New York State AIDS Institute Ending the Epidemic
Transgender and Gender Non-Conforming People Advisory Group

Executive Summary
Ending the Epidemic Blueprint Recommendations for Transgender and Gender Non-Conforming (TGNC) People

Development

In response to disproportionately high rates of HIV/AIDS in transgender and gender non-conforming (TGNC) communities, and minimal TGNC representation in the End the Epidemic (ETE) blueprint process, the AIDS Institute (AI) vetted and convened a group of 12-15 members of the TGNC community that was diverse in geographic location, age, gender identity, gender expression, race and ethnicity. The purpose of the TGNC Advisory Group was to advise the AI on specific actions it should take to address HIV disparities in TGNC communities in order to fulfill the broad recommendations outlined in the End the Epidemic Blueprint.

The process involved a variety of actions and coalesced under the support and guidance of the Director and Associate Director of the AI's LGBT Health Services, as well as AI Executive and Administration. A letter to potential participants was sent in October, 2015 delineating the ETE process, the disproportionate impact of HIV on transgender and gender non-conforming individuals, and a list of individuals who had been invited to participate. In order to reduce barriers to participation and maximize regional representation, the AI provided travel to and from meetings required to complete the product. The TGNC Advisory Group was provided an overview of the ETE recommendations, guidance on what is expected of the Advisory Group and expectations around the product to be completed. Though AI staff provided initial logistical support, the TGNC Advisory Group primarily met independently and crafted the recommendations on their own to ensure that the final product was reflective and accurate of community needs and opportunities. The TGNC Advisory Group met for six months and developed a comprehensive set of recommendations that will be made public and reviewed for potential implementation to improve the lives and health of TGNC communities across New York State.

Background

Some of the health needs of trans people are extensively documented and it is well understood that TGNC people are more likely to experience health disparities compared to their heterosexual and gender conforming counterparts.[1] The U.S. Department of Health & Human Services' (HHS) *Healthy People 2020* chapter on "Lesbian, Gay, Bisexual, and Transgender Health"[2] noted five primary areas of health disparity for TGNC people including "a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals." Transgender people also experience significant substance abuse disparities while trans youth experience homelessness and concerns about self-harm.

Of all of these – the disparity concerning HIV has attracted the most attention, and for good reason. Transgender women of color are the highest HIV risk group in New York City and the world. A recent meta-analysis of worldwide data, indicated transgender women are nearly 50 times more likely to be

[1] Centers for Disease Control and Prevention. (2011). *Lesbian, Gay, Bisexual and Transgender Health.* Retrieved March 5, 2014, from http://www.cdc.gov/lgbthealth/about.htm

[2] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *Healthy People 2020.* Washington, DC.

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HIV positive that other all adults of reproductive age[3] The New York Transgender Project also found a 50% HIV infection rate among transgender Latina women, and a 48% infection rate among Black transgender women.[4]

Addressing HIV has also become a seductive narrative framework for the health and wellbeing of TGNC people. Simple solutions can be attractive and biomedical HIV treatment as prevention, including Antiretroviral Therapy (ART) and Pre-exposure Prophylaxis (PrEP) appears, at initial glance, to be such a solution. Despite that, In 2015 The Lancet published the first larger scale (n=339) investigation of PrEP effectiveness among transgender women.[5] In the modified intention-to-treat analysis, PrEP did not reduce the risk of HIV infection in transgender women compared with placebo. It was noted:

> PrEP seems to be effective in preventing HIV acquisition in transgender women when taken, but there seem to be barriers to adherence, particularly among those at the most risk. Population effectiveness in hinges on the development of widespread PrEP education programs, and structural and legislative reforms to eliminate barriers to health care and HIV prevention services. Provider, policy, and public health interventions that reduce housing instability, improve employment opportunities, mitigate distrust of the medical community, and establish and enforce universal non-discrimination laws that include gender identity and expression are needed.

Transgender people have long known this certainty. When asked about health, TGNC New Yorkers, often do not mention HIV. Instead they focus on employment, access to and quality of health care, homelessness, immigration, criminalization and incarceration.[6, 7, 8, 9] They also speak of being desperately poor and are almost twice as likely as non-trans people in New York to be very low income.[10] This complex matrix of psychological, legal, social and physical barriers and hardships to services disproportionately affect transgender and gender non-conforming New Yorkers. Marcela Romero, Coordinator of REDLACTRANS, a Latin American and Caribbean transgender network, noted, 'I am not a "high- risk" person; I am a member of a community that is put at high risk.'[11] **To that end, the forces that place TGNC people at risk must be addressed in order to successfully impact HIV among the TGNC community.**

Healthy People 2020 notes five key social determinants of health (SDOH) including: economic stability, education, social and community context, health and health care, and neighborhood and built environment. [12] Health inequity is instigated by a poor and uneven apportionment of the social determinants of health.[13] The Centers for Disease Control and Prevention (CDC) notes that "health

[3] Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases , 13* (3), 214-222.

[4] Nuttbrock, L., Hwanhng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., et al. (2009). Lifetime risk factors for HIV/STI infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes , 52* (3), 417-421.

[5] Deutsch MB, Glidden DV, Sevelius J, et al, for the iPrEx investigators. HIV pre-exposure prophylaxis in transgender women: a subgroup analysis of the iPrEx trial. Lancet HIV 2015; published online Nov 5. http://dx.doi.org/10.1016/S2352-3018(15)00206-4.

[6] Based on discussions held in the Trans-Health Initiative of New York (THINY), a joint project of the Gender Identity Project (GIP), the Transgender Legal Defense and Education Fund (TLDEF) and the New York Association for Gender Rights Advocacy (NYAGRA)

[7] Frazer, S. M. (2009). *LGBT Health and Human Services Needs in New York State.* Empire State Pride Agenda Foundation, Albany.

[8] Mananzala, R. (2014). *National Transgender Advocacy Convening Summary Report.* New York: Arcus Foundation.

[9] Lesbian, Gay, Bisexual & Transgender Community Center. (October 2014). Trans Latina focus group, New York.

[10] Frazer, S. M. (2009). *LGBT Health and Human Services Needs in New York State.* Empire State Pride Agenda Foundation, Albany.

[11] http://redlactrans.org.ar/site/

[12] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *Healthy People 2020.* Washington, DC.

[13] The Community Guide, Promoting Health Equity, http://www.thecommunityguide.org/healthequity/

disparities in HIV, viral hepatitis, STDs and TB are inextricably linked to a complex blend of social determinants that influence which populations are most severely affected by these diseases."[14]

This might be visualized as a **Trans Wellness Cascade** such that many transgender and gender non-conforming people experience substantial social and developmental disruptions and are placed at higher risk for lifelong difficulties with: 1) educational attainment, 2) economic productivity and, eventually, 3) mental and physical health, than gender-conforming people from similar backgrounds. It is critical to note that no public resources are currently devoted to the two middle tiers of this cascade. In addition, the persistent high HIV infection rate among trans women of color[15, 16] powerfully testifies to the ineffectiveness of most of current prevention and treatment intervention models.

In this way, the social determinants of health are both an indicator of and the driving force in the many problems TGNC people face as they seek to live healthy and successful lives. While the social determinants of health have generally been overlooked to date, this should be considered a primary factor when developing interventions that address the HIV, health and social needs of transgender people.

Addressing the social determinants of health also offers an opportunity to address the individual and community health needs of TGNC people. Importantly, the majority of resources required to address the complex concerns of TGNC people living in New York State already exist, though these are often inaccessible to many of them for a variety of reasons.

Recommendations Summary

Over a six-month period, the TGNC Advisory Group, with support from AI Staff and Administration, produced a set of recommendations that will guide the AI planning and implementation of the ETE Blueprint for ending the epidemic in TGNC communities. These include but are not limited to: HIV prevention and treatment, transgender health & human service needs, inclusive of behavioral and mental health needs. The recommendations are specific to both transgender women and men as well as transgender youth and elders, gender non-conforming people of all ages, and address regional concerns. A summary of the TGNC ETE Recommendations is included below:

1. **Employment:** TGNC individuals need access to employment that provides opportunities for advancement, competitive wages and benefits, and environments free of discrimination and harassment.
2. **Education:** TGNC individuals need educational opportunities that provide gender-affirming environments and relevant curricula (e.g. trans-inclusive sexual health and TGNC history). This includes, but is not limited to, K-12 schools, colleges, certificate programs, and job training programs.
3. **Healthcare:** TGNC individuals need access to physical, sexual, mental, and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in trans-specific care and provide services in a trans-affirming manner.

[14] Centers for Disease Control and Prevention (August 30, 2013) *Community Approaches to Reducing Sexually Transmitted Diseases, PS14-1406 Funding Opportunity Announcement (FOA) New, Non-research*]

[15] Nuttbrock, L., Hwanhng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., et al. (2009). Lifetime risk factors for HIV/STI infections among male-to-female transgender persons. *Journal of Acquired Immune Deficiency Syndromes , 52* (3), 417-421.

[16] Baral, S. D., Poteat, T., Strömdahl, S., Wirtz, A. L., Guadamuz, T. E., & Beyrer, C. (2013). Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases , 13* (3), 214-222.

4. **Law enforcement:** TGNC individuals interacting with law enforcement, the Department of Corrections and Community Supervision and the Department of Justice need to be treated respectfully by professionals knowledgeable about TGNC people, be free from bias profiling, and have access to safe and gender-affirming housing and services in jails, prisons and detention centers of all kinds, including immigrant detention centers.
5. **Housing:** TGNC individuals need access to safe and gender-affirming housing that is not exclusively dependent on HIV status. This includes, but is not limited to, transitional living, long-term housing, and various sheltering services.
6. **Community-based organizations (CBOs):** TGNC individuals need access to Community Based Organizations (including AIDS Service Organizations and LGBTQ nonprofits) that provide services and programs relevant to TGNC communities, designed and delivered under the leadership of TGNC people, and are in safe environments where all staff, board, and volunteers understand the needs and identities of TGNC communities.
7. **Immigration:** TGNC individuals of immigrant experience need access to all of the aforementioned priority areas in their first languages, as well as the ability to seek asylum from anti-transgender persecution.
8. (*Future – to be added, not included here*) **New York State Department of Health (DOH):** The NYS Department of Health must reflect the needs of TGNC communities and its commitment to TGNC health in its data collection, hiring practices, and training of staff, grant oversight, and funding priorities.

It is important to note that few, if any of the above recommendations can be accomplished solely within the jurisdiction of the New York State Department of Health. Addressing the persistently high rates of HIV infection with TGNC people requires collaborative solutions that engage a wide range of stakeholders including New York State agencies such as Labor, Education, Corrections and so forth, as well as local government units, private enterprise, community-based organizations and the transgender community itself.

