

GAY MEN'S HEALTH CRISIS

New York City Policy Agenda

2010-2011



GMHC New York City Policy Agenda 2010-2011

Executive Summary:

GMHC strongly urges action on the recommendations laid out in this policy agenda. These recommendations spell out some steps that will avert new infections and adequately treat, care for and offer support to those already living with HIV.

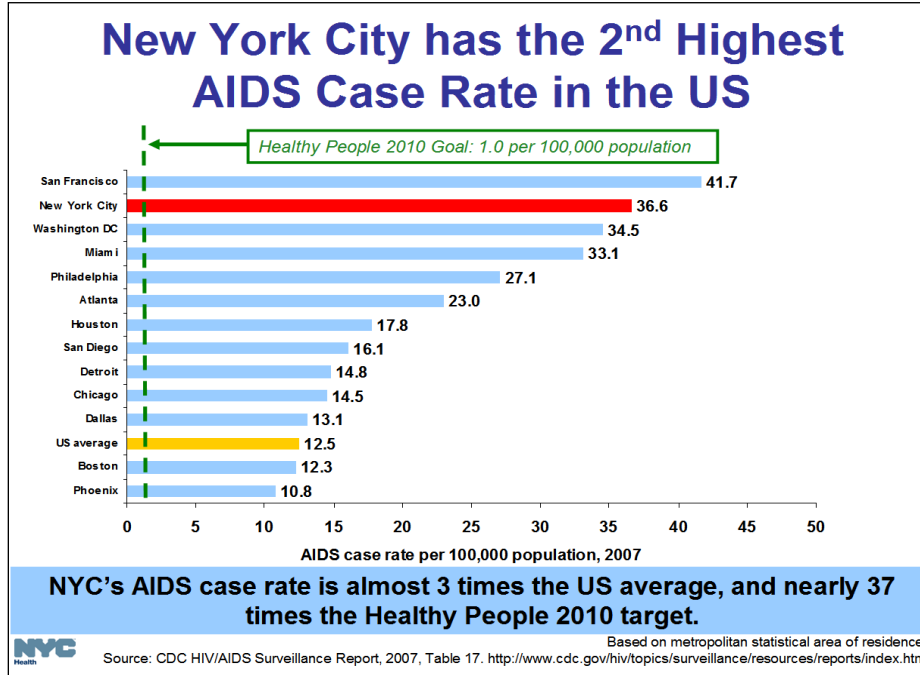
New York City Policy Priorities

- Implement effective age appropriate comprehensive sex education in all New York City schools.
- Promote affirming environments for youth in New York City, including LGBT youth.
- Adequately fund HIV prevention, treatment and care services in New York City.
- Address the needs of people over fifty living with HIV/AIDS.
- Create a division of LGBT youth services within the Department of Health and Mental Hygiene.
- Address the social and economic factors that contribute to the continued HIV epidemic.
- Improve health care access for LGBT New Yorkers.
- Promote ending health disparities based on race, sexuality, and immigration status.
- Expand stable and affordable housing for people living with HIV.
- Address factors that make black and Latina women particularly susceptible to HIV infection.
- Expand access to syringe exchange as an effective HIV and blood borne disease prevention method.
- Promote condom use as HIV prevention and remove barriers to condom use by vulnerable New Yorkers.
- Support state and federal initiatives to improve the wellbeing of LGBT and HIV affected New Yorkers.

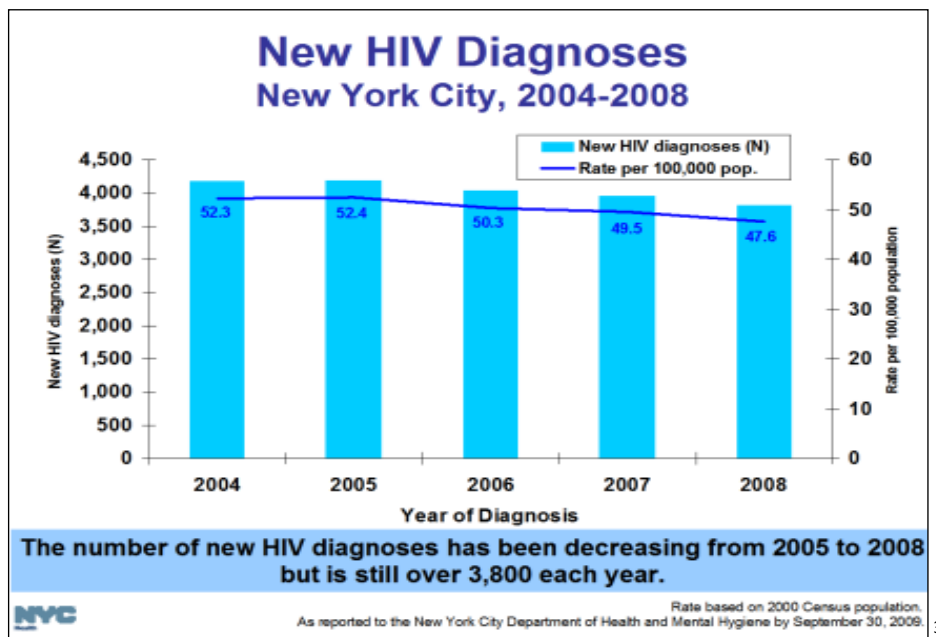
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HIV/AIDS in New York City

