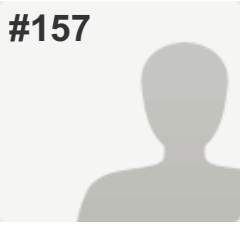


Ending the Epidemic Task Force Recommendation Form

#157



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

First Name	Glenda
Last Name	Testone
Affiliation	Executive Director
Email Address	glenda@gaycenter.org

Q2: Title of your recommendation	Address Basic Needs including Housing and Employment
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Q3: Please provide a description of your proposed recommendation

Address the basic needs of transgender people: aid the development of innovative and comprehensive prevention interventions for HIV negative trans people that address the factors that place them at the highest risk including improving key socioeconomic factors. These could be their economic/employment and housing security so they can then prioritize their health, promote early entry to care and optimize management of HIV infection, as well as helping them to prioritize PrEP and their health.

Background: The stubbornly high rates of infection among transgender people suggest the need for another approach beyond “test-treat-retain”. HIV rates among transgender individuals are a symptom of a larger problem, spoken of far less frequently, which calls out for our attention – poverty. Transgender individuals are up to four times more likely to live in poverty. One-third of transgender people of color have incomes of less than \$10,000. And transgender people are twice as likely to be unemployed and underemployed.

New York State can instead treat poverty as the broad indicator of transgender health and driving force behind the staggeringly high transgender HIV rates and many of the community’s other challenges: suicide, homelessness, substance abuse and inadequate education, to name just a few.

Despite the abundance of existing resources in New York State, service gaps for the transgender community exist. NYS and its partners can develop the following to address the poverty-related needs of transgender people: individualized job readiness services; rigorous literacy and education instruction, GED and college preparation; goal planning and employment skills and resume/interview workshops; job placement services; internship program; career fair; career leadership conference and mentoring services.

Measures: economic/employment – reduction in poverty, increased employment, completion of a high school education for adults older than 24 years, and an eighth-grade education for adults older than 18 years; housing security – engagement in trans-affirming housing providers, homeless support and, eventually, rental self-sufficiency; retention in care – increase numbers of trans people retained in HIV care

Short-term milestones: engagement in the program and progress toward educational, workforce, housing health or related milestones established in their individual service plan

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

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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

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

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

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

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?

Change to existing program

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

Permitted under current law

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

Within the next year

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

This would ensure that all medical interventions designed for prevention are reaching all members of high risk populations, which is not possible with the current system.

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

No concerns.

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

This would need to be calculated by CMS (The Centers for Medicaid and Medicare), and costs, if any for lobbying political officials.

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

The estimated ROI is undetermined but should be calculated by the money that would be saved by preventing new infections, getting people into treatment sooner, having transgender people who seroconvert already be healthier because their already linked to healthcare, and reducing costs of fewer emergency room visits.

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

Transgender individuals, their families, children, and partners.

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

Tracking unique #'s of transgender individuals in the healthcare system following this reform would be able to reflect its effectiveness.

Q15: This recommendation was submitted by one of the following

Ending the Epidemic Task Force member