

ENDING THE EPIDEMIC IN NEW YORK: WHAT IMPLEMENTATION LOOKS LIKE

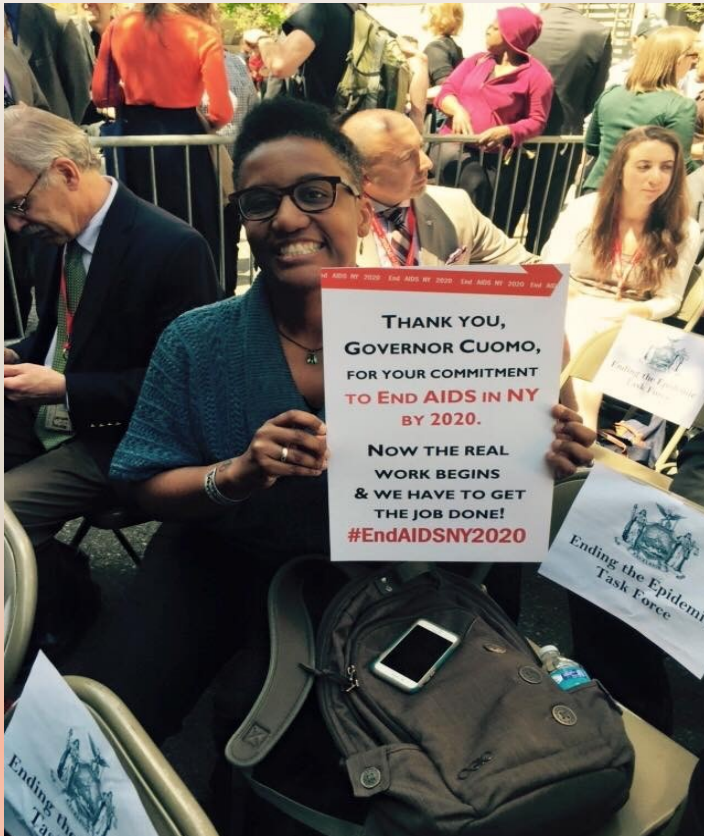
Presented by **Kimberleigh Joy Smith, MPA**

Senior Director for Community Health Planning and Policy

CALLEN-LORDE



A LITTLE ABOUT ME



- Currently the Senior Director for Community Health Planning and Policy at Callen-Lorde Community Health Center in New York City
- Involved in New York's Ending the Epidemic activism since (almost) the beginning
- Served on Governor Cuomo's Ending the Epidemic Task Force in my capacity with Harlem United
- Served on Women's ETE Advisory Group
- Ongoing involvement with End AIDS NY 2020 Legislative Committee – New York City and State
- Working in, and around, New York's HIV and LGBTQ communities for nearly 25 years! Yikes.



INGREDIENTS FOR A SUCCESSFUL ETE

Impatience and Activism

Mobilization/Convening the Community

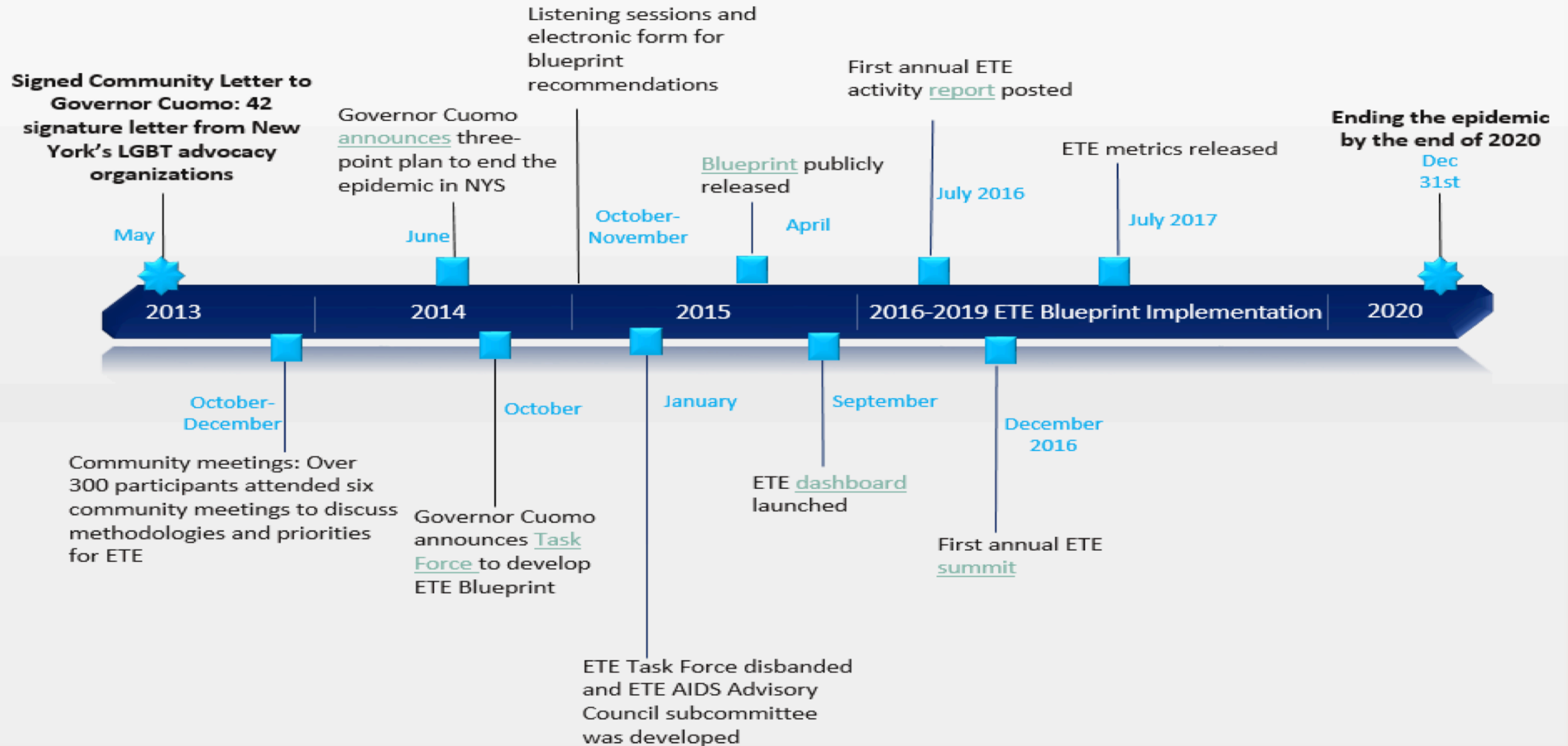
Collaboration, Shared Leadership w/ Gov't