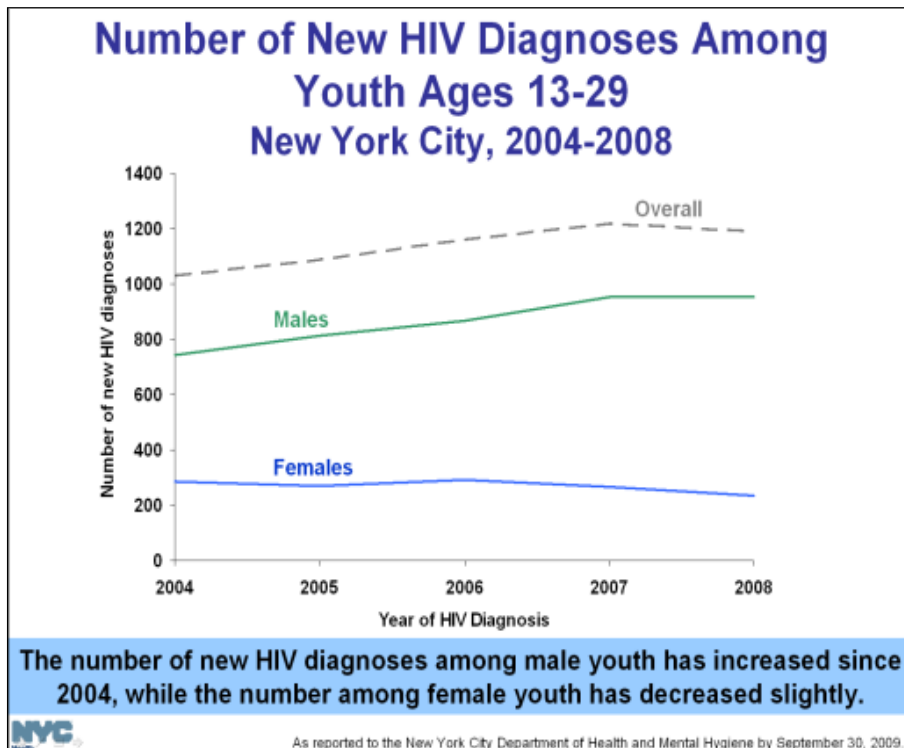
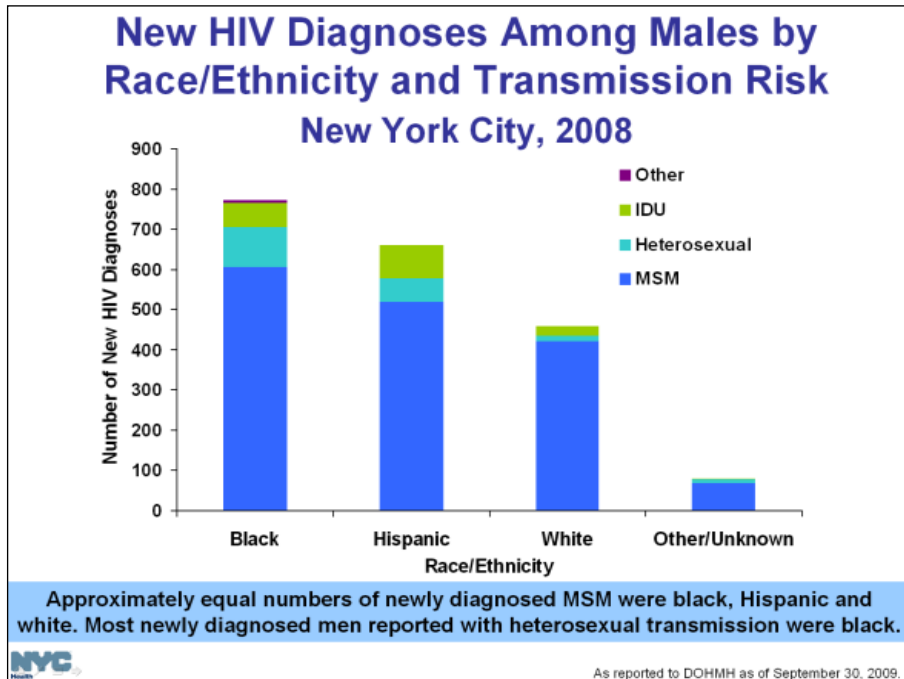
New York City’s AIDS case rate is the second highest for any City in the United States and is three times higher than the national average.¹ As of December 31, 2008, 105,633 persons were reported as living with HIV in New York City.²



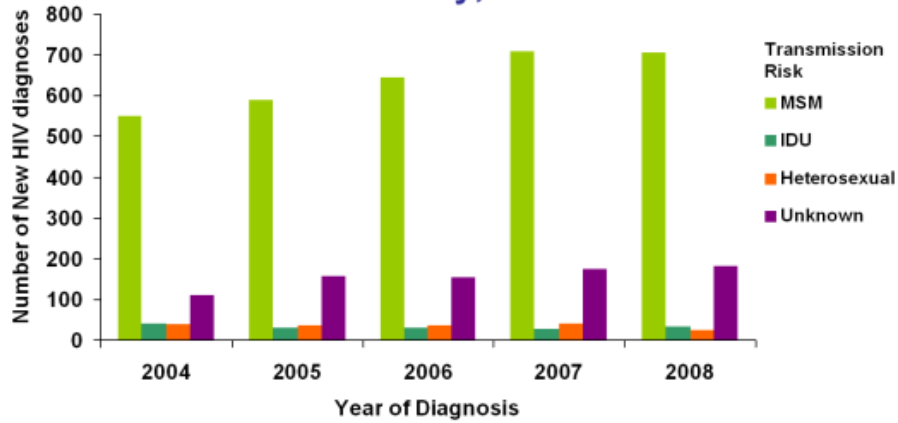
Though the number of new cases of HIV each year has remained steady or decreased over the last few years, troubling trends have emerged.



African Americans, gay and bisexual men, and youth 13-29 continue to experience high and increasing rates of HIV infection in New York City. Racial and ethnic minorities make up an increasing proportion of HIV diagnoses. Over 80% of all new diagnoses occur among African Americans and Hispanics. African American men comprise 45% of all new diagnoses among men, and African American women comprise 67% of all new diagnoses among women in New York City.⁴



Number of New HIV Diagnoses Among Males 13-29 by Transmission Risk Category New York City, 2004-2008

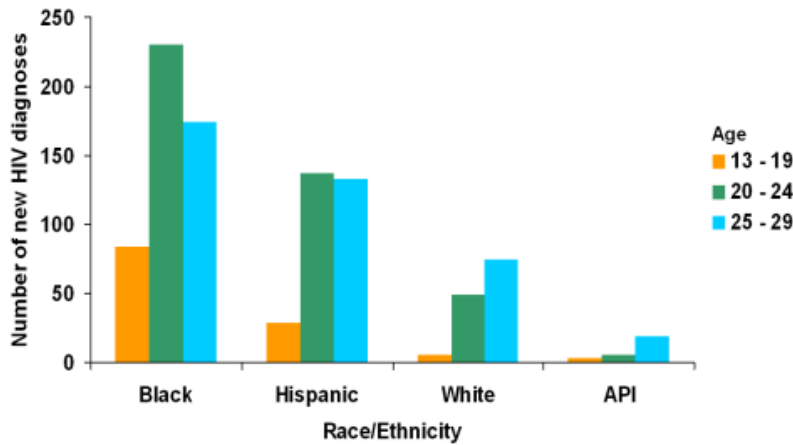


The number of new HIV diagnoses among males ages 13-29 with MSM risk increased between 2004 and 2008.