The Advisory Group believes if transgender and gender non-conforming people, in particular transgender people of color, are identified and engaged in a network of trans-led and relevant support services and programming that directly improves their economic, education, social, health status and related concerns, they will be healthier and more likely to make a successful transition to self-sufficiency while becoming change agents and contributors to a healthy, thriving community. Addressing these concerns for transgender people is sustainable and cost-effective, and will reduce negative health consequences such as HIV and other STDs, suicide and homelessness, as well as their associated costs.

Respectfully,

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New York State AIDS Institute Ending the Epidemic
Transgender and Gender Non-Conforming People Advisory Group
Ending the Epidemic Blueprint Recommendations for
Transgender and Gender Non-Conforming (TGNC) People

Recommendation one – employment: Increase access to opportunities for employment, including related education and employment/workforce/vocational services for transgender and gender non-conforming people.

Description

The Advisory Group recommends creating an employment program tailored to transgender and gender non-conforming people. Poverty and its associated harms disproportionately affect transgender New Yorkers. Transgender community members are also challenged by a complex matrix of psychological, legal, social and physical barriers and hardships to services. Addressing poverty for transgender people is sustainable, will improve the livelihoods of transgender people and will reduce negative health consequences such as HIV and other STDs, suicide, homelessness and will save New York money. A program to serve this community would 1) deliver economic empowerment services, including job readiness services and employment workshops; 2) work with the public and private sectors to improve the livelihood opportunities of transgender community members; 3) incorporate a peer care coordination/navigation model, where coordinators/navigators will ensure facilitate community access to these services; and 4) develop unique support components that emphasize TGNC mentoring and leadership development. If thoughtfully assembled and implemented, we believe that such a model will improve the livelihoods of transgender people by reducing negative health consequences such as HIV and other STDs, suicide, homelessness and more.

These plans/policies and action steps would include but not be limited to:

- Individual-level support such as TGNC-specific and TGNC peer-driven career coaching, case management, care coordination/navigation
- Group-level support i such as TGNC-specific and TGNC peer-driven concrete support on resume, cover letter, interviewing, career exploration events and employment discrimination/legal workshops/clinics
- Community-level support such as TGNC-specific and TGNC peer-driven economic forums, leadership summits, job fairs and so forth
- Capacity-building such as TGNC-specific and TGNC peer-driven employment training curriculum and program aimed at workforce/education providers seeking to improve ability to with TGNC participants; and a "Network" of workforce development providers

The theory of change proposes that if transgender and gender non-conforming people, in particular transgender people of color who are poor, are identified and engaged in a network of trans-led and relevant support services and programming that directly improves their socioeconomic status they will be healthier and more likely to make a successful transition to the workplace and self-sufficiency while becoming change agents and contributors to a healthy, thriving community.

Applicable Blueprint goals/sections

This recommendations impacts all sections of the ETE Blueprint, in particular 1) Recommendations in support of decreasing new HIV infections (BP 15 through BP30) (primary); 2) Link and retain persons

diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission. (BP 5 through BP10) (secondary); and 3) Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high risk persons to keep them HIV negative. (BP 11 through BP14) (secondary)

Blueprint item this recommendation specifically applies to
BP30: Increase access to opportunities for employment and employment/vocational services.

Changes to an existing policy or program, or the creation of a new policy or program
This recommendation could build on existing workforce development projects in New York State but would also require the creation of a new program. Implementation of this recommendation is permitted under current laws and no statutory change is required.

Timeframe
Implementation of this recommendation could begin immediately and would have a profound, measurable impact over the next three to six years.

Perceived benefits of implementing this recommendation
By identifying and engaging transgender and gender non-conforming people in a network of relevant support services and programming that directly improves socioeconomic status such as high school, GED, job training and jobs, this recommendation will improve the overall health of trans people. Their chances for a successful transition to the workplace and self-sufficiency will be enhanced and trans people will become change agents and contributors to a healthy, thriving community.

Concerns with implementing this recommendation that should be considered
There is not currently any funding to support such a program, either at the state or local level. This is a cross-functional solution that would require small amounts of funding across numerous New York State agencies such as Health, Labor, Education and so forth. In addition, a challenge may be presented in getting legislative buy-in to support the notion that focusing on the economic empowerment of the transgender community will serve to benefit the community at large, while also decreasing HIV prevalence.

Estimated cost of implementing this recommendation
Baselined funding could be derived from the state to pilot an initial program. Later implementation would be via RFPs from local and/or state government agencies – particularly those focused on economic empowerment and employment. Partners would include state employment agencies, local community based organizations who engage the transgender community, private and nonprofit sector employers, peer educators to facilitate service delivery.

Estimated return on investment (ROI) for this recommendation
Reducing poverty and improving the social determinants of health for transgender people would mean that a significant quantity of public and private resources would no longer be needed for the care of poverty induced health and related disparities, and could be used for some other purposes. This includes:

Government: funding of related health care, housing, benefits, legal and criminal justice systems, reduced tax base

Business: production losses resulting from mortality, absenteeism and reduction in on-the-job productivity

Family members and friends: detrimental effects and intangible costs

Transgender people: physical and psychological pain

These costs are substantial, for example, each new HIV Infection costs New York State $367.175 in care and treatment costs.[17] HCV infection has a $33,000 lifetime treatment cost,[18] while liver transplant costs $200,000[19] and HCV antiviral treatment costs $9,200 to $17,600.[20] Addressing substance abuse also has substantial benefits including $8.87 benefit for taxpayers and crime victims for every $1 invested,[21] while the Drug Treatment Alternative-to-Prison (TDAP) and similar programs can save the state $39,130 per person treated.[22] Substance abuse has a significant public cost. The New York City Department of Health & Mental Hygiene notes, "one in ten hospitalizations in New York City is related to drug use"[23] and indicated "there were 200 drug-related emergency department visits per day" [24] in New York City – 73,000 visits annually. Based on the number of transgender people living in New York City, at least 220 of these visits were made by transgender people who abuse substances.

Substance abuse treatment also impacts criminal activity – drug courts can result in an average 29% criminal recidivism reduction[25] with an over 6:1 drop in criminal activity for individuals who are in or have completed treatment.[26] This and other substance abuse interventions can offer a benefit-to-cost ratio from 2:1 to 2.5:1 from the taxpayer perspective,[27] or, in plainer terms – a saving of $30,666 to $74,243 per offender including criminal justice and post-release savings and subtracting treatment and other costs.[28]

Potential cost savings by focusing future interventions on poverty through establishing educational and economic opportunities are distributed across numerous areas, including but not limited to:

1. Reduce number of transgender people who become HIV and/or HCV-infected
2. Reduce transgender emergency room visits, detox and associated hospitalization for preventable acute and chronic illness and preventable primary and co-morbid health concerns; also reduce need for provider research and training costs associated with acute/emergency concerns
3. Reduce transgender enrollment in publicly-funded health care including Medicaid

[17] Centers for Disease Control and Prevention. *HIV cost effectiveness.* Retrieved November 16, 2014, from, DC. CDC http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/

[18] Wong, JB (2006). "Hepatitis C: cost of illness and considerations for the economic evaluation of antiviral therapies". *PharmacoEconomics* **24** (7): 661–72. doi:10.2165/00019053-200624070-00005. PMID 16802842

[19] El Khoury, AC; Klimack, WK; Wallace, C; Razavi, H (1 December 2011). "Economic burden of hepatitis C-associated diseases in the United States". *Journal of Viral Hepatitis* **19** (3): 153–60. doi:10.1111/j.1365-2893.2011.01563.x. PMID 22329369.

[20] Centers for Disease Control and Prevention. *HIV cost effectiveness.* Retrieved November 16, 2014, from, DC. CDC http://www.cdc.gov/hiv/prevention/ongoing/costeffectiveness/

[21] Cost review: Drug abuse, treatment, incarceration, (n.d.). *The New York Academy o f Medicine.* Retrieved November 16, 2014 from www.drugpolicy.org/docUploads/ndny_costeff.pdf

[22] Zarkin, Gary A., Laura J. Dunlap, Steven Belenko & Paul A. Dynia, "A Benefit-Cost Analysis of the Kings County District Attorney's Office Drug Treatment Alternative to Prison (DTAP) Program," Justice Research and Policy, Vol. 7, No. 1 (Washington, DC: Justice Research and Statistics Association, 2005), p. 20.

[23] Paone D, Heller D, Olson C, Kerker B. Illicit Drug Use in New York City. NYC Vital Signs 2010, 9(1); 1–4.

[24] Department of Health and Mental Hygiene (November 19, 2014). Thriving through System Change, Fall 2014 NYC Providers Meeting, New York City

[25] Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader and Michael Magnani, "The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts" (New York, NY: Center for Court Innovation, Oct. 2003), p. x.

[26] Gebelein, Richard S., National Institute of Justice, "The Rebirth of Rehabilitation: Promise and Perils of Drug Courts" (Washington, DC: US Department of Justice, May 2000), p. 5.

[27] Zarkin, Gary A., Laura J. Dunlap, Steven Belenko & Paul A. Dynia, "A Benefit-Cost Analysis of the Kings County District Attorney's Office Drug Treatment Alternative to Prison (DTAP) Program," Justice Research and Policy, Vol. 7, No. 1 (Washington, DC: Justice Research and Statistics Association, 2005), p. 20.

[28] Drug Law Reform: Dramatic Cost Savings for New York State" (Legal Action Center, April 2002). "*Cost Savings That Would Accrue to New York Under The Assembly's Drug Law Reform Bill (A-7078 of 2003)"*, Legal Action Center

4. Reduce transgender enrollment in public benefits and housing programs
5. Reduce reliance of transgender people on publicly-funded insurance such as Medicaid
6. Reduce engagement of transgender people in criminal/illegal/underground economic activity
7. Reduce the involvement of transgender people in the criminal justice system including policing/enforcement, legal, judicial, incarceration and probation
8. Reduce the healthcare costs including hospitalization and emergency room visits associated with end of life care for transgender people
9. Increase transgender participation in the tax base

Key individuals/stakeholders who would benefit from this recommendation
Transgender and gender non-conforming people who are poor, underemployed or unemployed and placed at high HIV risk, in particular transgender people of color.

Suggested measures that would assist in monitoring the impact of this recommendation
This recommendation's success can be measured by both engagement in the program and measurable progress toward the specific educational, workforce, health or related milestones established in individual service plans. These include a number of domains, as follows.

