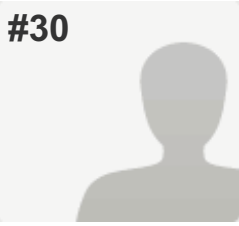


Ending the Epidemic Task Force Recommendation Form

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Q2: Title of your recommendation

Culturally-Specific Interventions for Transgender POC and WSW Communities

Q3: Please provide a description of your proposed recommendation

In order to break through the stigma and other unique issues that exist in Transgender POC and WSW communities, we must design interventions that speak to their diverse cultural experiences. Although we have advanced with curricula and service delivery models specific MSM and Heterosexual men & women, we still do not see CDC supporting specific gender-based interventions aimed at Trans women, Lesbian and Bisexual women. Trans women do not want to be clumped in with MSM-specific research, social marketing and programming. WSW, especially bisexual women and women who are questioning have risk factors that continue to be dismissed. A supportive model to ensure culturally-specific, gender-based interventions is one that is homegrown, for and led by the target population. Culturally-specific interventions and models of care can still be evidence based. Giving Transgender and WSW programs the autonomy to develop such a program, as well as to evaluate incremental and long-term outcomes can bring visibility and credibility to the impact this approach has in client recruitment, testing, linkages to care and ultimately viral suppression to an undetectable state, as well as prevention for high-risk negatives.

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

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

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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.

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

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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.

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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.

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

Unknown

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?

Benefits would include supporting the End of AIDS Epidemic Plan by breaking through stigma and other unique barriers to testing, treatment and follow up care. It would also align with the Bending the Curve model of prevention by offering culturally-specific risk reduction services (including PrEP referrals) to high-risk negatives.

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

In order for culturally-specific, gender-based models to work the programming must be led by providers who are part of that particular community. This allows a more organic connection with the target population in order to use them as a resource to inform the design of the interventions. This lends its way to retention and success rates.

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

The costs to give life to this recommendation requires the sustainability of existing Transgender and WSW grants, additional culturally-specific, gender-based grants and explicit language that allows homegrown interventions as part of the CDC and/or NYS HIV Interventions approved list.

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

Clients will report a decrease in social isolation and an increase in overall Healthy Behavior Choices. Clients will increase their self-efficacy in HIV prevention (high-risk negatives) and treatment (positives), reaching undetectable states. This will take place on an individual level while impacting community viral load levels, all of which support the goal of ending the AIDS epidemic by 2020.

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

Transgender people and WSW communities, particularly Trans women of color and WSW of color.

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

Including wrap-around services in order to address other social and medical disparities that can prevent access to HIV testing, treatment and follow up. These wrap-around services can also be monitored to identify a correlation with HIV treatment progress.

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Q15: This recommendation was submitted by one of the following Advocate