Perinatal and Other transmission risk not shown.
As reported to the New York City Department of Health and Mental Hygiene by September 30, 2009. 7

Number of New HIV Diagnoses Among Male Youth by Age and Race/Ethnicity New York City, 2008



There were more new HIV diagnoses among black male youth (488) than among Hispanics (299), whites (130), or Asian/Pacific Islanders (28).



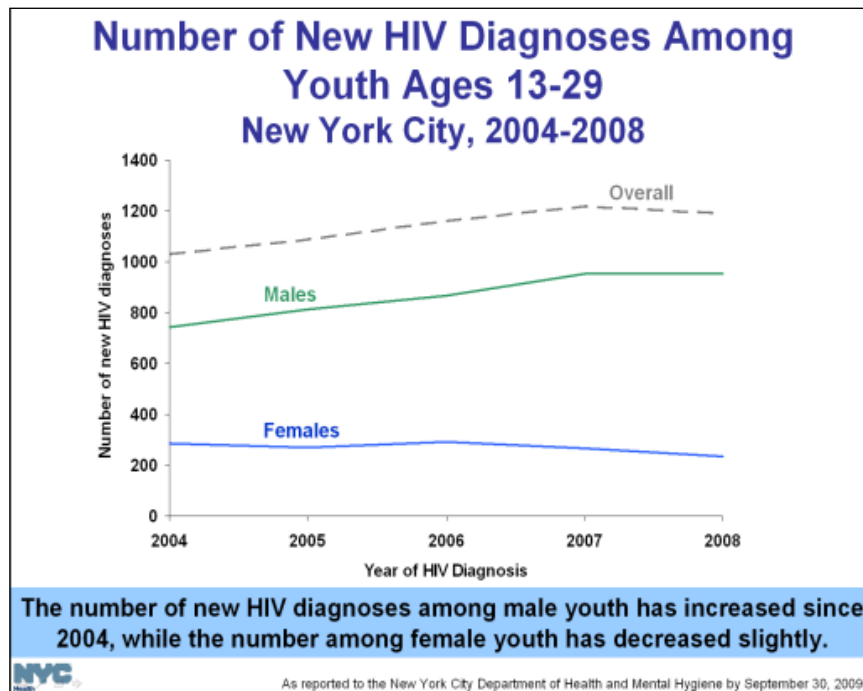
Native American, Multiracial and Other race/ethnicity categories not shown.
As reported to the New York City Department of Health and Mental Hygiene by September 30, 2009. 8

The U.S. Centers for Disease Control and Prevention (CDC) estimate that men who have sex with men (MSM) comprise 4% of all men and 2% of all adults in the U.S.⁹ Some studies estimate that in New York

City 2-4% of the total population are MSM.¹⁰ Yet despite making up as little as 2% of the population, MSM comprise 42% of all new HIV diagnoses in New York City. And many more homosexually active men likely do not report this risk factor due to anti-gay stigma. From 2003 to 2008 the proportion of MSM among all newly diagnosed males grew from 47% to 56%. Most troubling is the 27% increase in new HIV diagnoses among men aged 13-29 between 2003 and 2009.¹¹ Further, New Yorkers are finding out they have HIV unacceptably late, since 25% of people newly diagnosed find out they have AIDS at the same time. Immigrants and older adults are more likely to be diagnosed late, and to already have advanced to full-blown AIDS.

New York City Youth

Even as the overall number of new diagnoses in New York City decreases, diagnoses among youth, and particularly among young gay and bisexual men, continue to rise.¹²

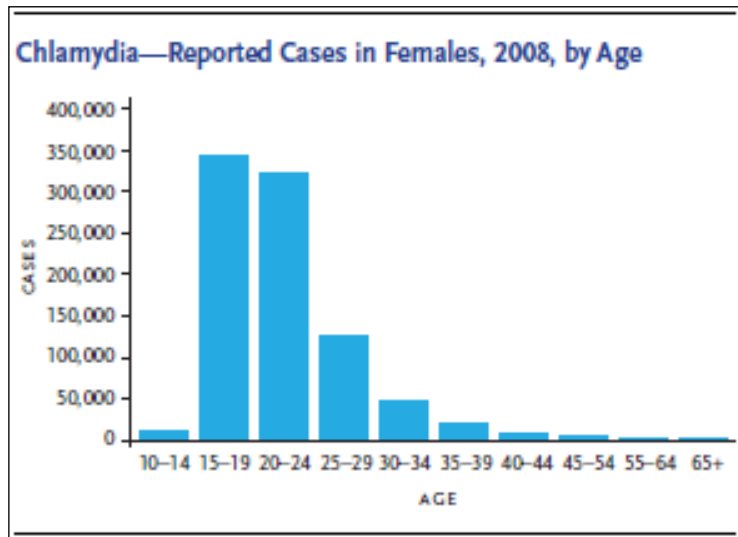


- **Pass legislation (Int. 0094-2010) to create a division of LGBT youth services within the Department of Health and Mental Hygiene.**¹⁴ This legislation would create a division of LGBT youth services within the Department of Health and Mental Hygiene. The division would be tailored to the unique needs of LGBT youth up to age 24 and would address the physical and mental health needs of LGBT youth. The division would do this by researching and developing programs and initiatives to address, among others, suicide prevention, depression, violence, and the spread of sexually transmitted diseases among LGBT youth in New York City. Legislation (Int. 0094-2010) was introduced on March 3, 2010, sponsored by Public Advocate Bill de Blasio and Council Members Dromm, James, Koppell and Lander.

Implement effective age appropriate comprehensive sex education in all New York City schools

According to the CDC-commissioned New York City Youth Risk Behavior Survey, in 2007, 28.5% of NYC students did not use a condom the last time they had sex, and teen pregnancy rates are above the national average.¹⁵ According to the latest HIV surveillance report from the New York City Department of Health and Mental Hygiene (DOHMH), young New Yorkers continue to experience increased new HIV infections. Last year 172 13-19 year old New York City residents were diagnosed with HIV.