Health

1. Increase number of transgender people engaged in HIV testing as part of routine human services and health care
2. Increase number of transgender people in treatment for HIV (test, connect to, treatment) and retention in HIV care or PrEP, HCV and/or substance use (treatment or harm reduction)
3. Increase numbers of trans people connected/navigated and retained in health care, social services, syringe exchange, community/cultural events, educational attainment, workforce development and so forth
4. Increase number of transgender people with health insurance
5. Increase number of transgender people with a primary care provider (PCP)
6. Reduce number of transgender people engaging in emergency room visits and associated hospitalizations
7. Reduce number of transgender people dying prematurely due to preventable primary and co-morbid health concerns
8. Increase number of transgender people engaged with trans-affirming syringe exchange providers
9. Increase number of transgender people engaged in trans-affirming HIV partners services

Livelihood

10. Increase number of transgender people in and completing workface preparatory activities – TASC (former GED), union and non-union workforce training
11. Increase number of transgender people in higher/post-secondary education (college)
12. Increase number of transgender people in living wage employment
13. Increase number of eligible transgender people engaged in trans-affirming benefits programs
14. Increase number of transgender people engaged in trans-affirming housing providers, homeless support and, eventually, rental self-sufficiency in unsubsidized housing
15. Reduce number of transgender people missing work or becoming disabled due to preventable primary and co-morbid health concerns

Criminal justice

16. Reduce number of transgender people engaging in criminal/illegal/underground economic activity

17. Reduce number of transgender people engaging and incarcerated in the criminal justice system

Evidence and rationale

When asked about health, trans New Yorkers, often do not mention HIV. Instead they focus on employment, access to and quality of health care, homelessness, immigration, criminalization and incarceration.[29, 30, 31, 32] They also speak of being desperately poor and are almost twice as likely as non-trans people in New York to be very low income.[33]

The *National Transgender Discrimination Survey* notes, "It is part of social and legal convention in the United States to discriminate against, ridicule, and abuse transgender and gender non-conforming people within foundational institutions such as the family, schools, the workplace and health care settings, every day."[34] Most importantly, as a consequence of these institutional barriers, trans people are up to four times more likely to live in poverty than the gender-conforming, non- trans population. They have incomes that far below national averages and are more likely to have household income of $10,000 or less. In addition, approximately one-third of Black/African-American and Latino/a trans people in the United States have incomes of less than $10,000. Trans people have historically experienced employment discrimination and are at least twice as likely to be unemployed and underemployed than the general non- trans population. Employment discrimination and unemployment among trans people of color is even higher." [35,36,37,38,39,40,41, 42,43]

New statewide data confirms this – transgender New Yorkers are more likely to be under educated, unemployed and poor.[44] To that end, transgender and gender nonconforming respondents had lower educational attainment than non-trans people.

> Transgender respondents were 73% more likely than non-trans people to have only a high school diploma or less

[29] Based on discussions held in the Trans-Health Initiative of New York (THINY), a joint project of the Gender Identity Project (GIP), the Transgender Legal Defense and Education Fund (TLDEF) and the New York Association for Gender Rights Advocacy (NYAGRA)

[30] Frazer, S. M. (2009). *LGBT Health and Human Services Needs in New York State.* Empire State Pride Agenda Foundation, Albany.

[31] Mananzala, R. (2014). *National Transgender Advocacy Convening Summary Report.* New York: Arcus Foundation.

[32] Lesbian, Gay, Bisexual & Transgender Community Center. (October 2014). Trans Latina focus group, New York.

[33] Frazer, S. M. (2009). *LGBT Health and Human Services Needs in New York State.* Empire State Pride Agenda Foundation, Albany.

[34] Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* Washington, DC.

[35] Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.

[36] Sometimes referred to instead as cisgender.

[37] Lee Badgett, M. V., Lau, H., Sears, B., & Ho, D. (2007). *Bias in the Workplace: Consistent Evidence of Sexual Orientation and Gender Identity Discrimination.* Los Angeles, CA: The Williams Institute U.C. Los Angeles.

[38] San Francisco Bay Guardian and the Transgender Law Center. (2006). *Good Jobs Now! A Snapshot of the Economic Health of San Francisco's Transgender Communities.* San Francisco.

[39] Movement Advancement Project, Center for American Progress, Human Rights Campaign, National Center for Transgender Equality. (2013). *A Broken Bargain for Transgender Workers. Movement Advancement Project.*

[40] Frazer, S. M. (2009). *LGBT Health and Human Services Needs in New York State.* Empire State Pride Agenda Foundation, Albany.

[41] Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, A Look at Black Respondents.* Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. http://www.thetaskforce.org/reports_and_research/ntds_black_respondents

[42] Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey, A Look at Latino/Latina Respondents*. Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. http://www.thetaskforce.org/reports_and_research/ntds_latino_a_respondents

[43] Sears, B., & Mallory, C. (2011). *Documented Evidence of Employment Discrimination & Its Effects on LGBT People.* The Williams Institute, Los Angeles.

[44] The Health of Transgender and Gender Nonconforming People in New York State: A report from the *2015 LGBT Health and Human Services Survey* by Somjen Frazer and Erin Howe for The New York State AIDS Institute and The LGBT Health and Human Services Network.

Transgender respondents were 66% as likely as non-trans people to have a college degree. Transgender and gender nonconforming respondents were less likely to be employed full time and more likely to be neither employed, nor in school, nor retired.

- 49% of transgender people were less likely to be employed full time and more likely to be neither employed, nor in school, nor retired versus 61% for non-trans respondents.
- 29% of transgender women were unemployed, not in school and not retired versus 9% for non-trans respondents

Poverty is much more common among transgender and gender non-conforming respondents compared to non-trans people.

- 64% of Black transgender people reported living 200% under the poverty line versus 26% for non-trans respondents
- 59% of Latino/a transgender people reported living 200% under the poverty line versus 26% for non-trans respondents
- 48% of White transgender people reported living 200% under the poverty line versus 26% for non-trans respondents

New York City data also substantiates this distressing picture – of the 261 transgender women of color enrolled by The Lesbian, Gay, Bisexual & Transgender Community Center (The Center) in the past 24 months for HIV prevention programming and the 172 transgender women of color that participated in a more general sample as part of The Center's 2015 Transgender Pride Survey, nearly one in three (32%) were unemployed and interested in working during the period that New York City's unemployment rate ranged from 8.3% to 5.2% - a 385% to 615% disparity! In addition, nearly one in three (29%) did not have a high school degree or GED. Significantly, only 12% of the trans women of color engaged had a bachelor's degree or higher compared to 34.5% of all New Yorkers – a 290% disparity.

In their article, *Socioeconomic indicators that matter for population health*, Lantz and Pritchard[45] note that evidence now exists that "population health gains depend on improvements in many of the fundamental social determinants of health, including meaningful employment, income security, educational opportunities, and engaged, active communities free from poverty and discrimination." Even more significantly, they rank poverty as the most potentially powerful socioeconomic indicator. The *Poverty Tracker — Monitoring Poverty and Well-Being in NYC* report notes, "…poverty status in and of itself was also associated with having a health problem. … 65% of the poor reported health problems, as compared to 48% of the non-poor."[46] The Institute of Medicine (IOM) associates lower socioeconomic status (SES), a combination of education, income, and occupation, for members of the LGBT community with more barriers in access to care and more negative health outcomes.[47] And finally, research has begun to document the connection between socioeconomic characteristics such as poverty, lower income and educational attainment and HIV infection, though much more is needed.[48, 49]

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[45] Lantz, P. M., & Pritchard, A. (2010). Socioeconomic indicators that matter for population health. *Preventing Chronic Disease , 7* (4).

[46] Wimer, C., Garfinkel, I., Gelblum, M., Lasala, N., Phillips, S., Si, Y., Teitler, J., & Waldfogel, J. (Spring 2014). *Poverty Tracker — Monitoring Poverty and Well-Being in NYC, Report 1*. New York, NY: Columbia Population Research Center and Robin Hood.

[47] National Research Council. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Washington, DC: The National Academies Press.

[48] Adimora AA, Schoenbach VJ, Martinson FE, et al. Heterosexually transmitted HIV infection among African Americans in North Carolina. *J Acquir Immune Defic Syndr* 2006;41:616-23

[49] CDC. Characteristics associated with HIV infection among heterosexuals in urban areas with high AIDS prevalence – 24 cities, United States, 2006-2007. *MMWR* 2011;60(31)1045-49

Recommendation two – education: Increase access to respectful, safer, and TGNC-affirming educational environment and opportunities.

Description

TGNC individuals need educational opportunities that provide gender-affirming environments and relevant curricula (i.e. TGNC-inclusive sexual health and TGNC history). This includes, but is not limited to, K-12 schools, colleges, certificate programs, and job training programs. Educational institutions must take a lead in the cultural shift to reduce stigma and prevent discrimination within schools. In collaboration with the NYSDOH, educational institutions must create a TGNC-affirming environment where students of all genders can feel safe and thrive, graduate and successfully join the workforce.

This would require a multi-level, comprehensive approach to addressing the various components within the education system, including:

1. Policy
2. Educational institutions
3. Administrators, teachers, guidance counselors, school psychologists, nurses, school-based clinic employees and other staff
4. Students
5. Parents

These plans/policies and action steps would include but not be limited to:

Institute a statewide anti-stigma campaign targeting parental acceptance of their TGNC children. Parental acceptance of TGNC youth, particularly upon initial disclosure reduces negative health outcomes for TGNC youth.[50]

The NYS Education Department (NYSED) has taken action to support TGNC youth by issuing the Transgender and Gender Nonconforming Students Guidance Document. This Guidance should be formalized into policy with a mechanism for accountability and the rapid scale-up to implement. This should be done in conjunction with the implementation of, and compliance with, the Dignity for All Students Act (DASA).

- As part of this process all school staff (including administrators, teachers, guidance counselors, school clinic employees, etc.) should receive appropriate TGNC training, including information about implementation of this guidance. A mechanism should be put in place to ensure accountability.
  - Create at least one TGNC support/point person to ensure one ally minimally per school.
- Students and parents must also be informed of their rights as outlined in the Guidance document, and as it relates to DASA, and New York State Human Rights Law.
- Develop a Center of Expertise on TGNC Youth to develop and offer training to educational institutions across NYS. Hire TGNC and cisgender people with expertise in this content area to collaborate to develop any relevant training materials, deliver training and provide technical assistance. Create a speaker's bureau of TGNC young people to speak at schools across the state. Develop a community advisory board to inform the process.

[50] Ryan, C et al. Family Acceptance in Adolescence and the Health of LGBT Young Adults. *Journal of Child and Adolescent Psychiatric Nursing* 11/2010; 23(4):205-13

All state departments that collect demographic information, including NYSED, should collect data on gender identity, using a two-step process (current gender identity; sex assigned at birth). Students should have the opportunity to provide this information at least annually. This information should be kept confidential, including from legal guardians if it could put the child in danger of retaliation.

- Provide a list of comprehensive resources for staff to provide TGNC and questioning youth, and ensure that these resources are not blocked by the school's firewall.
- Gender identity data should be used to track any disparities in educational attainment by TGNC students compared to cisgender counterparts.

Higher education institutions should ensure they meet needs of TGNC students, and foster acceptance on campuses and in curricula. This includes incorporating TGNC history and coursework in appropriate schools, with a particular emphasis on offering curricula for students within Medical and Nursing Schools, and Education programs.

Create grants and/or scholarships for TGNC people to improve access to education and job training programs.

- These programs must train staff to serve TGNC people appropriately. Best practice is to utilize trainers who identify as Trans or GNC in order to impart culturally relevant promising practices.

Institute and provide funding for TGNC-inclusive comprehensive sexual health education that is age-appropriate and medically accurate, and includes information on nPEP and PrEP.

