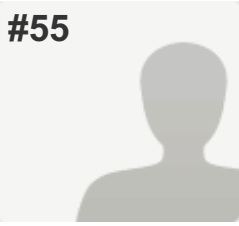


Ending the Epidemic Task Force Recommendation Form

#55



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Q2: Title of your recommendation

Adding Gender Identity or Expression to the existing Human Rights Law in New York State

Q3: Please provide a description of your proposed recommendation

Add the category of "gender identity or expression" to the existing NYS Human Rights Law, which makes it illegal to discriminate on the basis of age, race, creed, national origin, sexual orientation, sex, etc., in the areas of employment, housing, public accommodations and credit (NYS Executive Law, Article 15). Currently, transgender people are losing jobs, being fired from jobs or being refused jobs just for being transgender. Currently transgender people are being refused or denied service at public accommodations, or are evicted or denied housing simply because they are transgender. One out of every three transgender New Yorkers have been homeless at one time and two out of every three experience discrimination at work ("Injustice At Every Turn: National Transgender Survey", a joint effort by National Center for Transgender Equality and The National Gay and Lesbian Task Force). Transgender people are 50 times more likely to contract HIV, largely due to the fact that they are routinely discriminated against and do not have statutorily protected rights.

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

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

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

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

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

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

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

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

Other (please specify)
Changes to both existing policy and programs-- wish you had the "both" option here!

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

Statutory change required

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

Within the next year

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

Access to safe and affordable housing and to safe and productive workplaces leads to better health outcomes and decreased costs for social service programs and shelter costs. Decreased discrimination leads to improved mental health and therefore better decision making regarding risk behaviors for HIV, Hepatitis infections and then lower rates of new infections. Decreased discrimination in housing and employment will lead to more compliance with healthcare programming and better health outcomes. It will lead to a decrease in the exponential experience of minority stress so many transgender people experience.

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

Requires a change in statutory law. Requires, perhaps, as in NY City and San Francisco, CA, implementation guidelines to be written and disseminated. There is already model legislation available (Squadron, s. 195/Gottfried, A.4226).

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

The cost of implementing this recommendation would be negligible and would involve education of the public through various media, as well as informing/educating healthcare providers and social service program managers.

When a person is allowed access to housing and employment without discrimination, costs for social services programs, especially shelter costs, are avoided. Additionally, several studies have shown that housing stability and vocational opportunities are hugely successful interventions for providing better health outcomes.

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

This statutory change has minimal financial cost for implementation. the return on investment would include savings in shelter costs and social service programs as well as increased tax revenue from and increased number of transgender people entering the workforce.

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

Transgender New Yorkers currently suffering from multi faceted debilitating discrimination.

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

Data and tracking in healthcare regarding housing stability and vocational/employment are a solid indicator of discrimination in marginalized communities.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member