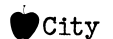
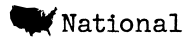


GMHC FOR THE RECORD

Analyzing trends and emerging issues in HIV and AIDS



April 15, 2004 Volume 1, Number 11

Contact us at: fortherecord@gmhc.org

New York City Launches Sweeping Health Care Agenda: *Take Care New York*

The New York City Department of Health and Mental Hygiene (DOHMH) recently introduced a comprehensive health care initiative: *Take Care New York: A Policy for a Healthier New York City*. With this initiative the city proposes an aggressive public health agenda to address ten priority areas with interventions that could greatly improve the health and well being of all New Yorkers. In each of these ten areas of concern, the city has established concrete goals for improving specific health indicators over a four-year period. Much of the focus of the *Take Care New York* initiative highlights proven prevention interventions, a strategy that GMHC whole-heartedly welcomes. GMHC's experiences demonstrate the tremendous role that prevention can play in saving thousands of lives and limiting the need for more costly medical interventions. Since many of the health improvements envisioned by *Take Care New York* will come from greater public awareness of these health and prevention messages, we urge the city to give this campaign the highest public profile, with the Mayor's leadership.

The *Take Care New York* initiative lists each of its ten health priorities separately, but it is important to note that all of these problem areas overlap and exacerbate each other. This is especially true with HIV/AIDS. Some of the overlapping issues that

disproportionably affect the HIV community include racial and ethnic disparities, depression, domestic violence, immunization, cancer, and infant mortality. These and other co-morbidity factors, unfortunately, continue to worsen and shorten the lives of people living with HIV.

After reviewing the entire *Take Care New York* document, GMHC offers the following analyses, comments and recommendations from a holistic perspective on three of the proposals that most directly impact the HIV community. For its part, GMHC accepts the challenge to raise awareness of all of these health issues among its own community of clients, volunteers and employees. But, like the City, we also recognize that no one sector can or should address these health problems alone. The ultimate success of the initiative will depend on joint cooperation among city agencies,

businesses, community-based organizations, health care providers and individuals. GMHC looks forward to working with all of its partners for the improvement and successful achievement of the health indicators set forth in *Take Care New York*. ■

One: Have a Regular Doctor or Other Health Care Provider

The first priority intervention proposed by *Take Care New York* is to increase the number of New Yorkers who have regular access to a doctor who knows about their health needs. Dependable health insurance, routine doctor visits and access to culturally competent health professionals are essential elements of any health system that aims to promote positive health outcomes. For people with HIV, having access to health insurance is probably the most critical feature of their health care landscape. Yet, in 2001, New York City was home to almost two million people who lacked health insurance, even though an estimated 40% of these uninsured were eligible for public health insurance. Without a dependable source of health coverage, individuals will have little chance of benefiting from preventative care or affording the medications they may require to stay healthy.

GMHC supports the majority of proposals contained in the first recommendation such as: the general goal of increasing access to health insurance, to promote regular medical care; HIV testing, and check-ups; which are essential to preventing illness

Take Care New York: Ten Priority Areas for Intervention

- 1. Have a Regular Doctor**
2. Be Tobacco-Free
3. Keep Your Heart Healthy
- 4. Know Your HIV Status**
5. Get Help for Depression
- 6. Live Free of Dependence**
7. Get Checked for Cancer
8. Get the Immunizations
9. Make Your Home Safe
10. Have a Healthy Baby

continued

and disease. By advocating for a more consumer-friendly public insurance system, fewer people are likely to fall through the cracks in Medicaid, thereby strengthening the relationship enrollees have with their providers. Our disappointment is with the details of these proposals which remain somewhat vague. It is also unclear how and when these policy proposals will be implemented and assessed in the years to come. For example, the proposed education campaign to promote the availability of public health coverage must be done in multiple languages and at a reading level that all New Yorkers will be able to understand. But, there are no details to inform us on how this will be addressed. In addition, the outreach programs and the expanded use of medical technology will need to be funded, but sources of funding are left unclear. Further, many of the policy recommendations begin with soft verbs like “consider” “review” and “advocate,” which are far from iron-clad directives and suggest that the city will need permission from elsewhere to accomplish these goals.

For people living with HIV/AIDS, meeting with a doctor on a regular basis is an integral part of ongoing care. In this report the city has identified some fundamental steps to achieving a more integrated and reliable health care system. Now it needs to demonstrate to New Yorkers that the resources needed to make these proposals a reality will be forthcoming.