- Include information about gender, gender identity, sexual orientation, including the diversity and fluidity of sexuality and identities.
- Train teachers to deliver this programming in a TGNC-affirming manner and with fidelity.
- Train school-based clinic staff to provide appropriate education and resources to TGNC students.
- Explore whether schools are still getting federal funding if they teach abstinence-only education, and provide funding to replace any abstinence-only funding.

Incorporate TGNC history and literature into existing curricula to reduce feelings of isolation for TGNC youth, and reduce social stigma.

Integrate links to credible and viable HIV/STI/HCV prevention resources and support for TGNC youth onto all high schools' websites. Ensure that these websites are not blocked by the school's firewall.

Design and distribute materials (print pamphlets, files for download, e-newsletters, etc) and/or provide in-person education to:

- Increase parent/family, teacher, and cisgender student understanding and acceptance of TGNC students.
- Help identify how TGNC student bullying, discrimination and gender policing can be recognized and potential intervention strategies.

Ensuring young people's right to the provision of confidential sexual health care services is essential to achieving ETE goals. Young people are being disparately treated unnecessarily by a failure to simplify and clarify best practices in HIV/STI care. Therefore, it is recommended that jurisdictional regulations be amended to permit competent minors to consent for all STI/HIV sexual health testing, treatment and preventative medical care, including PrEP and nPEP. These services should be available in school-based clinics.

Develop policy (grounded in medical and mental health research) to protect the rights of TGNC youth, honor their identities, and provide a route to medical options (e.g. pubertal suppression, mental health services) in instances of parental rejection of TGNC identity. Policy must take into account that access to pubertal suppression is time-sensitive, and a missed opportunity to access those services may increase gender dysphoria and cause irreversible changes to the body that are costly to address later in life.

Provide TGNC-affirming GED classes, FAFSA and college application assistance.

Fund additional LGBTQ-focused public schools, such as the Harvey Milk High School.

Fund Gay Straight Alliances (GSAs), and TGNC/Gender Creative/Gender Expansive support service within school districts for youth and parents.

Passage of the Healthy Teens Act

Applicable Blueprint goals/sections

This recommendations impacts all sections of the ETE Blueprint, in particular 1) Recommendations in support of decreasing new HIV infections (BP 15 through BP30) (primary); 2) Link and retain persons diagnosed with HIV in health care to maximize virus suppression so they remain healthy and prevent further transmission. (BP 5 through BP10) (secondary); and 3) Facilitate access to Pre-Exposure Prophylaxis (PrEP) for high risk persons to keep them HIV negative. (BP 11 through BP14) (secondary)

Blueprint item this recommendation specifically applies to

This recommendation is a comprehensive proposal encompassing all aspects of the Blueprint by focusing on a key social determinant for TGNC people, educational attainment. Some specific recommendations that this aligns best with include:

BP19: Institute an integrated comprehensive approach to transgender health care and human rights.

BP23: Promote comprehensive sexual health education

BP25: Treatment as prevention information and anti-stigma campaign

BP30: Increase access to opportunities for employment and employment/vocational services

GTZ5: Passage of the Healthy Teens Act

GTZ27: Guaranteeing minors the right to consent to HIV and STI treatment, diagnosis, prevention, and prophylaxis, including sexual health-related immunization

Timeframe

The State would need to look at the feasibility of collaboration between the DOH and DOE, and allocation/re-allocation of resources available to accomplish the various components outlined in this recommendation. Many of the action steps could be easily accomplished, particularly because they would also help the State ensure that schools are in line with current statewide protections that protect TGNC people, including youth. Some of the action steps may take longer to accomplish, such as educating and reducing stigmatizing behavior by parents.

Perceived benefits of implementing this recommendation

Along with improving the overall health and lived experience of TGNC people in NYS, benefits include increasing the number of TGNC students who graduate high school, continue on to higher education, and enter the workforce. It would also decrease the number of TGNC students who drop out and engage in sex work and other criminal /illegal/underground economic activity. It would increase self-esteem and

resilience of TGNC youth, reduce bullying and other traumatic events that can lead to poor health outcomes such as substance use and HIV/STIs/HCV. This recommendation could prevent TGNC youth from filing discrimination claims against their schools. Educating parents would help reduce the number of TGNC youth who end up homeless and in need of housing and other social services. This would result in an overall cost savings (housing, prisons, Medicaid, other social services), and increase in revenue from higher income taxes paid. TGNC people will successful educational attainment will be self-sufficient and become change agents and contributors to a healthy, thriving community.

Concerns with implementing this recommendation that should be considered
This recommendation could build on existing policies/programs and recommendations in New York State but would also require ensuring the integration of accountability for meeting TGNC-affirming guidance, as well as creating new policies. Barriers/concerns might include a lack of accountability for existing guidance and DASA. Changes to teachers roles/responsibilities may be opposed by teachers unions.

Facilitators to change might include guidance, policies and legislation that are already in place (E.g. NYSED's Transgender and Gender Nonconforming Students Guidance Document, DASA, and NYS human rights law that is inclusive of TGNC people). There are already relationships with NYSED that began during the creating of the guidance document. There are champions within certain schools/districts. Bill A02403 is pending approval of the NYS Senate and if passed, would require collection of gender identity data by certain state agencies. Anti-stigma campaigns would help lead to cultural change and reduce stigma, and there are already sample anti-stigma campaigns (E.g. CAMBA's Project Accept LGBT Youth campaign).

Key individuals/stakeholders who would benefit from this recommendation
TGNC students and their families, TGNC people who were unable to complete high school and/or higher education due to harassment and discrimination, and who were thus placed at a higher risk for HIV.

Suggested measures that would assist in monitoring the impact of this recommendation
1. Percent of school staff educated about TGNC experience and how to create a TGNC-affirming school environment, including review of the Transgender and Gender Nonconforming Students Guidance Document and DASA.
2. Number of incidents and/or legal actions related to discrimination and/or harassment of TGNC students.
3. Number of TGNC Cultural Relevance curricula developed.
4. Number of employees trained on TGNC Cultural Relevance.
5. Number of educational materials produced (e.g. Know your Rights pamphlet for students)
6. Number of educational materials distributed in print, and downloaded
7. Number of students who received comprehensive sex education
8. Number of students who were taught about gender, gender identity and sexual orientation
9. Collect outcome data for TGNC students (e.g. Number of TGNC students who graduate, transfer, dropout and/or continue on to higher education). This requires that schools collect info using a two-step process on gender identity and sex assigned at birth, and that this question is asked annually (and kept confidential if this information may put the child in danger from family retaliation).

10. Create and track anonymous evaluations of TGNC students' experience

Evidence and rationale
NYSED has already developed the Transgender and Gender Nonconforming Students Guidance Document.

The State of New Jersey Department of Education implemented Harassment, Intimidation, & Bullying (HIB) law, including online tutorials, explaining rights to the students, and reviewing responsibilities of teachers and principals, etc. and timeline for reporting of harassment, intimidation and bullying. An in-depth look at the impact of HIB in NJ, might inform NYS in better implementing DASA, as well as the TGNC Student Guidance Document.

Harvey Milk High School serves as a model for supporting LGBTQ youth in thriving in education.

Gay, Lesbian & Straight Education Network (GLSEN) has created tools for schools, such as their Model District Policy on Transgender and Gender Nonconforming Students: Model Language, Commentary & Resources.

Recommendation three – healthcare: TGNC individuals need access to physical, sexual, mental, and behavioral healthcare that is regionally accessible, affordable, and delivered by staff that are both skilled in trans-specific care and provide services in a trans-affirming manner.

Description

The Working Group recommends improving access to and quality of transgender sensitive and informed healthcare through patient level and provider level recommendations. We propose a focused and strategic transgender led training, education, and evaluation program.

In an effort to reduce disparities in transgender health, we propose a community-developed Provider Training Program, under expert community guidance, designed to increase sustainable trans health knowledge and care among medical and health professional staff at all levels. This structural level intervention, developed, tested and evaluated with trans communities and health care experts, will result in increased (1) provider knowledge and attitudes towards transgender patients, (2) transgender service satisfaction, (3) transgender welcoming physical environments, and 4) clinic-level transgender care. We propose a patient level intervention through transgender care coordination/patient navigation programs that address the many barriers to transgender informed care by providing support services that impact retention and engagement in care and create best practices.

Applicable Blueprint goals/sections

This recommendation applies to all ETE Blueprint sections, including:

1. Identify TGNC persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain TGNC persons diagnosed with HIV in health care to maximize virus suppression so they remain health and prevent further transmission.
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) for TGNC persons placed at high risk persons to keep them HIV negative.
4. Recommendations in support of decreasing new HIV infections for TGNC persons placed at high HIV risk (BP15 through BP30).
5. Getting to Zero (GTZ) Recommendations: Recommendations that move beyond the goal of 750 to zero new infections for TGNC persons (GTZ1 through GTZ7).

Blueprint item this recommendation specifically applies to

BP19: Institute an integrated comprehensive approach to transgender health care and human rights

BP23: Promote comprehensive sexual health education

CR33: Health, Housing, Human Rights for Lesbian, Gay, Bisexual (LGB) and Transgender Communities

Changes to an existing policy or program, or the creation of a new policy or program

This recommendation could build on existing policies/programs in New York State but would also require ensuring the integration of transgender health recommendations into the programs that exist, as well as creating policies regarding training, education, and evaluation of healthcare facilities and transgender specific care coordination/health care navigation.

Timeframe

This recommendation includes proposals that could start to be implemented in the short term (needs assessments, analyzing current training programs, curriculum, and existing patient navigation programs) as well as those that will roll out over the long term (integration of training, evaluation, and transgender care coordinator/patient navigation programs). More information on what resources/capacity exists is needed in order to better understand the timeline needed to implement this recommendation.

Perceived benefits of implementing this recommendation

This project will produce guidelines for implementation, including specific recommendations for the design of projects, provider education, patient education and support, and broader program development. The proposed project has the potential to exert a sustained and powerful influence on the effectiveness of HIV care and PrEP interventions for transgender populations and transgender sensitive and informed care by recognizing structural, behavioral, and social factors. As mistrust of medical providers/transgender insensitivity is one of the many barriers to transgender patients engaging in HIV care, PrEP services, and health care in general, addressing this through strategic training and education will directly impact these barriers. By evaluating, integrating, and building support services within healthcare for transgender populations, transgender patient retention and engagement in care will be addressed.

Implementing transgender sensitive and informed healthcare that empowers transgender communities to take charge of their own health will have far reaching effects on the lives of transgender people, impact engagement in care, adherence, and protection of one's body through health maintenance, HIV prevention and care, and risk reduction. This structural intervention in the form a comprehensive provider training program and care coordination/patient navigation services will better serve the needs of transgender people, increase their service utilization and consequently improve wellbeing, while effecting lasting institutional change.