Political Gestalt

Concrete targets and goals



Ending the Epidemic (ETE) TIMELINE





COMMUNITY + COLLABORATION + IMPLEMENTATION = RESULTS

Since the beginning of the initiative in 2014, budget investments and passage of key legislation made thus far have linked more people to care and have significantly decreased new infections.

Number of people newly diagnosed with HIV has fallen to historic lows, with the number of new cases dropping 9% from 2015 to 2016.





COMMUNITY

People living with HIV and AIDS, key populations impacted, advocates, organizations, providers etc. + government partners

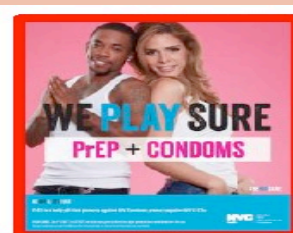
Ending the Epidemic in NY being propelled not just by the city and state DOH's and AIDS Advisory Council, but by a coalition of more than 60 organizations – the **End AIDS NY 2020 Community Coalition**.

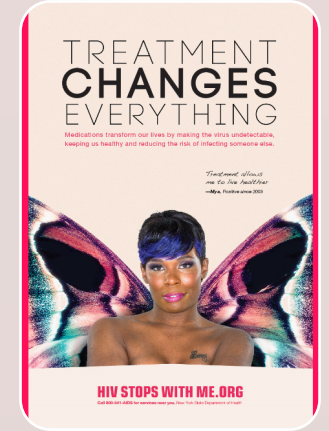
The coalition advocates for New York's investment in the prevention and care for individuals living with HIV/AIDS.



COLLABORATION AND THE STRUCTURE OF IMPLEMENTATION

- AIDS Advisory Council (AAC) ETE Subcommittee ensures ongoing community input into the implementation of the ETE Blueprint
- The AAC ETE Subcommittee is also charged with addressing intersecting health and social conditions to reduce health disparities
- Working Groups and Sub Committee Advisory Groups: STIs, Young Adults, Data Needs, Women, Older Adults, Employment, TGNB, Latino Gay and Bisexual Men, Non-English Speaking, Migrant Workers and New Immigrants, Drug User Health, Black Men who have Sex with Men (MSM), Native Americans.
- End AIDS NY 2020 Coalition – Bi-weekly Legislative Calls (this is entirely community led)





30% rent cap

“HASA for All”

Expanded Data Sharing

Eliminate written consent for HIV Testing

Limit the use of condoms for certain offenses

Legality of syringes obtained through syringe exchange programs

Further streamline HIV testing, address STDs and access to PEP

Minor consent and access to treatment and prevention

2013

2014

2014

2015

2015

2016

2017



STATEWIDE RESULTS

New HIV Diagnoses: By the end of 2020, reduce the number of new HIV diagnoses by 55%.

Year	Target	Actual
2013	*	3,391
2014	*	3,443
2015	*	3,155
2016	2,911	2,881
2017	2,620	*
2018	2,253	*
2019	1,870	*
2020	1,515	*

2016
Target | 2,911
Actual | 2,881



Measure: Number of newly diagnosed HIV cases reported.

Data Sources: NYS HIV Surveillance System. 2013 – 2015 data as of January 2017 to set target values. 2016 actual case data as of September 2017.



NEW YORK CITY ACTION & ACTIVISM

Supervised Consumption Sites



Sexual Health Clinics



ACKNOWLEDGEMENTS

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THANKS!

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