

Q&A: Westchester Medical Center Doc On How to Reach New Yorkers Still Impacted By HIV

HIV cases are declining, albeit slowly. To reach New Yorkers that remain disproportionately impacted by HIV and AIDS, health systems that provide gender-affirming care must work creatively to increase access to treatment, according to Dr. Rebecca Glassman, the medical director of the primary care clinic at Westchester Medical Center Health Network's Ally Care Center.

According to the state Department of Health, New York recorded just over 2,000 new cases of HIV in 2021, and cases have declined slowly over the last decade. However, Black and Hispanic New Yorkers made up about 70% of those living with HIV as of 2021, compared to 25% for white individuals, and men who have sex with men are still most at risk. Glassman told Crain's about how the health system reaches vulnerable New Yorkers with prevention and care services during Pride Month and beyond—and how other systems can begin to reach more people. The Ally Care Center provides inclusive primary care, preventive care for HIV and other sexually transmitted infections and [gender-affirming care](#).

Can you speak to the recent HIV prevalence trends in New York and what you're seeing?

I would say that the general trend is towards a very, very slow decline. So the numbers declined by less than 1,000 people from 2019 to 2021. And that's sort of including 2020 as a tough year to use numbers from because of the pandemic but in general, despite the significant advances that we've made in preventing HIV, those numbers are decreasing very, very slowly.

Why?

I think it's because we're not doing a good enough job of getting people who are at high risk for HIV onto pre-exposure prophylaxis, which is an extraordinarily effective method for preventing HIV. It's available in a pill, an injection format...however, I think we haven't done a good enough job of reaching the vulnerable populations. When you look at the people who are acquiring new HIV, it is the vast majority Black and Hispanic men who are acquiring HIV—but when you look at PrEP, the vast majority of prescriptions are in white individuals.

What are some ways the Ally Center has been trying to do that? What are new engagement methods you're using?

We have a mobile health unit that we've deployed into the community since 2009. There was some time where it wasn't being utilized around the pandemic, but it's back up and running. The mobile health unit as well as our entire team are able to get into vulnerable communities to educate about harm reduction strategies, safe sexual health practices. And at the same time, we can provide a confidential safe space to conduct point of care, HIV and Hepatitis C testing, and it's positive, immediately connect individuals to care. If negative, have an educated discussion about the benefits of PrEP, and, again, connect those individuals to care. So what I always tell patients when I'm testing them for HIV is that the outcome of that test is really going to be the same.

How do you track the impact of that mobile unit and how many people it's reached?

That's a really important question and something that we intend to do a better job of moving forward, as we sort of are just getting it back off the ground after the pandemic. One thing that we've been working on is additional grant support to help support our staff, our testing equipment, [and] the mobile health unit to help us get back out into communities. But we are partnering with many community-based organizations, colleges [and] universities, as well with treatment facilities for substance use disorder. And so what we're trying to do is create all of these connections so that regardless of where we [meet] patients we find ways to connect them to care. [The substance use disorder treatment facilities] don't always have the ability to provide long-term services, and also don't always have the opportunity to provide PrEP. And I think people with substance use disorder is an extraordinarily vulnerable population at risk for HIV. And we really need to do a better job of getting those individuals on [PrEP].

For other health systems that are also looking to do a better job of reaching vulnerable populations, what advice would you give or how would you tell them to start that process?

I think it's really getting out outside of our own door, right? There are some health facilities that are directly in the vulnerable communities that they wish to serve and creating a multidisciplinary program that provides wraparound services, I think, is key—because what limits individuals' access to care is stigma. I think what makes our program successful is our case managers who are able to connect patients to all of these community-based resources. Again, addressing the social determinants of health is really key for connecting them to long-term primary care. We also provide integrated mental health which I think is another piece that is so often left out of care, and so hard to access for so many. Having all of that integrated under one roof can be really useful, especially for these vulnerable populations.

What else is new and important?

We just received a very large grant from the New York State AIDS Institute Department of Health AIDS Institute to help us care for people aging with HIV. I don't think it comes as a surprise that the population of patients living with HIV is aging because of the immense progress we've made in treating HIV...People are living longer and healthier lives. New York State's 2020 data shows that more than 60% of people living with HIV in New York State are over the age of 50. And so this new grant provides us with additional funding to help us create a focus on [those patients] and think creatively about how best to help them.