Interventions sensitive to the unique vulnerabilities of transgender people, especially transgender people of color, are needed, not just for alleviating HIV burden, but also because the marginalization of transgender communities leads to a variety of negative health and psychosocial outcomes. Data suggest that programs that integrate HIV prevention into broader concerns of vulnerable groups are more acceptable and more likely to retain participants and have better outcomes.

Promoting trans competency in service provision and subsequent reduction of pervasive health disparities among trans communities is urgent and presents clear public health implications. Without structural level, systemic changes in understanding and serving transgender communities appropriately culturally and medically, effective and lasting changes will be impossible to realize.

Our proposed structural intervention will lead to better serving the needs of transgender communities, increase health care utilization, and improve trans peoples' wellbeing. This will generate intervention content and clearly defined protocols that can be replicated nationally for change in health care discourse and practice. Guiding this project with input from transgender advisory boards/focus groups can address the social and cultural determinants that impact transgender HIV care, PrEP acceptability and adherence, and holistic medical care. The patient level intervention of patient navigation/care coordination will engage transgender people in healthcare and improve medical adherence.

Recognizing structural, behavioral, and social factors for transgender populations will help create successful interventions.

Concerns with implementing this recommendation that should be considered
Ensuring proper funding and time/capacity dedicated to this project at AI/DOH and healthcare institutions is a concern. Ensuring that the recommendations have trans staff members/community advisory board to assist in the implementation and follow through. Ensuring that the curriculum and trainers are evaluated and go beyond cultural competency to address provider communication, systemic barriers, and informed care.

Estimated cost of implementing this recommendation
The implementation cost would be better addressed by staff with expertise in this area. We would suggest using funds dedicating to improving health care inequalities, improving retention in care, and HIV prevention programs, working with community partners within NY State health care agencies.

Estimated return on investment (ROI) for this recommendation
This question would be better addressed by a DOH staff member, guided by recommendations from the Advisory Committee.

Key individuals/stakeholders who would benefit from this recommendation
All transgender and gender non-conforming people, in particular those who are most directly affected by health care inequalities, those living in poverty, those at higher risk for HIV, and transgender people of color.

Suggested measures that would assist in monitoring the impact of this recommendation

- Patient navigation/care coordination that helps transgender people keep medical appointments, identify health and wellness services, HIV care, etc
- Expanded and integrated, under expert community guidance, trans competency provider training program
- Measure intervention effects via indicators of potential attitudinal and practice-based changes: a) providers, b) physical/structural environmental markers, c) TG patients/clients and d) aggregate clinic-level indicators.
- Identify social and behavioral factors impacting barriers to transgender related HIV care, PrEP adoption and adherence, sensitive and informed holistic health care
- Creation of best practices guidelines
- Creation of community advisory board
- Development of HIV prevention and holistic health care interventions rooted within gender affirming healthcare
- Increase number of transgender people engaged in HIV care/medical care
- Increase transgender communities retention in health care
- Reduce number of transgender people engaging in emergency room visits/hospitalizations
- Required transgender health trainings for health care professionals
- Transgender run and evaluated training programs. Best practice is to utilize trainers who identify as Transgender or GNC in order to impart culturally relevant promising practices.

- Funding directed at transgender health educational programs and patient navigation/care coordination.
- Follow medical home/health homes models for transgender care coordination/patient health navigation programs
- Addressing integration strategies from trans inclusive electronic medical record to welcoming health care environments to informed clinical care
- Better linkage and navigation to health care access, access to PrEP and transition-related services
- More coordination between providers so that transition services employees understand and can link people to PrEP
- Inclusion of trauma informed care into models of care
- Reassess the way we collect information on and assess risk behaviors. Behaviors should not be equated with identities.
- Prioritize introducing PrEP in agencies that are already providing TGNC health services (i.e. a place where they are already receiving HRT) to reduce adherence barriers
- Tailor prevention strategies for TGNC individuals.
- Introduce interventions that address medical distrust
- Enhance understanding of the range of sexual behaviors and identities of trans men and trans women and gender non conforming/non binary communities that both increase risk for HIV and other STIs, but also to provide comprehensive sexual health care
- Identify specific patient-, provider-, and systems-level barriers and facilitators to sexual health care access
- Support the development of a valid and reliable assessment tool for engaging trans people in conversations about sexual health;
- Develop strategies for leveraging engagement in PrEP (among patients, providers, and programs) toward improving overall health in trans populations.
- Transgender image representation in waiting areas and exam rooms (e.g., posters, pamphlets and TG health material)
- Appropriate bathroom accommodations
- Registration forms with expanded gender options and chart notations for documenting information relevant to TG patients;
- Transgender patient satisfaction surveys
- Clinic level indicators after trainings such as increase in HIV/STI tests for transgender populations, providers who prescribe hormones, referrals to transgender-specific social service organizations

Evidence and rationale

Transgender people are in need of sensitive, quality, and informed health care and face many barriers. Many transgender people avoid care for preventive and life-threatening conditions due to discriminatory treatment and fear. Evidence shows that transgender individuals often face the most severe forms of discrimination and health disparities. According to Healthy People 2020 (2013), reducing and eliminating transgender health care disparities is essential to ensuring the improved health, safety, and well-being of transgender individuals.

The National Transgender Discrimination Survey (NTDS) (Grant et al., 2011) of over 6000 transgender individuals in the U.S. found that 50% of respondents reported having to teach their medical providers

about transgender care. Beyond this lack of clinical competence, some transgender people experience outright mistreatment from medical providers. Further, transgender individuals were denied equal treatment in doctor's offices and hospitals (24%), emergency rooms (13%), mental health clinics (11%), by Emergency Medical Technician's (EMT) (5%) and in drug treatment programs (3%). At the same time, 24% of transgender women and 20% of transgender men reported refusing treatment altogether (Grant et al, 2010). Lambda Legal (2010) found that 20.9% of transgender respondents had been subjected to harsh language, and 20.3% of them reported being blamed for their own health problems. Fifteen percent reported that health care professionals refused to touch them or used excessive precautions, and 7.8% experienced physically rough or abusive treatment by a medical provider. The prevalence of mistreatment among transgender respondents was twice that of lesbian, gay, and bisexual respondents. Additionally, fear of stigmatization or previous negative experiences within the health care system lead transgender people to postpone or forgo health care all together (28% postponed medical care due to discrimination) (Grant et al.,2011). Locating a health provider who is knowledgeable about the needs of the transgender community is the most common barrier to care (Grant et al., 2010, Lombardi, 2011, Sanchez et al, 2009).

Transgender individuals are less likely to undergo preventive health screenings or be aware of their HIV status, despite being among the highest risk groups (Herbst et al., 2008). Disproportionately high negative outcomes occur in a number of critical areas, including physical violence (26%) and sexual assault (10%-14%), attempted suicide (30%-64%) substance use (26%-53%) depression (40%-50%) and anxiety (40%-47%) (Clements-Nolle et al., 2006; Grant et al., 2011; Hotton et al., 2013; Nemonto et al., 2011). Most private and public insurance plans contain explicit exclusions for transgender-related care (Khan, 2011). Transgender people of color report experiencing the highest levels of discrimination (Grant et al., 2011).

Evidence shows that systemic factors contribute to increased HIV risk for transgender women (data is lacking on HIV in transgender male populations). Many transgender women experience pervasive discrimination and stigmatization, including high rates to violence and sexual assault, high rates of suicidal thoughts and attempts. Lack of access to health care and other services exacerbates the impact of multiple adversities faced by transgender women. High rates of incarceration, homelessness, unemployment, and discrimination in employment and accessing health care and social services have also been reported. Structural forms of discrimination may contribute to these risk factors, possibly leading to poor outcomes such as unemployment or underemployment, homelessness, and lack of access to gender affirming health care.

Transgender people face numerous barriers to accessing health care regardless of whether they seek transgender affirming, preventative, routine, emergency care or mental health and social services. Additionally, fear of stigmatization or previous negative experiences within the health care system lead TGNC people to postpone or forgo health care all together (28% postponed medical care due to discrimination). Locating a health provider who is knowledgeable about the needs of the population is the most common barrier to care. Recognition of trans individuals as a distinct group with unique stressors and needs has been increasing as have calls for essential needs assessments and specific TG supports. Without systemic changes in understanding and serving trans communities appropriately culturally, socially and medically, effective and lasting changes will be impossible to realize.

A lack of consistent information on the health needs of transgender populations greatly affect the community's access to health care services. When information is produced, it is often not incorporated into textbooks and educational curricula and materials used to address the needs of transgender people are often geared toward serving LGB patients. The specific needs of TGNC people are often omitted or incorrectly equated with issues around sexual orientation. These barriers manifest as systemic failures in recognizing and accommodating the health care needs of transgender patients. Health system level barriers occur when it is impossible or difficult to order a test or therapy for a patient who is considered ineligible based on their gender. Additionally, billing systems and health insurance providers will only allow sex-specific procedures to be paid when an individual is designated that sex citation (e.g., inability to bill for a hysterectomy for a male patient or a prostate-related procedure for a female patient). Further, when gender nonconformity becomes visible, TGNC people are labeled and/or diagnosed as psychologically abnormal and inferior, and become targets for hostility and discriminatory practice.

The education and training of health care workers lack transgender specific curricular content (IOM, 2011). Obedin-Maliver et al. (2011) assessed the inclusion of LGBT-related content in 150 undergraduate medical education programs in the United States and Canada and showed an average of only 5 hours of instruction (no specific data on transgender). Lack of data on gender identity in federally funded surveys limits understanding of the context of health disparities in transgender populations (Dean et al., 2000; IOM, 2011). This lack of data is tied to limited required documentation on gender identity in the health care field.

Research has found that fear of disclosure and minority stress are major contributors to a higher risk of physical and mental health problems among LGBT populations (Meyer, 2007). Healthcare professionals who lack the knowledge, awareness, and sensitivity toward transgender people can contribute to minority stress. Creating a welcoming and culturally competent environment can help patients to feel safe in discussing their gender identity. A patient's decision to not disclose this information can result in delayed treatment, lack of preventive care, and less care for chronic conditions (Dean et al, 2000). As a result of the fear and misunderstanding caused by lack of acceptance, knowledge, and skill in patient care, transgender individuals are more likely to delay or avoid seeking medical care (Sanchez, 2006).

Snelgrove (2012) examined physician perceptions of barriers to healthcare provision for transgender patients with 13 physician participants from Ontario, Canada. Using interviews with participants, analysis revealed healthcare barriers that grouped into five themes: accessing resources, medical knowledge deficits, ethics of transition-related medical care, diagnosing vs. pathologizing trans patients, and health system determinants (Snelgrove, 2012). An important theme throughout the interviews was "not knowing where to go or who to talk to" (Snelgrove, 2012). This study looked at how the clinical management of transgender patients is challenging due to a lack of knowledge and it provided recommendations for the future. This study helped to indicate the specific need for transgender education to address barriers to healthcare. The identification of barriers can help frame training interventions and identify needs.