Further, STDs continue to take an especially heavy toll on women 15-19, and in particular young black women. According to the CDC, in 2008, black women in this age group account for the highest rates of both chlamydia and gonorrhea of any group.¹⁶



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A 2008 CDC study found that 26% of all young 13-19 year old women in the U.S. are infected with at least one sexually transmitted disease (STD), including almost half of the African American women surveyed, despite similar risk factors as other racial and ethnic groups.¹⁸

Yet many New York City schools do not offer age appropriate sex education to students, even though most New Yorkers think that they do, and even though HIV education is mandated by state law. This is despite the existence of two evidence based, age-appropriate, comprehensive sex education curricula, Health Smart and Reducing the Risk. These curricula were approved in 2007 by the New York City Department of Education (DOE).

Many schools have not implemented the curricula because implementation is at the discretion of the principal of each school, and the curricula are not a part of required education in New York City Schools. In the spring of 2008 DOE and DOHMH implemented a pilot program of evidence based sex education using the DOE-approved curricula in seven South Bronx public middle and high schools.¹⁹ Process evaluation of the pilot program demonstrated that it is possible to implement comprehensive sex education in New York City schools. Moreover, the evaluation revealed support from teachers,

administrations and parents for implementation and demonstrated collateral benefits for education outcomes and school climate.²⁰

It is time to improve education about reproductive health and the prevention of sexually transmitted infections and HIV in schools. Specifically, we urge the City Council and the Bloomberg Administration's Department of Education to:

- Require school principals to fully implement both the Health Smart and Reducing the Risk curricula.
- Mandate implementation of these comprehensive sex education curricula in all New York City Schools.
- Determine the most appropriate methods for implementation in the shortest possible amount of time. DOE should work in collaboration with teachers unions, parents and schools to accomplish this. The results of the DOE and DOHMH pilot program that was implemented in the Bronx in spring 2008 provides clear guidance for how effective implementation of sex education can be achieved in NYC schools.²¹
- Make the full implementation of the Health Smart and Reducing the Risk curricula a performance indicator on which principals are assessed.
- Assess the implementation of both curricula in New York City schools to ensure that they are being properly implemented. The New York City Public Advocate could evaluate the performance of DOE and NYC schools in this respect.
- Seek Tier 1 or Tier 2 unintended pregnancy prevention funding from the Federal Office of Adolescent Health (OAH) to implement the DOE-approved Reducing the Risk and Health Smart curricula that have been listed as evidence-based programs in a recently released OAH request for proposals.

Promote affirming environments for youth in New York City, including LGBT youth.²²

Foster safe learning environments for New York City students

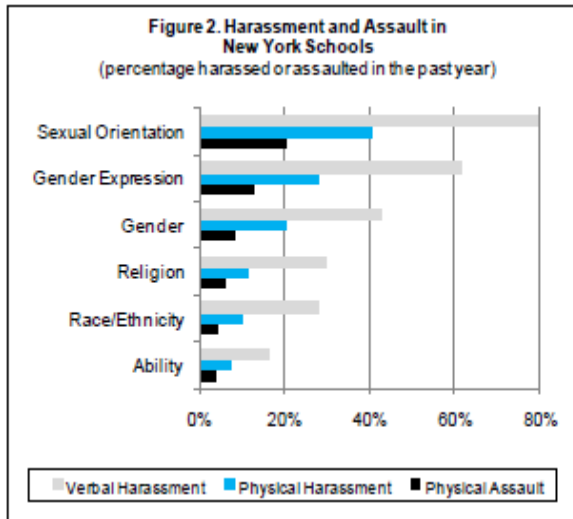
GMHC commends New York City for its efforts to promote respect for diversity and foster inclusive learning environments for students. New York City schools face a pressing problem with bullying and harassment that may adversely affect students' educational and health outcomes. The Respect for All curriculum and Respect for All week, projects championed by City Council Speaker Christine Quinn along with DOE, are encouraging steps in the right direction. The enhanced program incorporates some of the key aspects of the Dignity in All Schools Act (DASA) that was passed by NYC Council in 2006. These curricula, along with the DOE Chancellor's Regulation (A-832) of 2008 which prohibits bullying and harassment in schools, are good first steps. However DOE can and should go further to address the full scope of bullying and harassment in New York City schools. Specifically we urge DOE to:

- Comprehensively apply the Respect for All curriculum in all New York City schools and make Respect for All week a permanent part of school agendas.

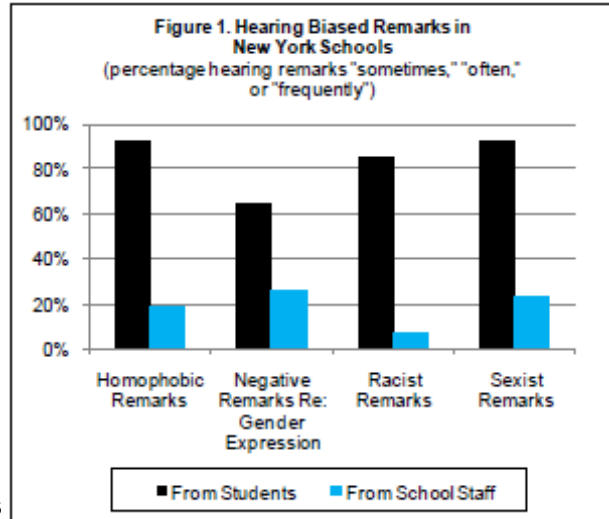
- Implement New York City law as expressed in the Dignity in All Schools Act of 2006. Respect for All and Chancellor’s Regulation (A-832) of 2008 are laudable steps in the right direction, but do not go far enough. These regulations do not adequately address staff to student harassment.