Four: Know Your HIV Status

The *Take Care New York* initiative provides a realistic view of the HIV/AIDS epidemic in New York City and appropriately emphasizes the critical need for more people to get tested. Testing provides awareness of one’s HIV status which can lead to a substantial reduction in risky sexual behavior and result in reduced HIV

transmission, HIV-related illness and AIDS deaths. Of the many responsible interventions referenced, GMHC especially supports the city’s unequivocal support for syringe exchange programs and harm reduction for drug users, a policy stance that former city administrations had not publicly stated or acknowledged. We are also encouraged that the City now plans to provide rapid HIV testing in various diverse settings, including settings within community-based organizations. GMHC was a principle advocate in guiding rapid testing through the federal approvals process and was an early adopter through our David Geffen Testing Center. We look forward to working with the city to help develop sound practices for expanding HIV testing, and forging a unique partnership to address this urgent community need.

GMHC recommends adding a few missing components to this vital section of *Take Care New York* that we believe are critical. Chief among these is the inclusion of behavioral interventions for HIV prevention, either for individuals and communities at risk of transmission, or for people who are already HIV-positive. In addition, initiating or expanding HIV prevention efforts in clinical settings, such as city hospitals or STD clinics must be added as a crucial element to the success of prevention efforts. While the city plans to advocate for the expansion of health insurance and Medicaid coverage of HIV testing, we hope that this advocacy plan will also include support for prevention counseling by physicians and other health care workers. Surprisingly, in the area of education, a sphere where the city has taken an increased role, there is no mention of school-based HIV prevention efforts, which we believe should be fundamental for young people at a time when they are at high risk for HIV exposure and often lack basic

information about how to protect themselves and their partners.

When it comes to evaluating success, the city strangely plans to use only one indicator — a reduction in AIDS deaths — as the sole measure of the initiative’s impact on this substantially complex health challenge. Declines in AIDS deaths may fluctuate based on a number of factors, including new medical interventions. A more meaningful indicator of success, and one more consistent with the overall strategy of prevention, should be a reduction in the incidence of new HIV infections in the city. To help bring this data into focus, GMHC strongly recommends that the city take immediate steps to improve documentation of the epidemiology of HIV transmission and infection in New York City. Currently there is a scarcity of information on the state of the epidemic, particularly in the risk category. This limits our ability to adequately judge local needs for both HIV prevention and care.

Finally, while the city’s plan offers support for many important interventions to address HIV/AIDS in New York, there appears to be no budgetary commitment associated with its goals. For example, much of the city’s current HIV harm reduction activities are funded through the HIV Communities of Color Initiative, which is not continued in this year’s NYC Preliminary Budget. We expect the city’s commitment to *Take Care New York* will also include the renewal of its previous commitment to the HIV Communities of Color Initiative and that both initiatives will appear in the forthcoming Mayor’s Executive Budget scheduled for release at the end of April. ■

Six: Live Free of Dependence on Alcohol and Drugs

Historically, when one thinks about the role that substance abuse has played in New York's HIV epidemic, transmission via shared injection equipment has been dominant. However, it is recognized that other factors associated with drug use, including the exchange of sex for drugs, impaired judgment and decreased cognitive function, are also important contributors to HIV transmission. One emerging problem in the city, crystal methamphetamine, represents a dual risk since its use has been strongly implicated in increasing sexual risk behaviors, and, in some social networks, is taken by injection.

Appropriately, *Take Care New York* recognizes that efforts to treat and prevent drug and alcohol dependencies are vital health care issues. While we applaud the city's plan for its support of harm reduction activities, we also want to stress the importance of these additional points:

- Drug treatment and harm reduction programs need to be established and expanded, especially those specifically designed to address the needs of the gay, lesbian and transgendered communities and people who are HIV-positive;
- Harm reduction programs need to be extended to correctional facilities for both adult and juvenile offenders;
- The abolition of the Rockefeller Drug Laws and the expansion of alternatives-to-incarceration programs for non-violent drug offenders needs to be made a city priority;
- Wider accessibility to buprenorphine and other substitution therapy in high-need areas needs to be advocated for by the city;

- Programs specifically designed to treat and reduce the harm associated with methamphetamine, particularly among men who have sex with men, needs to be established by the city.

As with HIV prevention, the city proposes to primarily use one factor, a reduction in drug-related deaths, as a measure of this initiative's success. We recommend that the city develop additional relevant metrics to measure reductions in drug-related harm. For example, reductions in the number of hospitalizations for non-fatal drug-related medical incidents or increased numbers of individuals enrolling in alternatives-to-incarceration programs might be more effective measures of progress in this area.

GMHC believes that *Take Care New York* can help stimulate much-needed health-focused education and awareness. In particular, we are eager to help foster greater access to proven, but underutilized interventions that can help treat HIV infection, reduce HIV transmission and minimize the harm of substance abuse in the city. This initiative looks great on paper. Now, we need to see the funding that will make it a reality. We urge the Mayor and the media to embrace this important campaign so New Yorkers are better able to take care of themselves and each other.

**Contact us at:
fortherecord@gmhc.org**