Poteat (2013) looked at how stigma and discrimination play a role in health care encounters for transgender people and consisted of fifty-five transgender people and twelve medical providers in a small city in the mid-Atlantic using a grounded theory model. Participants were asked about their family and social life, gender identity, sexual orientation and practices, health care experiences, and

experiences of stigma and discrimination. The codes were grouped into five categories: feelings about transgender identities, feelings about transgender hormone therapy, learning about transgender health, clinical interactions with transgender patients, and interactions with colleagues (Poteat, 2013). Transgender participants felt their providers' uncertainty and ambivalence in the medical encounter impacted the provider/patient relationships (Poteat, 2013). The study discusses stigmatizing attitudes, impact of hierarchies of power and inequalities, discriminatory treatment against transgender people and how to address health disparities. Similar to other studies, uncertainty was a recurrent theme with the providers.

In a study looking at nurse practitioners knowledge, attitudes, and self-efficacy working with transgender patients, a sample of 26 nurse practitioners were surveyed using the Attitude Towards Transgender Survey (ATS) by Swanstrom and the Health Care Provider Survey by Burch (HCPS) (Levasque, 2013). The results showed that while the majority reported "full respect" and "acceptance", there was low self-efficacy reported for providing care. The results also indicated that no one participant selected "very high" level of knowledge for questions regarding knowledge of transgender patients and most frequently selected answer was "average" level of knowledge. An inverse relationship was found between attitude and self-efficacy and knowledge and attitude; as attitude positively increased, self-efficacy decreased and as knowledge increased, attitude decreased (Levasque, 2013). The fact that there was a low rating of transgender care knowledge (35.7% n=10) connected to self-efficacy research can imply an avoidance to or fear of caring for transgender patients (Levasque, 2013). All respondents indicated that they did not receive any transgender content in their education. Findings from this study imply that nurse practitioners may have positive attitudes but lack knowledge and self-efficacy. Although this study had limited participants, there is an important message regarding the urgent need for educating providers.

The poor social and health outcomes of transgender people are to a great extent attributed to systemic discrimination and marginalization due to the lack of transgender welcoming or knowledgeable providers (Grant et al. 2010). Without changes in understanding and serving transgender patients appropriately culturally, socially and medically, effective and lasting changes will be difficult to realize.

Recommendation four – law enforcement: TGNC individuals need access to respectful, safe and bias-free interactions with law enforcement with regard to police, courts, jails, prisons, federal detention centers and other detention facilities.

Description
For TGNC individuals' interactions with all aspects of the justice system are wrought with fear, and the expectation of discrimination. There is a huge lack of training and education for law enforcement professionals regarding safe non-discriminatory treatment of transgender individuals.

For TGNC people living with HIV (PLWH) this can even more hazardous once incarcerated (whether in jail, prisons or other detention centers) as access to safe and gender affirming housing in virtually nonexistent. Other support services such as medical and psychiatric care are minimally available or available through professionals who are not trained in transgender mental health care.
TGNC individuals are at higher risk of being targeted by law enforcement personnel for abusive treatment.

What is most needed is to implement comprehensive plans at all levels of the criminal justice system for safe and affirming care of TGNC inmates.

Interactions with law enforcement whether a street stop or an actual arrest for a crime place TGNC people at high risk. Incarceration of any kind is for TGNC people a time of disrespect, danger and sometimes having the system in place to protect TGNC people be the source of crimes against them.

This proposal is wide ranging covering everything from a street stop or a car stop to arrest or incarceration. Everyone interacting with TGNC individuals needs to have comprehensive sensitivity training to be able to respectfully interact with members of transgender communities. This training would follow the tenets of the comprehensive policy outlined below.

All agencies need to be trained on the meaning of the New York State Division for Human Rights new Regulation regarding transgender human and civil rights, and understand the further impact of the federal Title VII and Title XII as it impacts state level work.

Again, what is most needed is to implement comprehensive plans at all levels of the criminal justice system for safe and affirming care of TGNC inmates.

These plans/policies would include but not be limited to:

- Revision of current policies with regard to the housing of transgender individuals that respects the transgender individual's identity and personhood. That means moving off the current policy that is basically one's genital anatomy determines housing, regardless of the individual's transition related status. These policies will not be based upon assigned sex at birth and/or ability to have genital reconstruction surgeries.
- This policy should apply across agencies and situations: jails, prisons and all other forms of detention centers for both youth and adults, including immigration detention centers.
- The mechanism of developing the policy should include both AI and DOH, DOCCS, and other agencies personnel as well as expert representative policy makers from the various transgender

communities. This would require extensive collaboration and coordination among all the various agencies. It would be recommended that a Working Group or Task Force be designated by the Governor or the Commissioners of the various agencies involved be set up to accomplish this work.

Once the basic policy is formulated, then a comprehensive and ongoing training program must be developed, maintained and reviewed annually for continuing accuracy and given to all employees who work in these law enforcement areas: all police agencies, all jails and DOCCS employees, all detention center employees. Trainings should be specifically tailored to the institution, the agency and individuals representing law enforcement entities. Best practice is to utilize trainers who identify as Transgender or GNC in order to impart culturally relevant practices.

Medical and mental health providers interacting with transgender inmates need to be specifically training in transgender medicine and mental health care.

The issue of segregating transgender inmates from the rest of the transgender population and providing less access to civil and human rights available to non-incarcerated transgender individuals should cease. This would include access to name change and birth certificate changes while incarcerated. Inmates would always be addressed by their preferred name and pronoun regardless of the status of their legal name.

Transgender inmates who are generally covered by Medicaid while incarcerated should be allowed to access all the available transition related transgender health care while incarcerated as is put forth for non-incarcerated transgender individuals.

There are some models coming into existence in NYC and in other states and countries that can be helpful in guiding this policy formation and implementation.

The policy must address issues related to strip-searches, dress codes, programs for transgender people, educational opportunities.

Transitional planning policies also need to be in place to address both transition related activities and treatment for transgender/GNC inmates.

Return to community programs and planning need to be in place and coordinated with outside agencies to ensure the health, well-being and opportunity for transgender/GNC inmates to have healthy successful reentry.

The goal would be that every transgender person would have the expectation of fair and respectful treatment when encountering law enforcement representatives and if incarcerated would have their identity and gender fully respected.

Applicable Blueprint goals/sections

This recommendation applies to all ETE Blueprint sections, including:

1. Identify TGNC persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain TGNC persons diagnosed with HIV in health care to maximize virus suppression so they remain health and prevent further transmission.
3. Facilitate access to Pre-Exposure Prophylaxis (PrEP) for TGNC persons placed at high risk persons to keep them HIV negative.
4. Recommendations in support of decreasing new HIV infections for TGNC persons placed at high HIV risk (BP15 through BP30).
5. Getting to Zero (GTZ) Recommendations: Recommendations that move beyond the goal of 750 to zero new infections for TGNC persons (GTZ1 through GTZ7).

Concerns with implementing this recommendation that should be considered

The foremost barrier would be accomplishing the work of setting the interagency comprehensive policy in place.

There is a marked lack of education and training regarding TGNC people, their issues and needs and their various communities and the members of any Task Force or Working Group would first have to be thoroughly educated about TGNC.

There would have to training to assist agencies and employees who may find it particularly difficult to understand transgender GNC people. Best practice is to utilize trainers who identify as Transgender or GNC in order to impart culturally relevant practices.

How TGNC people see themselves is constantly evolving, so not only is basic TGNC education needed, but also the various TGNC communities, including non-binary people must be addressed and training curriculum must be reviewed annually to make sure it reflects the current state of the communities.

Conducting a needs assessment to identify the ways in which TGNC individuals are currently housed in jails, prisons and detention centers. To identify the specific barriers, and problems that currently exist.

Among TGNC people there is variance about how individuals wish to be identified and housed, and policies would have to be in place to address these complex issues.

HIV care: HIV testing, PrEP, PEP and other care is not offered to inmates placing them at increased risk of becoming HIV or infecting others with HIV.

Estimated cost of implementing this recommendation

Overall, there would be significant budgetary asks needed to fund aspects of this implementation strategy. We are not aware as to what existing funding streams might be already in place that could either be increased or rewritten to include these proposals. Funding that would be needed would have to be based upon the development of a comprehensive plan for ensuring gender affirming care for TGNC inmates.

Such funding needed would be first off for needs assessment through the AIDS Institute.

Funding would be needed for the hiring of TGNC subject matter experts to guide the overall plan and research.

Funding would be needed for mandatory and annual ongoing training of all staff involved in all levels of care for TGNC inmates.

If existing housing cannot be converted to gender affirming housing for TGNC inmates, then housing would have to be built, likely a difficult item to fund.

Funding would be needed to train mental health and medical personnel to provide sensitive, culturally competent care to TGNC inmates.

Funding would be needed (grants?) for non-profits to provide inmate assistance in identity document changes.

Funding inmate empowerment education regarding their rights while incarcerated.

Funding inmate preparation for return to community and continuation of care would be needed.

Funding ongoing comprehensive programs for both staff/caregivers and inmates in Trauma Informed Care would be needed.

Key individuals/stakeholders who would benefit from this recommendation

Partners would include TGNC individuals from various constituencies need to be engaged in focus groups to identify their needs in the jail, prison, detention systems.

Partners from various New York State Agencies would come together to formulate coordinated comprehensive policies designed to ensure safe gender affirming housing and access to health care. These policies would be consistent across the jail, prison and detention systems.

Partners would include non-profit agencies already serving TNGC individuals who have been incarcerated. Enlarging upon already existing programs would be ideal.

Engaging partners in a system wide Trauma Informed Care model would be key to the success of this implementation proposal.

Identifying and engaging other key partners, not readily identifiable.

Recommendation five – housing: Increase access to safe, quality, affordable and gender-affirming housing, and the supports necessary to maintain that housing, that is not exclusively dependent on HIV status for transgender and gender non-conforming people. This includes, but is not limited to, transitional living, long-term housing, and various sheltering services

Description

The Advisory Group recommends creating a housing initiative that includes services tailored to transgender and gender non-conforming people. Housing remains a major issue for all transgender New Yorkers, with community members challenged by issues ranging from discrimination to poverty and homelessness. The National Center for Transgender Equality states:

> One in five transgender people in the United States has been discriminated when seeking a home, and more than one in ten have been evicted from their homes, because of their gender identity. The U.S. Department of Housing and Urban Development (HUD) has issued guidance stating that discrimination against transgender renters or homebuyers based on gender identity or gender stereotypes constitutes sex discrimination and is prohibited under the Fair Housing Act (FHA). Unfortunately, general lack of awareness has contributed to continued discrimination, eviction and homelessness of transgender people in the United States. Strong, explicit legal protection from gender identity discrimination, including at the state and local levels, is still needed.