Support efforts to address anti-LGBT bullying and harassment in New York City Schools

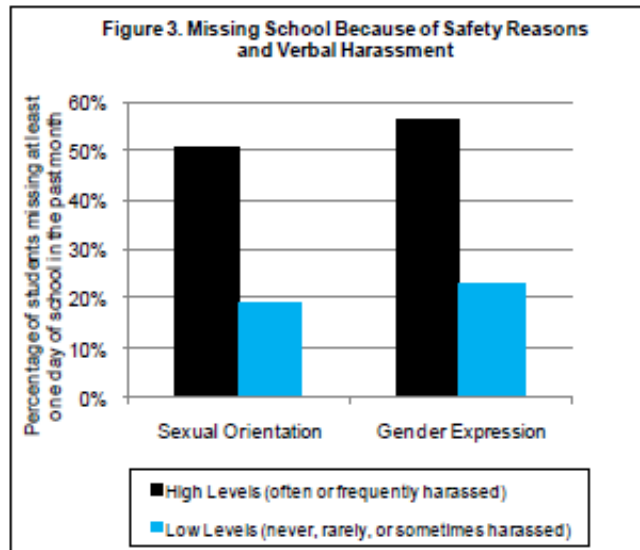
New York City must do more to encourage LGBT-affirmative interventions in schools. The most recent National School Climate survey conducted by Gay, Lesbian, and Straight Education Network (GLSEN) found that 9 out of 10 lesbian, gay, bisexual and transgender (LGBT) high and middle school students experienced harassment at school and 60% felt unsafe at school because of their sexual orientation.²³ 82% reported that they had been verbally harassed in the past year because of their sexual orientation, and 46% because of their gender expression. In New York City schools 93% of students regularly heard homophobic remarks from other students, 25% heard school staff make negative comments about someone’s gender expression and 18% regularly heard homophobic comments from school staff.²⁴



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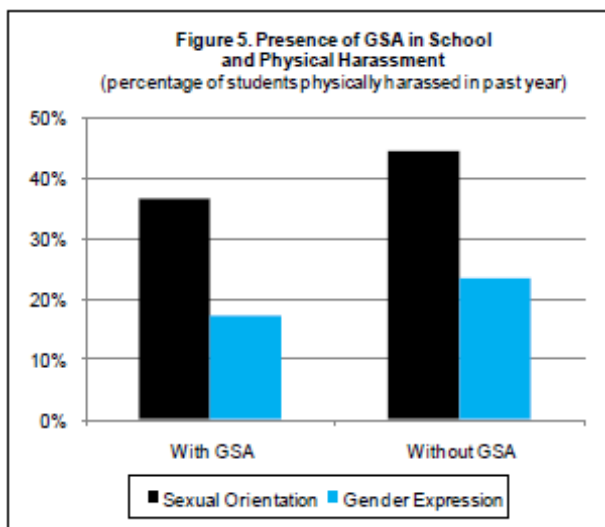


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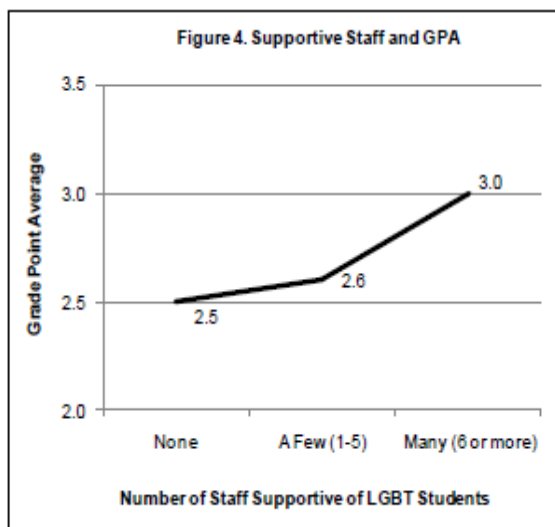


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Studies show that an unsafe educational atmosphere can push students out of school and into high-risk behavior. A Massachusetts Department of Education study found that in schools with Gay Straight Alliances (GSA) and other gay-affirming interventions, young gay and bisexual men were less likely to engage in HIV risk behavior than in schools without these interventions.²⁸ The National School Climate Survey found that students in schools with GSAs reported hearing fewer homophobic remarks and experienced less harassment and assault because of their sexual orientation or gender expression.²⁹ The survey also found that having supportive staff whom LGBT students could approach about LGBT issues contributed to decreased risk for harassment and assault and increased educational achievement.³⁰ Safe school policies that included protections based on sexual orientation and/or gender expression had a similarly positive effect.



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- Support existing Gay-Straight Alliances and other LGBT affirming interventions in New York City Schools and facilitate the creation of new ones in schools that do not currently have them.
- Ensure that all New York City schools implement nondiscrimination policies inclusive of sexual orientation and gender expression. The DOE, teachers unions, and parents should work in collaboration to achieve this goal.
- Improve access to LGBT related resources in schools including textbooks, internet and library resources.
- Continue training and providing all staff, including health and mental health providers, with opportunities to be supportive of LGBT students.

Encourage family acceptance of LGBT youth

Research has shown that families and caregivers have major impact on the risk and well being of LGBT children.³³ A 2009 study in the journal *Pediatrics* documents how family rejection of lesbian, gay and bisexual (LGB) youth correlates with poor health outcomes.³⁴ LGB youth who are rejected by their families are 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families who accept them. Conversely, LGB youth who are accepted by their families

were found to be better adjusted and to be at lower risk for health and mental health problems as young adults.³⁵

- Engage parents and caregivers in Respect for All activities to decrease stigmatizing and rejecting behaviors that increase LGBT children’s risk for health and mental health problems.
- Connect LGBT youth with supportive community and online resources for LGBT youth and families. DOE should take steps in tandem with teachers unions and parent organizations to make these resources easily available.
- Support efforts to implement social marketing campaigns that promote parental acceptance of LGBT youth. One example of a successful campaign “My Son is My Life” is produced by GMHC is called It has been so successful that the Florida Department of Health Bureau for HIV/AIDS prevention has inquired about reprinting the campaign, as have not for profits organizations in Ottawa and Toronto, Canada.

MY SON IS MY LIFE

I know he is gay and I don't always understand, but that doesn't change my love for him.

Your son is still the same person that you've always loved.

Your first reaction to learning that your son is gay can range anywhere from anger to sadness, fear to hurt, confusion to grief, and everything in between. These emotions and the thousands of others that parents, families, and friends experience are normal.

Tips for parents:

Be calm.
Even if it is a shock, try to stay calm. It is likely that your son is having a hard time. Coming to terms with his sexual orientation can be difficult for both of you. Getting angry or upset can make things harder.

Ask questions.
You will probably have many questions. It's perfectly natural and your questions can show that you are interested in your son's life. Talking openly with your son may bring you closer together.

Accept and support him.
It's important for your son to know he is still loved, no matter what. Your son is still the same person he has always been. Don't let this create distance between you.

Take your time.
If you're having a tough time, say so, and ask for a little time to deal.

