



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

May 8, 2018

Dear Colleague:

An important function of the AIDS Institute Reporting System (AIRS) is to capture demographic information about all individuals receiving services from AIDS Institute funded programs. Based on feedback from key stakeholders and the AIDS Institute's commitment to combatting stigma (see [AIDS Institute Director's 2018 Call to Action](#)), I am pleased to announce revisions to terms used in AIRS related to sexual orientation, gender identity and sex assigned at birth. These changes are being made to more fully reflect and respect the diverse ways people identify. These revisions will be implemented in May, 2018. This letter outlines 1) the rationale for the changes, 2) the process undertaken for making decisions, and 3) training resources that will be available in the near future to all users of AIRS.

### Rationale for the AIRS Update

As we pursue our effort to end the AIDS epidemic by the end of 2020, we are increasingly being driven by data. Clinical providers and AIDS Institute contractors are urged to create care cascades, monitor data and track outcomes, often across different populations/communities. As a community, we must be aware of the potential impact of data collection on the people being served. AIRS fields are being updated to be more inclusive and to respect the right of individuals being served to self-determine how they are identified. The new fields greatly increase the range of options under each category and also include write-in fields to allow individuals to inform the provider of any alternate preferred term. In this way, data collection may be experienced as affirming, rather than a potentially stigmatizing experience that creates a barrier to services. Increasing the range of fields will allow providers and the AIDS Institute to better track services to a broader range of people of transgender and gender-nonconforming (TGNC) experiences, as well as to a broader range of sexual orientations. TGNC people have experienced a disproportionate rate of HIV making it imperative that we better track patterns of prevention services, testing and care services for these individuals. Finally, the AIDS Institute has stated repeatedly that our goal is to end the epidemic across *all* populations. Improving access to specific data related to TGNC communities with a broader range of sexual orientations and gender identities is part of our commitment to ensure no population is left behind in our effort to end the epidemic.

### Process

Since 2016, the AIDS Institute has been working closely with several End the Epidemic (ETE) advisory groups, including the Transgender and Gender Non-Conforming (TGNC) Advisory Group - who created

the recommendation to update our data collection strategies. Improving the range of options in AIRS demographic fields has come up repeatedly as a recommendation among other advisory groups as well. For the past year, the AIDS Institute has collaborated with the TGNC Advisory Group, key organizations serving LGBTQ communities, and the HIV Advisory Body to consider options, gather input, identify resources and make final decisions regarding the terms to be used.

### Training Resources

To prepare for and successfully implement the changes, the AIDS Institute is working to develop a comprehensive webinar and toolkit for providers. The webinar, to be available in June, will be widely announced and can be found at [www.hivtrainingny.org](http://www.hivtrainingny.org). The webinar will be mandatory for all AIDS Institute funded providers using AIRS. Agencies will be asked to submit certificates of completion to your Contract Managers. The toolkit will be reviewed as part of the webinar and will be emailed to all agencies and accessible on the NYSDOH website. Attached to the letter is a Fact Sheet outlining the changes.

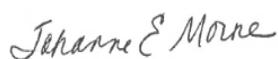
### Aligning Agency Forms with Updated AIRS Fields

An important task to be undertaken by each agency using AIRS will be to align other agency intake or risk assessment forms with the updated AIRS fields. Agency staff should share their timeline for completing this with their AIDS Institute Contract Manager. Contract Managers can also help address any questions or connect you to other resources.

The AIDS Institute is committed to continuing our work with community stakeholders to support access to culturally competent, stigma-free services for all New Yorkers at risk for, or living with, HIV/STIs/viral hepatitis. I express my deep appreciation for all those who have participated on ETE Advisory Bodies and assure you that the AIDS Institute is taking steps to address the [implementation strategies](#) outlined in each of the Advisory Body reports. The AIDS Institute is continually exploring strategies to best use the full range of data sources, including AIRS, surveillance data, Medicaid and other “big data” sources, to support our efforts. You can access important data regarding our efforts on the [ETE Dashboard](#), a public-facing web-based portal designed to measure, track and disseminate actionable information on our progress.

Thank you for the work you do on a day to day basis. Our partnership is critical to our ability to meet our shared goal of ending the epidemic by the end of 2020.

Sincerely,



Johanne E. Morne, MS  
Director  
AIDS Institute