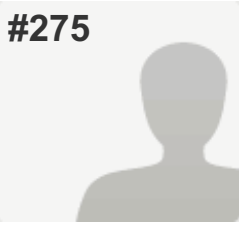


Ending the Epidemic Task Force Recommendation Form

#275



COMPLETE

Collector: Web Link (Web Link)

Started: Wednesday, November 19, 2014 3:07:43 PM

Last Modified: Wednesday, November 26, 2014 12:40:52 PM

Time Spent: Over a day

IP Address: 74.72.229.152

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Mark
Last Name	Misrok
Affiliation	National Working Positive Coalition
Email Address	markmisrok@gmail.com

Q2: Title of your recommendation

Address Key Social/Economic Determinants of Health with Targeted Employment Initiatives for HIV-positive and HIV-negative Transgender Individuals

Q3: Please provide a description of your proposed recommendation

Establish community-based economic empowerment initiatives targeting needs of transgender communities. These should include development of community-based transgender employment services programs with peer leadership, life skills training, mentorship programs and self-employment/small business development options. Web-based employment services, including counseling and training, should also be implemented if in-person services are inaccessible for many because of distance, transportation or other limitations. The capacity of existing workforce participation and vocational rehabilitation programs to effectively and competently provide services for transgender individuals can be strengthened through ongoing training and technical assistance, also needed for HIV service organizations and other social service providers to become equipped, functioning as single points of entry, to identify employment-related needs of transgender individuals and either directly provide or refer for access to needed community resources and services. Support and technical assistance for cross-sector service coordination should be provided as well.

The initiative should be integrated and multidisciplinary, with needs assessment in medical, legal/financial, psychosocial as well as vocational areas, and individualized progressive economic empowerment plans developed based on well-informed, self-determined choices of transgender individuals. Individual economic empowerment plans would reflect a combination of services, training and resources provided on-location, online, or through public and private community partners. Specific program design and implementation should be developed through community input and collaboration together with allies including sector experts.

All transgender individuals with whom contact is made should be provided information about potential eligibility for economic stability programs including those unrelated to employment, such as disability benefits, affordable housing, food/nutrition, transportation and other public programs. Legal information and assistance referrals should be available for name and gender change, criminal record, public benefits and other issues.

Transgender individuals, particularly transgender women of color, confront significant barriers to both obtaining and maintaining employment, as well as accessing effective, informed employment services, including training and education. Limited and poor quality employment opportunities are associated with

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increased health risks and poor health outcomes for transgender individuals.

Interventions targeting employment needs of transgender individuals have been implemented in communities including San Francisco, Los Angeles, Chicago, Washington, DC, and Charlotte. None have been implemented in New York, with a significant population of transgender individuals most concentrated in New York City. This population is negatively impacted by health disparities.

Discrimination, stigma, violence, poverty, unemployment, underemployment and criminalized (unprotected) employment are among the primary social and economic determinants of health undermining health and prevention outcomes of transgender communities. Lack of employment opportunities results in transgender communities that are grossly uninsured and underinsured, and drives high rates of participation in illegal, high-risk employment, with increased exposure to sexual and other violence, abuse, exploitation and trafficking, criminal charges, convictions and incarceration, which results in disproportionate incidence of HIV infection, trauma and other physical and behavioral health impacts. Access to health care effectively targeted to needs of transgender communities is inadequate, with lack of employer-sponsored private health coverage further reducing access to the currently limited availability of culturally competent health care for transgender communities.

In "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey" (http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_summary.pdf), the survey data from 6,450 transgender and gender non-conforming individuals reflects extreme poverty, high rates of job loss due to bias, suicide attempts, and exposure to harassment/bullying, physical and sexual assault. Survey respondents reported double the rate of unemployment as compared to the general population; transgender people of color reported rates up to four times the national unemployment rate. 16% of respondents reported that they'd been compelled to work in the underground economy for income (i.e., sex work or selling drugs). Those who had lost a job due to bias and/or were currently employed reported up to double the rates of working in the underground economy, and high rates of homelessness, incarceration, and range of negative health impacts including more than double the HIV infection rate, and twice to four times the homelessness, 85% more incarceration, 70% - 100% more current drinking or misuse of drugs to cope with mistreatment, compared to those who were employed.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

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Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Housing and Supportive Services Committee: Develop recommendations that strengthen proven interventions enabling optimal engagement and linkage and retention in care for those most in need. This Committee will recommend interventions that effectively address complex and intersecting health and social conditions and reduce health disparities, particularly among New York's low-income and most vulnerable and marginalized residents. These interventions will diminish barriers to care and enhance access to care and treatment leaving no subpopulation behind.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

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Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

Implementation of this recommendation to meet the needs related to economic instability experienced at high rates by transgender individuals would increase engagement of many in services including HIV and other STD prevention (e.g., PrEP, nPEP), increase retention in care, treatment adherence and viral suppression. When transgender people transition from uninsured to insured, they no longer face the limiting factors of accessing providers of last resort. The ability to choose competent health providers on private insurance plans will likely lead to improved health literacy and retention in care. Transgender individuals relying in disproportionate rates on sex work for survival income will gain access to employment associated with decreased risk for HIV and other infections, and vulnerability to sexual and other violence. In addition, this will shift the service paradigm to a more sustainable model where transgender women who have depended on the publicly funded safety net services become tax-paying citizens.

Q10: Are there any concerns with implementing this recommendation that should be considered?

Political leadership, and informed employer and provider buy-in are key to the success and sustainability of the initiative.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Respondent skipped this question

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Respondent skipped this question

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

Respondent skipped this question

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

Respondent skipped this question

Q15: This recommendation was submitted by one of the following

Consumer,
Other (please specify)
ETE Advisor; Advocate; Consumer