Get support.
Support from others or counseling can be helpful. Talk to other parents of gay young men. For example, you can contact PFLAG (Parents and Friends of Lesbians and Gays) at www.pflag.org or (202) 467-8180.

1-800-243-7692
hotline@gmhc.org
www.gmhc.org

the institute | GMHC
FOR GAY MEN'S HEALTH | GAY MEN'S HEALTH CARE

This campaign ran in New York City in 2008 and 2009 and has been reproduced in Toronto, Ottawa and elsewhere.

Funding

GMHC calls on New York City to adequately fund HIV prevention, treatment and services during this critical stage of the HIV epidemic

Clearly New York City has a pressing HIV/AIDS problem, yet over the last three years New York City has cut funding to HIV services and prevention. In addition, \$300,000 was cut from Health and Hospitals Corporations (HHC) just last year, fiscal year (FY) 2010. On top of that, the Mayor's FY 2011 preliminary budget proposed further cuts to these services and critical social safety net programs for people living with HIV/AIDS.³⁶ The budget proposes \$332,000 in cuts to HIV services and prevention through the New York City Department of Health and Mental Hygiene that come on top of a half million dollar cut last year. The budget also fails to include funding for two important areas where City Council made restorations in 2009 to preserve functions and services that the Mayor had sought to cut. They are, a \$1.876 million reduction in HASA-contracted supportive housing programs and a \$491,000 or 50% cut to the Human Resources Administration (HRA) HIV food and nutrition program.

A newly proposed cut of \$4.2 million to the HIV/AIDS Services Administration (HASA) would result in the elimination of 248 HASA case manager positions. This cut could be in contempt of a federal court order, in the case of *Henrietta B. vs. Giuliani* of 2000 that requires HASA to maintain the client to case manager ratio established in local law 49. Under section 21-126, 21-127 & 21-128 of the New York City administrative code, HASA is responsible for providing access to benefits and services for people with clinical/symptomatic HIV illness as determined by the NYS AIDS Institute or with AIDS as defined by the CDC.³⁷ The City code also makes clear that HASA caseworker to client ratios must be at least 34-1. By cutting 248 HASA case managers, a 28% reduction in the total number of case managers, the ratio will fall well below the mandated level. HASA proposes counting case workers at client agencies toward the ratio; however the code does not allow for this and specifically stipulates that HASA case managers must be City workers as they have access to City services in a way that other case managers do not.³⁸

These cuts are just direct cuts to HIV/AIDS prevention and support services. Cuts to other social services will compound the problem. New York City may also be forced by changes in how the state allocates federal senior center funding to scale back services for older adults. The City depends heavily on federal Social Security Act Title XX Social Services Block Grant funding to support senior centers. This potential \$25 million dollar loss in state funding could result in a 30% reduction in senior center financing and closure of up to 20% of New York City's 321 senior centers.^{39,40} According to the City Commissioner for the Department of the Aging, 90% of people who access senior center services are poor.⁴¹ This cut would be devastating to the most vulnerable New Yorkers who rely on these centers for meals and support services and have few alternatives. GMHC is especially troubled by this potential cut because New Yorkers living with HIV are aging and likely to access these services in the coming years as many are poor and face challenges associated with HIV infections.⁴²

Not only are these cuts severe, they are also ill advised as they hurt New York City's ability to prevent and treat HIV/AIDS while increasing subsequent long term costs. Organizations across the City are still feeling the impact of past funding cuts. The budgetary decisions made by City leaders over the past

years have adversely affected people living with HIV/AIDS (PLWHA) at a time when HIV continues to ravage our City. Access to services has already been scaled back and further cuts will only make the situation worse. Communities that have been the most significantly affected by the epidemic will be devastated by the loss of services, and those at risk will be increasingly vulnerable as a result of these reductions.

A reduction of services now will result in high future costs to care for increased numbers of PLWHA. Studies show that investing in HIV prevention could save billions in future costs. If current U.S. guidelines from the time of entering care until death are followed, each case of HIV prevented could save \$303,100 in lifetime medical costs for HIV medical care by experienced HIV care providers.⁴³ Using this estimate, if New York City were to get serious and invest in HIV prevention it could save billions in future treatment costs for PLWHA. To reiterate, in 2008 alone, 3,809 New Yorkers found out that they are living with HIV, if just these cases were prevented, New York City could save \$1.15 billion in future costs to care for these cases and improve the health of New Yorkers most affected by HIV. Every year more and more New Yorkers find out that they are infected; this is not the time to scale back funding.

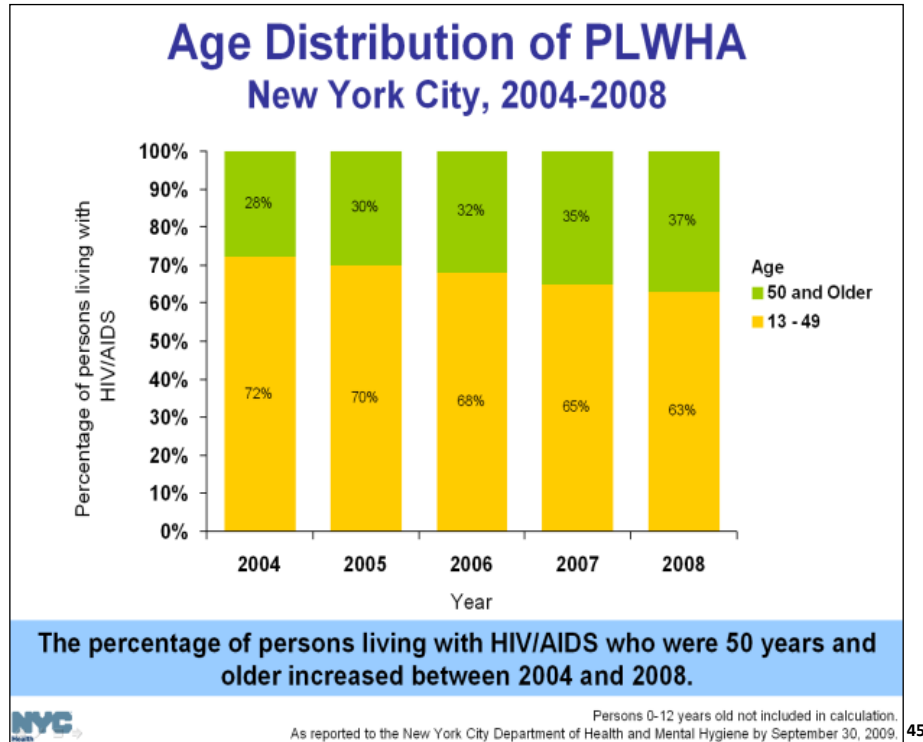
Recommendations:

