



# **THE CITY OF NEW YORK**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Testimony

of

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**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 Health and Women's Issues**

regarding

**The HIV/AIDS Epidemic among Women in NYC**

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Good afternoon Chairpersons Rivera and Sears, and members of the Health and Women's Issues 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 the Department, I would like to thank you for this opportunity to discuss the HIV/AIDS epidemic among women in New York City.

Today I will identify and assess the extent of the epidemic, describe DOHMH programs and initiatives, and identify some of the key challenges that we face in addressing the epidemic among women.

### **The HIV/AIDS Epidemic Among Women in New York City**

The number of newly diagnosed HIV and AIDS cases and HIV-related deaths among women is declining. The Department's data reveal the number of females diagnosed with HIV declined from 1,912 to 1,016 between 2001 and 2006, and the death rate among females with HIV/AIDS has declined over each of the past six years, from 35.4 per 1,000 in 2001 to 22.1 per 1,000 in 2006. The number of AIDS cases from intravenous drug use among women has decreased dramatically from a high of 1,742 cases in 1994 to 143 cases in 2006, which we believe is in significant part a direct result of the City's commitment to funding and promoting needle exchange programs. In addition, perinatal HIV transmissions have been nearly eliminated because of success in identifying and treating pregnant HIV-infected women. The number of HIV-infected infants born each year in New York City decreased from a high of 334 HIV-infected infants born in 1990 to 6 born in 2006.

However, New York City remains the epi-center of the HIV/AIDS epidemic; with a case rate more than triple the national average and 45 times the Healthy People 2010 target. The decreases in new HIV diagnoses experienced in NYC have leveled off in recent years, and new information suggests that HIV diagnoses among young women has begun to rise again. In 2006, HIV non-AIDS diagnoses among females 13–29 years increased 6% from the previous year to 242 new cases, after declining 46% from 2001 to 2005 (426 to 228 cases). This increase mirrors increases in HIV diagnoses we have seen among men in the same age group in recent years.

Females now represent 27% of all new HIV diagnoses. The vast majority of these cases with a known transmission risk are from heterosexual contact (92%). There are more than 30,000 HIV-infected women in New York City— 0.7% of all females. Females comprise an increasing proportion of AIDS cases and now account for approximately one-third of all new AIDS cases in this City.

One significant finding that the Department has highlighted is the disparities between HIV/AIDS rates among black and Latina New Yorkers, as compared to New Yorkers of other races and ethnicities. These racial and ethnic disparities are even more pronounced among women than among men. In 2006, among adult New Yorkers a black woman was nearly 20 times as likely, and a Latino woman almost 9 times as likely as a white woman to be diagnosed with HIV; black and Latino women comprised 94% of the

HIV diagnoses among adult and adolescent females; and a black woman was nearly 14 times as likely, and a Latino woman almost 7 times as likely, as a white woman to die from AIDS.

Women in the correctional system are particularly likely to be to HIV infected. A recent serosurvey among female admissions to New York City jails in 2006 showed 1 in 10 female inmates are infected with HIV– twice the prevalence of males admitted. Among females diagnosed with HIV in 2006, at least 5% had a history of incarceration.

I would also like to point out, as the Department discussed in testimony earlier this year that older women make up an increasing proportion of those living with HIV/AIDS in New York City. They are disproportionately diagnosed with HIV late in the course of infection; among new HIV diagnoses in women in 2006, 39% of women age 50 and older were diagnosed when they already had symptoms of AIDS, compared with only 20% of women younger than 50. Almost one-third of women living with HIV/AIDS were aged 50 years or older at the end of 2006, compared with 17% at the end of 2001.

### **DOHMH Initiatives**

As you know, in 2004 the Department launched Take Care New York, a health policy for the City that prioritizes actions to help individuals, health care providers, communities, and the City as a whole improve health. The policy promotes actions we can all take to keep healthy, and knowing one's HIV status is one of the Take Care New York health priorities. The expansion of rapid HIV testing has the potential to greatly increase the number of people who know their current HIV status, enable them to benefit from improvements in medical treatment, and take steps to prevent the spread of infection to others. Accordingly, DOHMH strongly encourages health care providers to routinely offer voluntary HIV testing to all patients, male and female ages 18-64.

Routinization of testing is critical to addressing the epidemic among women in New York City. Too many women are victims of risk-based testing. Women, and black and Latino women in particular, do not perceive themselves to be at risk for HIV/AIDS, and too often neither do their providers. The Department partners with the Health and Hospitals Corporation and community based providers to expand rapid and routine testing throughout the City to men and women, and also funds several testing programs focused specifically on women. All DOHMH STD clinics offer HIV tests, and the Department's promotion of routine testing also extends to correctional settings. In the Rose M. Singer jail facility, the City's female-only facility, all newly incarcerated women are offered a rapid HIV test at the time of admission. Between 2004 and 2007 8,500 women have been tested for HIV in City jails, which is approximately 21% of all admissions during the 4 year period.

