



Testimony

of

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before the

New York City Council Committees on Youth Services and Health

regarding

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

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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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