1. Restore drastic cuts to HIV AIDS services, prevention, nutrition and housing proposed in the FY11 budget.
2. Consider the long term costs of failing to prevent new cases of HIV infections when making budgetary decisions.
3. Invest in HIV services and prevention to prevent new HIV infections.
4. Restore and adequately fund HASA services, maintain or reduce the case manager/client ratio to remain in compliance with the critical case manager-to-client ratios mandated by the New York City Administrative Code.⁴⁴
5. Adequately fund the New York City Department for Aging to prepare for the aging population living with HIV/AIDS.
6. Prevent the reallocation of funding that traditionally supports senior centers. New York City leaders including Mayor Bloomberg, City Council Speaker Quinn and NYC Council should continue to advocate for New York State leaders to prevent the reallocation of funding that traditionally supports senior centers.

HIV and Aging

Improve New York City readiness for the aging HIV positive population

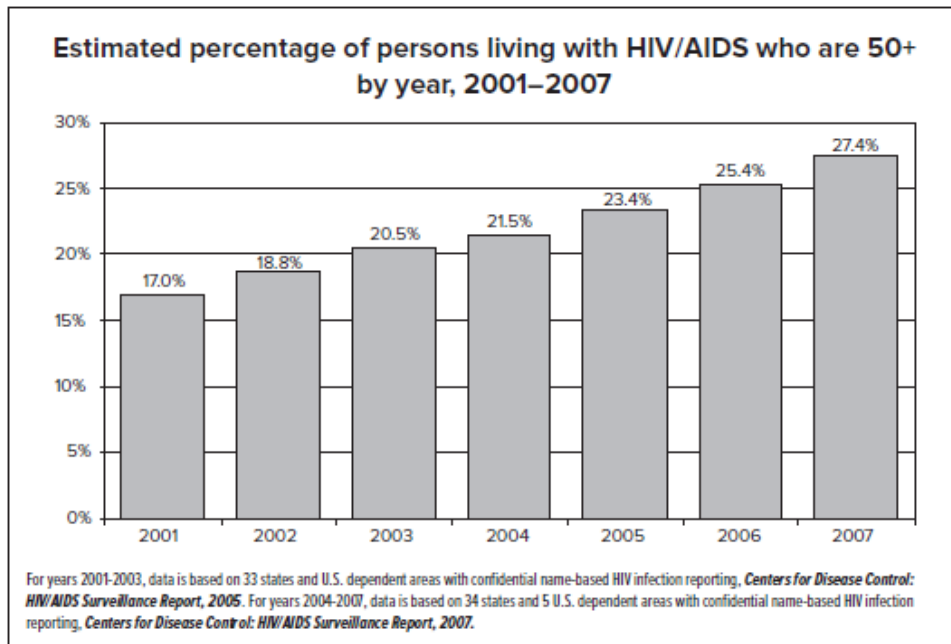
GMHC applauds the New York City Council, led by Council Member Maria del Carmen Arroyo and Mayor Bloomberg for generously supporting the training of senior center staff and elder New Yorkers on HIV and aging issues since 2007. We also applaud the leadership of groups including the Council of Senior Centers and Services, the AIDS Community Research Initiative of America, Senior Action in a GLBT Environment and Griot Circle in this work.



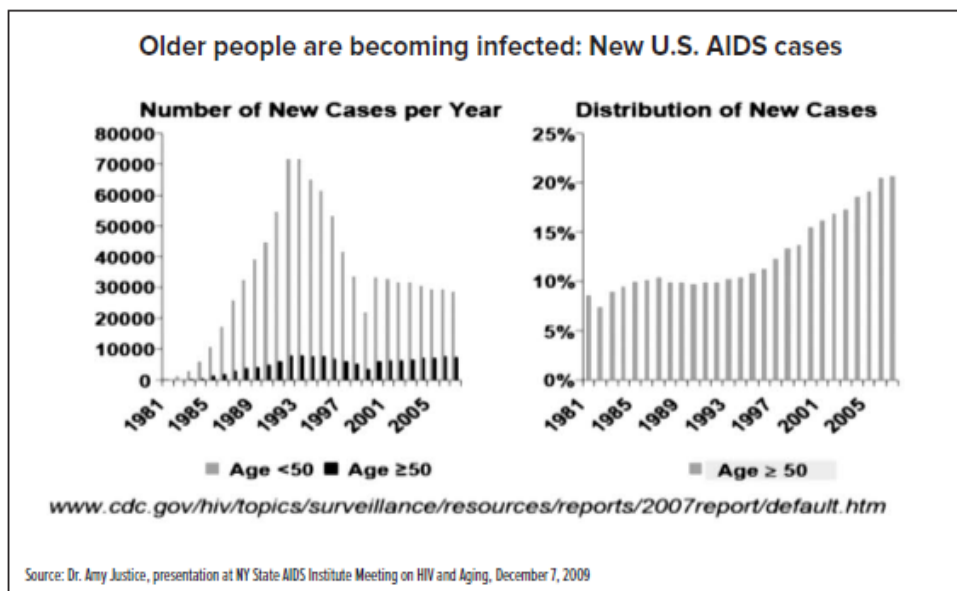
The proportion of New Yorkers living with HIV/AIDS over the age of 50 is growing and New York City must prepare for the public health implications of this reality. According to the New York City Department of Health and Mental Hygiene (DOHMH), the proportion of people living with HIV/AIDS (PLWHA) over the age of 50 rose from 25% in 2003 to 37% in 2008, and people aged 40-49 comprised a further 37% of PLWHA in 2008.⁴⁶ Some of this rise can be attributed to people living longer with HIV because of improved treatment for HIV; however, new infections are also a problem, with New Yorkers over 50 making up 17% of new diagnoses in 2008.⁴⁷ DOHMH data also indicate that older adults are discovering they have HIV late, since they are more likely to be diagnosed with HIV and AIDS at the same time than other age groups (25% of people under 50 are diagnosed with both HIV and AIDS, versus 37% of people over 50).⁴⁸

