set the agenda and presiding over meetings. *Mr. Fields* read the proposed language approved by RMC.

***Mr. Fields* made a motion on behalf of the Committee to accept the amendment as presented. The motion was approved 40Y-0N.**

Agenda Item #4: Ending the HIV Epidemic Plan

Mr. Harriman introduced Ms. Torho and Ms. Schubert, consultants who have worked with BHIV staff and other stakeholders to develop the implementation plan of the federal Ending the HIV Epidemic (EHE) grant.

Ms. Torho gave an overview of the federal Ending the HIV Epidemic (EHE) initiative to reduce new HIV infections by 90% in 10 years through activities in broad areas (testing, treatment, prevention, rapid response). NYC has received several EHE grants, which have been presented to the Council previously. NYC DOHMH was awarded \$492,000 under EHE Grant 1906 ("Strategic Partnerships and Planning") to enhance health departments' capacity to carry out EHE efforts. It requires community engagement, including with local planning bodies (Planning Council, HIV Planning Group, NYS HIV Advisory Body) leading to concurrence with a final EHE implementation plan. The grant covers only 4 counties in the EMA as determined by CDC (Staten Island and Tri-County are not included), but the plan will help set priorities for the entire EMA. The jurisdictional plan must be submitted to the CDC by March 31, 2021.

The EHE planning activities were described: 1) Epidemiological profile (highlights key aspects of the HIV burden in the jurisdiction; describes sociodemographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV and PWH; provides the basis for setting priorities, identifying appropriate interventions and services, allocating HIV prevention and care resources, planning programs, and evaluating programs and policies; includes breakdowns of key indicators by priority population and by borough); and 2) Situational Analysis (provides an overview of strengths, challenges, and identified needs with respect to several key aspects of HIV prevention and care activities).

Due to the timing of EHE activities and the coronavirus pandemic, DOHMH hosted virtual listening sessions exclusively, which were open to all and featured breakout sessions on crosscutting themes, specific strategies and recommendations to be included in the final NYC EHE Plan. There was also an online survey in English and Spanish. Recruitment efforts for listening sessions and the survey were described as were the demographics of participants. The team engaged service providers via the PlaySure Network, *New York Knows*, Women's Advisory Board, Project THRIVE and Project Sol community advisory boards, NYS DOH-led partnerships, Sexual Health Advisory Group (SHAG), and Transgender Community Advisory Board (TCAB), as well as through other mechanisms. The draft EHE Plan was distributed to the Planning Council and HPG members on January 19, 2021 with an online feedback form. Council members will provide additional feedback at this meeting and DOHMH will integrate feedback and present changes to Planning Council and HPG in mid-February. The Planning Council and HPG will vote on concurrence at their respective meetings in February.

Five fundamental principles inform the development of the NYC EHE Plan: 1) Improving health services systems; 2) Employing multisectoral solutions; 3) Embracing a willingness to change status quo; 4) Empowering community; and 5) Advancing equity. Priority populations were identified (Black and Latino MSM, Black and Latina women; people of trans experience, youth 13-19, and PWH over 50) through an intersectional and multipronged approach using 2018 HIV surveillance and epidemiology data; documented health inequities regarding race, ethnicity, sexual orientation, gender identity; and extensive community input.

The five strategies for ending the HIV epidemic were described: 1) Increase the number of people who know their HIV status by diagnosing HIV infection as early as possible, promoting routine testing within health care facilities, and scaling up testing options in non-clinical settings; 2) Prevent new HIV acquisition by increasing access to effective prevention interventions, including PrEP, PEP, condoms, harm reduction, and supportive services; 3) Improve viral suppression and other health outcomes for people with HIV by optimizing medication adherence and access to care, improving coordination of clinical and supportive services, and increasing access to immediate antiretroviral treatment (iART); 4) Enhance methods to identify and intervene on HIV transmission networks to better support people and communities at increased risk of exposure; and 5) In all strategies, utilize an intersectional, strengths-based, anti-stigma, and community-driven approach to mitigate racism, sexism, homophobia, transphobia, and other systems of oppression that create and exacerbate HIV-related health inequities.

Two broad cross-cutting issues were identified: 1) Social and Structural Determinants of HIV-Related Health Inequities; and 2) the HIV Service Delivery System. A number of key activities were identified under each cross-cutting issues (e.g., work to end stigma and discrimination related to HIV status and/or marginalized identities; adopt a status neutral approach; Increase use of technology to expand access to services). The four pillars of the plan were described: 1) Diagnose; 2) Treat; 3) Prevent; 4) Respond. Detailed activities for each pillar were presented (e.g., Improve detection of acute HIV infection; Meet the behavioral health needs of PWH; Provide HIV prevention services for individuals in correctional settings; Employ state-of-the-art scientific methods to identify HIV strains in real time).

The presentation was followed by breakout rooms, in which Council members provided feedback on the plan. Following the breakout session, there was a summary of the feedback, which included:

- Language around substance use (e.g., broadened to include people who may use substances but have not been diagnosed with a “disorder”)
- Provider capacity building for program evaluation
- Expand availability of services through DOHMH sexual health clinics (e.g., weekend and evening hours)
- Facilitate access to health-related technology for consumers
- Increase provider accountability around stigma, particularly concerning messaging around risk and sexual behavior
- Increase provider accountability around PrEP/PEP education and access
- Better education around molecular HIV surveillance and privacy protections around cluster investigations
- Integration of behavioral health into HIV treatment and care
- People with serious mental illness should be added to the list of vulnerable populations

The complete recommendations from the feedback sessions will be conveyed to the consultants. The chairs thanked the Council members for their efforts, noting that feedback can still be provided online through February 5th.

There being no further business the meeting was adjourned.

Minutes approved by the HIV Planning Council on February 25, 2021

HIV Planning Council Meeting Minutes – January 28, 2021
Minutes prepared by David Klotz



Graham Harriman, MA
Governmental Co-chair