Prevention through the promotion of condom use is also a key priority for the Department. DOHMH has significantly increased condom distribution in the City since the launch of the NYC Condom in February 2007, with male condom distribution

increasing from 250,000 per month several years ago to an average of more than 3 million condoms per month now. In addition, the Department targets women through the female condom initiative. More than 300 organizations participate in the Department's Female Condom Project, and since January 2007, DOHMH has distributed 558,000 female condoms throughout the City. During 2007, the Condoms and Materials Distribution Unit conducted 10 Female Condom Train-the-Trainer Trainings, reaching 118 individuals representing ninety-eight programs/organizations. The Department has a Condom Specialist in each of the District Public Health Offices, and that individual is responsible for coordinating with organizations and businesses in diverse New York City communities in order to promote and expand male and female condom use.

DOHMH also established a new unit in 2006, the Field Services Unit (FSU), to provide direct assistance to HIV-infected persons in high prevalence areas – the South Bronx, Harlem, and Central Brooklyn. DOHMH public health advisors work at 8 large clinical facilities. They help men and women testing positive for HIV notify their sex and needle sharing partners of their potential HIV-exposure and offer assistance linking to and staying in care. During the FSU's first year of operation, 637 women were offered assistance, 464 met with a public health advisor, 350 accepted help with linkage to care and 290 kept an appointment within 90 days of their interview. 150 sexual and needle sharing partners were notified of their potential HIV exposure. Of the 104 notified partners who were not already diagnosed with HIV, 66 accepted testing and 6 were identified as newly HIV positive. All partners are counseled, as appropriate for their current status, on how to either prevent transmitting or acquiring HIV.

In addition to the initiatives I just described, the Department's prevention contract portfolio, funded through the Centers for Disease Control and Prevention, has 12 contracts with programs that target services to female New Yorkers. These programs include community-level and peer-led skill building interventions, as well as HIV Co-factor screenings to identify women who are at risk for HIV. The Department also administers several City Council contracts funding community and faith-based organizations that specifically target women with services including peer training and education, pre and post-test counseling, community roundtable presentations, supportive services for women with substance abuse disorders, and supportive services for immigrant HIV infected women and their families.

Federal treatment programs, including Ryan White and the Federal Housing Opportunities for People with AIDS (HOPWA) program, offer services to NYC residents in more than 16 categories, including mental health, housing placement and assistance, treatment adherence, access to care/maintenance in care, outreach and early intervention services, food and nutrition, and substance abuse services. Most of the HOPWA and Ryan White programs target and treat male and female PLWHA, however a portion of the HOPWA grant funds women with mental illness and women with children; and there are 8 Ryan White programs in the DOHMH portfolio that devote 80% or more of their resources to serving women with HIV and AIDS.

In addition, the Department works closely with the New York City Human Resources Administration's HIV/AIDS Services Administration (HASA) who facilitate access to financial benefits and social services needed by medically eligible individuals and their families. Services and benefits include direct linkages to Cash Assistance, Medicaid, Medical Assistance, Food Stamps, voluntary referral for Employment and Training Services and Substance Abuse, Home Care, and Homemaking; case management; and emergency and non-emergency housing services and placements.

As of the last reporting period in October 2007, 35.8% of the 31,195 medically eligible individuals were female adults. Some of the services utilized by women, particularly female heads of households are:

- Guardianship and permanency planning in the event that the head of household dies or becomes too incapacitated to care for her children;
- Child care for women who are in an employment activity, employed, or attending school;
- Discharge planning in conjunction with the Administration for Children's Services if a child or children have been removed from the home and are being returned;
- A pregnancy allowance of \$50 a month for up to five months;
- Homemaking services for when a parent or primary caretaker is temporarily absent from the home or is incapable of caring for a minor child. These services include childcare, home management, household chores, and limited personal care services for children; and
- Referrals to the Office of Domestic Violence for safety-related and/or counseling assistance.

## **Challenges**

Despite our efforts and those of our partner agencies and organizations in the promotion of testing, education, and linking patients to life-saving treatment, many challenges to addressing the HIV/AIDS epidemic in women remain. The success the Department has had in controlling the spread of HIV/AIDS is dependent on the infrastructure that has been built in conjunction with our partners at the federal, state and local levels. When incidence of disease declines, we are lulled into a sense of complacency, and neglect the modest investment that needs to be maintained to prevent future epidemics – epidemics that will cost lives and money. The maintenance of funding, technical rigor, and good management are critical to controlling this and future epidemics.

Negotiating safe sex is an important barrier to women protecting themselves against HIV/AIDS. Cultural attitudes, stigma and fear of domestic violence are often cited by women as reasons for not practicing safer sex. Women must become more empowered to safely and comfortably negotiate for safer sexual activity with their partners. Accordingly, there is a need to continue and expand the female condom distribution program. This program is expensive, as female condoms cost \$1 each,

however the Department continues to invest in their promotion because maintaining the variety of safer sex options, and encouraging female empowerment are critical to preventing the spread of HIV among women in NYC.

Finally, as noted earlier, routinization of testing is critical to reaching all women, and in particular those women that do not perceive themselves to be at risk. However New York State law currently requires a burdensome consent process that is a clear barrier to providers offering testing and that evidence shows stands in the way of getting as many people tested as possible, and getting them into appropriate care. The Department has been active in promoting legislation to change these requirements, however the law remains.

Thank you for your interest in this issue, I am happy to answer any questions you have at this time.

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