Homelessness is also a critical issue for transgender people; one in five transgender individuals have experienced homelessness at some point in their lives. Family rejection and discrimination and violence have contributed to a large number of transgender and other LGBQ-identified youth who are homeless in the United States – an estimated 20-40% of the more than 1.6 million homeless youth. Unfortunately, social service and homeless shelters that work with this population often fail to culturally and appropriately serve transgender homeless people, including denying them shelter based on their gender identity; inappropriately housing them in a gendered space they do not identify with; and failing to address co-occurring issues facing transgender homeless adults and youth."

Addressing housing for TGNC people will eliminate one major factor in the structural drivers of HIV incidence.

These plans/policies would include but not be limited to:

Coordinate with State and City agencies to improve housing status data collection for transgender people with HIV: NYSDOH/AIDS Institute should work with other State agencies, including the Office of Temporary Disability Assistance (OTDA), to assess feasibility of obtaining housing-related data for transgender people on a regular basis.

Conduct an assessment of transgender community housing needs and assets: Where is housing particularly needed, or where does it need to be significantly improved? What are the assets available for improving housing (fundamentally solid, but deteriorating or abandoned buildings; working families; unused empty lots; etc.)? What are the needs of TGNC people(elderly housing; housing for families with young children; single-occupancy units)? The first steps in improving housing are assessing the current housing situation and finding out what low- and moderate-income TGNC community members see as their needs.

Encourage transgender community participation in the planning process: Housing efforts go better if as many of the affected people as possible are involved. If the planning process is a

collaboration among officials, the developer, the architect, neighbors, and potential or actual residents, the community is much more likely to get housing that's not only welcomed, but attractive, functional, livable, well-built, well-kept-up, and truly affordable.

Encourage turning buildings designed for other purposes into transgender housing

Plan for recruiting transgender tenants or buyers: What communication channels will you use to reach potential residents? What kind of screening, if any, will there be? What kinds of help with applications, loans, etc. will you give people who are interested?

Assist in the development and management of single-room occupancy projects to serve homeless or low-income transgender community members

Provide Incentives for Developers: This would include tax breaks, subsidies, grant funding, offering free or low-cost public land, infrastructure support, speeding-up of the permit process, providing a local public official to work directly with the developer throughout the life of the process, waivers of some regulations, and designating enterprise zones which are areas designated by the federal government as in need of economic and other development.

Assist in creating transgender community land trusts: A community land trust can be a private non-profit, or can be operated by the community itself. Its purpose is to buy land for affordable housing. The land can then be held until an appropriate developer or adequate funding is found. The community may or may not act as its own developer in this situation.

Engage banks to provide services to low-income transgender people: Banks should provide low-interest loans for low-income transgender home buyers, or to persuade banks to make loans to developers for transgender affordable housing.

Help transgender consumers find affordable low-interest mortgages: Community or agency-run housing programs, as part of buyer education, often monitor loans to be sure they're affordable for the borrower. If there seems to be deception on the part of the lending organization, it's liable for prosecution under the Act.

Provide buyer/renter education to the transgender community: Some communities educate potential residents of affordable housing developments on how to use credit, how to decide what they can actually afford to pay for housing, understanding mortgage rates, what goes into the purchase of a home, etc. The purpose here is to make sure that once an individual or family takes up residence in an affordable house or apartment, they'll be able to maintain payments and stay for a long period. In some cases, this education can also include how to care for one's home. Residents of Chicago's infamous Cabrini-Greene project who were chosen to move into the mixed-income development that replaced it were asked to attend classes that taught home maintenance, getting along with neighbors, conflict resolution, and other skills necessary to live comfortably in an environment that wasn't a war zone.

Assist the transgender community in obtaining access to "sweat equity" programs: The community can initiate, or work with existing housing agencies to initiate, programs whereby low-income transgender families can pay for part of the cost of a home with "sweat equity," i.e., their labor. Many of these programs involve a construction supervisor provided and paid by the agency who works with a team of prospective homeowners to collaboratively build houses for each of them. The houses are thus built for the cost of materials alone, except for work that has to be done by a licensed contractor (connecting the house to the electric grid, for instance) or that is simply impossible for the team to do on its own (digging a deep well).

Assist the transgender community in obtaining cooperative housing: This involves the rehabilitation or renovation of an existing building into multi-unit housing, which is then owned by

the team that did the work. Unlike sweat equity programs, in which one team may build houses in several different locations, the cooperative housing team makes a commitment to live together, or at least in close proximity, when the job is done. Often, rather than each family owning its unit in the building, the whole building is owned by all the residents as a cooperative. The co-ops allow team members to retain the advantages of home ownership (tax deductions and equity accumulation) as well as control over budget and monthly living costs. Agencies would provide development, design, and organizational services and offer partnering opportunities with local sponsors who provide matching funds for community development.

Assist in creating co-housing, or congregate housing, where residents have separate bedrooms, but share common areas such as kitchens or yard spaces.

Assist in creating transitional housing: This would be housing designed for temporary use by people who are recovering from physical or emotional problems. This type of housing, which may also involve shared space, is often accompanied by support services nearby or on site.

Assist in creating transgender categorical housing: This is similar to programs for seniors, the disabled, victims of domestic violence, people living with AIDS, and college students. Specific groups, including some TGNC people, may have particular housing needs, and customized housing can be created to meet them.

Assist in providing home ownership programs and credit counseling: This is necessary to help TGNC people qualify for mortgages.

Assist in setting up a non-profit organization to acquire properties: Once properties are acquired they can be sold to moderate and low-income TGNC people to renovate or build homes. The organization would sell to people not qualifying for traditional loans. Tenants become homeowners through education, communication, home improvement, and creative financing. The houses are sold to families at no profit and financed with no-interest loans. The families provide a down payment and monthly mortgage payments and invest hundreds of hours of their own labor "sweat equity" in building their houses. Habitat doesn't get government funding, but involves government through gifts of land, houses for rehabilitation, and infrastructure for streets, utilities, and administrative expenses.

Assist in creating programs to convert abandoned properties, or properties acquired through bankruptcy or foreclosure, are converted into affordable housing units: In rare cases, consider using the legal ability a community might have to take land by eminent domain; in such cases, local government or its designee can acquire targeted land from previous owners for specified purposes and compensate these owners at fair market value.

Advocate for TGNC affordable housing: This should include the allocation sufficient funds in the state budget to subsidize affordable housing, affordable housing initiatives, grants, and low-cost or no-cost loans for such initiatives.

Advocate for measuring and basing local aid allocation upon the amount or percentage of new local affordable housing units, or upon related indicators of progress, for the TGNC community

Advocate for and help secure voter approval of bonds to pay for local affordable TGNC housing projects

Sponsor forums and workshops on housing issues for TGNC community leaders.

Ensure that current tenants of affordable housing units know their rights, such as protection from unlawful rent increases, threats, pressures, or evictions: Publicize information relating to those rights. This can include door-to-door distribution of flyers, creation and distribution of more

detailed manuals, and provision of well-advertised information, referral, and direct assistance services for both current and prospective residents with housing problems or concerns.

Provide educational sessions and programs for tenants on affordable housing issues: Make those sessions and programs available to the entire community.

Offer technical support and consultation to tenant organizations.

Motivate banks and lenders to make, publicize, and uphold anti-discrimination commitments: These include commitments not to deny mortgages, loans, and other banking services to potential transgender residents of affordable housing, nor to discriminate in lending on the basis of gender identity or gender expression, along with race, ethnicity, disability, or neighborhood.

Motivate banks and lenders to provide loans to affordable TGNC housing developments at favored rates

Motivate banks and lenders to consider adopting policies to turn over foreclosed properties to TGNC housing organizations for affordable housing use

Motivate banks and lenders to train other TGNC community members in financial skills and practices that will be most likely to result in local affordable housing production

Assist in the development of loans, matching grants, or 100% grants for innovative affordable TGNC housing programs.

Propose state income tax credits for individual contributions to affordable TGNC housing programs

Propose tax credits and tax incentives for new affordable TGNC housing construction, or other affordable housing set-asides meeting designated standards

Assist in establishing a statewide toll-free telephone number (or numbers) to provide information on TGNC affordable housing programs - including state and federal affordable housing initiatives - and also to respond to TGNC affordable housing concerns

Assist in establishing a statewide affordable housing partnership that would work with local housing partnerships, community development corporations, and other initiatives to engage in advocacy, information sharing, and to provide technical assistance and consultation to the housing initiatives and collaborative program development.

Applicable Blueprint goals/sections

Recommendations in support of decreasing new HIV infections (BP 15 through BP30)

Blueprint items this recommendation specifically applies to

BP16: Ensure access to stable housing

BP17: Reducing new HIV incidence among homeless youth through stable housing and supportive services

BP18: Health, housing, and human rights for LGBT communities

Changes to an existing policy or program, or the creation of a new policy or program

This recommendation could build on existing housing development projects in New York State but would also require the creation of new programs. Implementation of this recommendation is permitted under current laws and no statutory change is required.

Timeframe

Some Implementation of recommendations could begin immediately and some would be implemented over the long term.

Perceived benefits of implementing this recommendation
By providing housing for transgender and gender non-conforming people, one significant driver will be addressed which can help eliminate the need for survival sex, which in turn will reduce the risk of HIV infection. A stable housing that's accompanied by services can directly improve the socioeconomic status and the overall health of TGNC people. Their chances for a successful transition to self-sufficiency will be enhanced.

Concerns with implementing this recommendation that should be considered
There is not currently any funding to support such programs, either at the state or local level. In addition, a challenge may be presented in getting legislative buy-in to support the notion that focusing on the economic empowerment of the transgender community will serve to benefit the community at large, while also decreasing HIV prevalence.

Estimated return on investment (ROI) for this recommendation
This is difficult to estimate however reducing homelessness and improving the social determinants of health for transgender people would mean that a significant quantity of public and private resources would no longer be needed for the care of poverty induced health and related disparities, and could be used for some other purposes. This includes:

Government: funding of related health care, housing, benefits, legal and criminal justice systems, reduced tax base
Business: production losses resulting from mortality, absenteeism and reduction in on-the-job productivity
Family members and friends: detrimental effects and intangible costs
Transgender people: physical and psychological pain

Potential cost savings by focusing future interventions on poverty through the establishment of stable housing with services are distributed across numerous areas, including but not limited to:

1. Reduce number of transgender people who become HIV and/or HCV-infected
2. Reduce transgender emergency room visits, detox and associated hospitalization for preventable acute and chronic illness and preventable primary and co-morbid health concerns; also reduce need for provider research and training costs associated with acute/emergency concerns
3. Reduce engagement of transgender people in sex work and other criminal/illegal/underground economic activity
4. Reduce the involvement of transgender people in the criminal justice system including policing/enforcement, legal, judicial, incarceration and probation
5. Reduce the healthcare costs including hospitalization and emergency room visits associated with end of life care for transgender people

Key individuals/stakeholders who would benefit from this recommendation
Transgender and gender non-conforming people who are homeless, poor, underemployed or unemployed or unable to afford a home and placed at high HIV risk.

Suggested measures that would assist in monitoring the impact of this recommendation

This recommendation's success can be measured by both engagement in the program and measurable progress toward the specific educational, workforce, health or related milestones established in individual service plans. These include a number of domains, as follows.

Health

1. Increase number of transgender people engaged in HIV testing as part of routine human services and health care
2. Increase number of transgender people in treatment for HIV (test, connect to, treatment) and retention in HIV care or PrEP, HCV and/or substance use (treatment or harm reduction)
3. Increase numbers of trans people connected/navigated and retained in health care, social services, syringe exchange, community/cultural events, educational attainment, workforce development and so forth
4. Increase number of transgender people with a primary care provider (PCP)
5. Reduce number of transgender people engaging in emergency room visits and associated hospitalizations
6. Reduce number of transgender people dying prematurely due to preventable primary and co-morbid health concerns
7. Increase number of transgender people engaged with trans-affirming syringe exchange providers
8. Increase number of transgender people engaged in trans-affirming HIV partners services

Livelihood

9. Increase number of transgender people in higher/post-secondary education (college)
10. Increase number of transgender people in living wage employment
11. Increase number of eligible transgender people engaged in trans-affirming benefits programs
12. Increase number of transgender people engaged in trans-affirming housing providers, homeless support and, eventually, rental self-sufficiency in unsubsidized housing
13. Reduce number of transgender people missing work or becoming disabled due to preventable primary and co-morbid health concerns

Criminal justice

14. Reduce number of transgender people engaging in sex work and other criminal/illegal/underground economic activity
15. Reduce number of transgender people engaging and incarcerated in the criminal justice system

Recommendation six – community-based organizations (CBOs): TGNC individuals need access to Community Based Organizations (including AIDS Service Organizations and LGBTQ nonprofits) that provide services and programs relevant to TGNC communities, designed and delivered under the leadership of TGNC people, and are in safe environments where all staff, board, and volunteers understand the needs and identities of TGNC communities.

Part A

Develop peer-to-peer training with TGNC folks overseeing the design and evaluation including methods to create feedback loop (including observing the trainer and providing feedback, QA processes, etc.).

Description

The workgroup recommends developing a peer-to-peer training led by TGNC people that will work with medical providers, law enforcement, counselors, governmental agencies, funders, etc., to conduct trainings on how to actively engage the TGNC community.

According to the AIDS Institute Peer Worker Course Catalogue:

1. Peer workers have a unique capacity to provide targeted services that can inspire, empower and support clients with, or at risk for, HIV and HCV.
2. Peer workers provide a unique category of service delivery through the lens of "shared lived experience" which is distinct from the roles and services delivered by other members of a multi-disciplinary care or prevention.

Following the guideline set within this Peer Worker Course, TGNC would be able to employ this model expecting similar outcomes. The caveat would be these trainings would educate in how to effectively engage TGNC people raising awareness of barriers to linkage to care and developing strategies to overcome them.

Blueprint item this recommendation specifically applies to

This recommendation coincides with Blueprint Recommendation BP28

Suggested measures that would assist in monitoring the impact of this recommendation

1. Through this recommendation we will be able to work to address economic empowerment by hiring within the community.
2. This initiative will allow smaller, Trans* led agencies the tools to build capacity to become trainers for larger, Cisgender led LGB agencies.
3. Recommendation can be built into existing cultural competency trainings, making it cost effective and implementation seamless.

Estimated cost of implementing this recommendation

Implementation of this recommendation is permitted under current law and no statutory change is needed. Implementation could begin immediately. Funding that has already been earmarked for the Peer Worker Course or LGBT culturally competent trainings could be utilized for this recommendation.

Rationale

TGNC experience disparities in employment due to lack of access to academic opportunities afforded to their Cisgender counterparts.

Many TGNC face barriers such as lack of access to reliable transportation that prevents them from earning a living wage.

According to the report "Transgender Health and Economic Insecurity", "it was less common for Transgender respondents who sought job training to successfully access these services compared to non-Transgender respondents (59.7% vs. 46.8%) suggesting barriers to job training that are similar to Transgender people".[51]

Utilizing a peer-to-peer model will offer an opportunity for TGNC community members to grow beyond peer educators, expanding their work experiences, enabling them to become employable thereby sustaining a living wage.

Part B

Community Based Organizations receiving AI funding must meet minimum requirements of TGNC competency.

Description

CBO's receiving funding from AI to serve TGNC people must meet minimum requirements in key areas, and maintain ongoing compliance. To ensure accountability and proper oversight, AI and the DOH will be bound by the same minimum requirements.

For the purposes of this requirement, the following terms are defined as:

Cultural Competency: Training and skills developed specific to a CBO's mission and services.

Trauma Informed Care: Providing care that encompasses sensitivity to issues of past histories and current systems of abuse, whether economic, emotional, physical, or systemic.

Implementation steps include:

1. Policies and procedures - To be developed with the guidance of TGNC individuals with experience in policy development. Policies and procedures must reflect the needs and respectful treatment of men, women, and gender non-conforming people of various experience, and be inclusive of TGNC people. This includes grievance procedures, which must be equal and consistent including TGNC people.
2. Ongoing staff training and development - TGNC 101 must be part of the ongoing training, but is not sufficient alone. It must include trauma-based care, best practices designed by and for TGNC people, and ongoing cultural competency, including specific issues faced by TGNC PoC and sex workers. It must be part of continuing education for all staff, volunteers, and board members. AI will conduct follow-up at intervals during grant cycles to ensure implementation and adherence.
3. Accountability - CBO's must provide means to demonstrate their adherence to the procedures and policies in place. These will consist of community feedback, either individual or by means of a peer review board, collected data inclusive of grievances, and the ability to submit a grievance to the funding entity if the CBO is unresponsive.

[51] Frazer., M. S & Howe, E.E. (2015) Transgender health and economic insecurity: A report from the 2015 LGBT Health and Human Services Needs Assessment Survey. Empire State Pride Agenda: New York, NY. www.prideagenda.org/lgbtdata.

AI will provide Community Based Organization grantees with assistance in funding and/or identifying individuals to deliver professional development trainings.

Through this recommendation we will be able to provide more affirming care and access to services, by removing the stigmatization and ignorance of the TGNC experience that is apparently perpetuated in current models.

Blueprint item this recommendation specifically applies to
This recommendation aligns with Blueprint Recommendation BP2, BP8, BP18, BP19

Estimated cost of implementing this recommendation
This recommendation could be accomplished at minimal cost by basing it on existing policies and procedures, and recruitment by AI and the DOH of TGNC people with policy development histories.

Implementation of this recommendation is permitted under current law and no statutory change is needed. Implementation could begin immediately.

Rationale
By providing guidelines created by TGNC people, it would lessen the fear of discrimination and mistreatment when seeking care and services, and provide a larger, more effective reach. TGNC people would be more likely to seek care and services from those organizations who have implemented inclusivity and made an effort to provide a safe space that is sensitive to prior trauma and does not cause further trauma, as is common in many organizations and programs at this time.
Currently there are no concerns with implementing this recommendation.
Funding that has already been budgeted for training programs could be utilized for this recommendation.

Implementation will include utilization of existing TGNC people with backgrounds in policy and procedure development, within each organization. This is value added as those individuals also have pertinent regional knowledge that can be incorporated. In the case of lack of such individuals, AI will provide support in development and implementation of said policies.

Trauma Informed Care (TIC) must be emphasized, especially as it relates to Trans women of color who already bore the brunt of being stigmatized within their varying ethnic communities. It is of crucial importance to take into account the systemic erasing of Black TGNC voices in relations to mental health it must be addressed in a way that is inclusive of our unique history in relations to how black trans women have been excluded and pathologized by the healthcare system. Black, Trans and female does not equal HIV and yet this is often the narrative, that many in the black trans feminine community hear. It is important to address the systemic root causes that have led to the many disparities that black trans women currently face. Health care providers must understand that no marginalized community is monolithic and neither shall our outcomes be.

Healthcare in this arena must be TGNC affirming, it must take into consideration the crucial role mental health must play along with other social factors. Many black trans women have dealt with layers of trauma that has formed and impacted their lives, to a substantial degree. It is for this reason that we

recommend ongoing trauma workshops that helps community members recognize their varying triggers and check in with mental health staff and be given the essential tools as deemed necessary to their development. It is recommended that TGNC-identified mental health care providers are utilized when possible and incorporate their own experiences. The amount of time that must be given to Trauma Informed Care is of great importance and may vary from person to person with the understanding that communities dealing with similar traumas may have totally different outcomes. Mental health as it relates to TIC should be at the core of every program that comes from the recommendations.
It must be emphasized that recovery from Trauma is often neglected with too much time being spent on diagnosis and not treatment.

Part C
Creating and developing TGNC Leadership.

Description
The development of TGNC leadership is essential to changing the current trajectory that the TGNC community currently faces. Adequately funded TGNC-led organizations are the critical enablers needed to address HIV, as well as HCV in conjunction with overlapping social and program enablers and can lead to the TGNC community's self-realization and growth.

As it relates to health including mental health, educational, economic opportunities as well as legislations that is TGNC affirming. The majority of TGNC-led CBOs have a "boots on the ground" that gives them a clear understanding of the needs of TGNC community members and the best approaches to the various issues that has impacted the TGNC community. TGNC-led CBOs understand the critical concerns that enable negative HIV outcomes at levels that non-TGNC CBOs are not attuned to. They can be more effective in the uptake, equitable coverage, rights based delivery and quality of based care deliverables. They can overcome major barriers to service uptakes, including social exclusion, marginalization, criminalization, stigma and inequity which they know about all too well.

Recommendation seven – immigration: to increase the access of TGNC to sexual health, medical, social and legal immigration services, as well as to offer these services in their first languages.

Description

We recommend community partners focus on addressing the needs of TGNC immigrants. These plans/policies and action steps would include but not be limited to:

- Creating and promoting literature that is tailored to immigrants in their native language as well as their gender identity
- Training around cultural background and Transgender inclusion to all organization that provide services to immigrant transgender and GNC individuals. Trainers should be from Transgender immigrant communities in order to impart culturally specific promising practices.
- Creating and promoting spaces that offer sexual health for free or low cost regardless of immigration status and insurance.
- Creating alternatives for legal documentation requirements for PrEP AP for folks without any documentation.
- Create incentives for providers and organizations that offer health services to immigrants without immigration status or insurance.
- Creation of public statements in different media outlets about health services at low or no cost.
- Access to mental health services for immigrants in their language and with low or no cost.
- Organize with pro-LGBT immigrants organizations to create policies and recommendation specific to transgender and GNC immigrants.
- Foster the inclusion of immigrants in providing comprehensive services that help with viral load suppression and lead to an undetectable status for people living with HIV and PrEP adherence and other risk reduction services for high risk negatives.

Timeframe

This recommendation could be rolled out in the next 12 to 24 months if proper funding is provided.

Perceived benefits of implementing this recommendation

Benefits would be important as if information and services are provided, rates of HIV infection in immigrants should decrease and linkage to medical services should increase.