HIV also brings another set of issues to the table. Some are common to those faced in managing any chronic condition or late-in-life illness, which present a growing challenge to the health and human services system across all sectors. In the case of HIV, the ultimate effect of years or even decades of

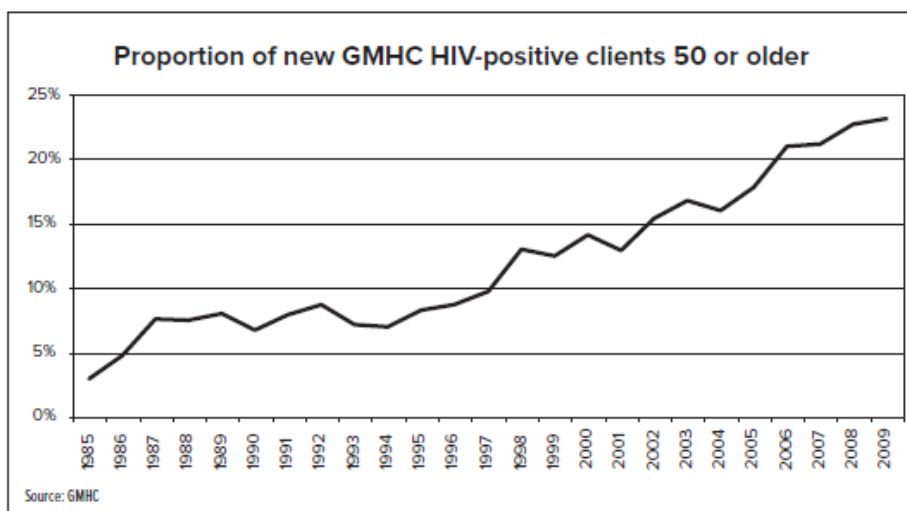
highly active anti-retroviral therapy (HAART) on bodies and lives is still unknown, and the situation only becomes more complicated when added to the general physical and social effects of aging itself. The specific demographics and characteristics of people living with HIV present other issues related to the provision and delivery of services, the regulatory frameworks that govern elder care, and the appropriate training of caregivers and social service professionals. Growing older with HIV brings us into uncharted territory, and requires a thorough consideration of what lies at this intersection and how we can best meet the challenges as they appear.



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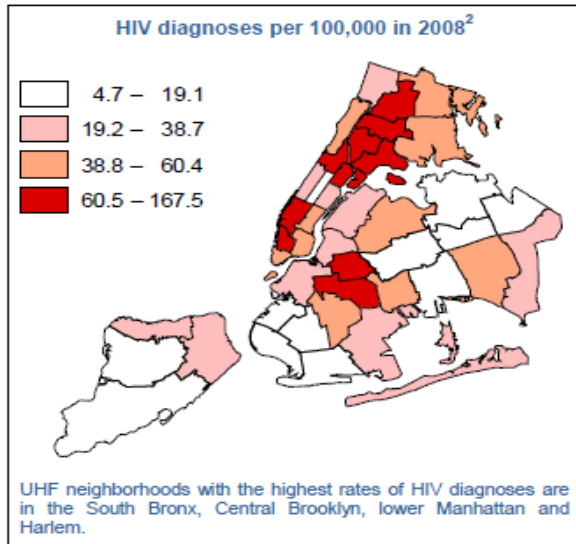
Recommendations for improving New York City readiness for an aging HIV-positive population:

- Adequately fund the Department for the Aging to prepare for an aging population living with HIV/AIDS.
- Train senior healthcare providers, volunteers in medical, social and housing facilities about HIV, sexuality, social isolation and other factors that impact older adults.
- Change standards of care for older adults living with HIV to encourage healthcare providers to screen people for co-morbidities, particularly those more prevalent in older adults with HIV.
- Proactively assess older patients for sexual health risks and sexual activity and screen them for HIV. Healthcare professionals, especially doctors need to talk with their patients regarding sexual behavior/orientation and make clear that such conversations are confidential.
- Train home healthcare aides, who provide critical support to homebound elders and their caregivers in the particular experience and needs of HIV-positive elders and LGBT elders to ensure culturally competent and nondiscriminatory care.
- Utilize the Health Promotions Unit in the New York City Department for the Aging and strengthen its ability to provide sexual health training for older adults that includes information about HIV and sexually transmitted diseases (STDs).
- Prevent the reallocation of funding that traditionally supports senior centers. New York City leaders including Mayor Bloomberg, City Council Speaker Quinn and the New York City Council should continue to advocate for New York State leaders to prevent the reallocation of funding that traditionally supports senior centers.
- Adopt Resolution 0117-2010 calling on the New York State Legislature to pass S.1385/A.3956 to amend the elder law, in relation to adding a requirement for the State Office for the Aging to report on the delivery of services to and the needs of traditionally underserved populations in their annual report to the Governor and legislature. The bill authorizes the director of the Office of the Aging to make grants-in-aid available to provide training, outreach and education to appropriate entities that provide services to LGBT senior population.^{52,53}

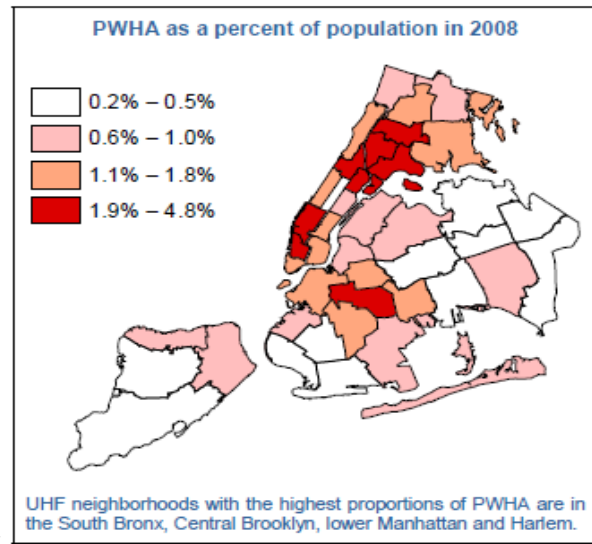
Address the social and economic factors that contribute to the continued HIV epidemic

The HIV epidemic is inextricably linked to social and economic factors that limit opportunities. Lack of resources, economic power, rights, and networks of social support all impact the environment in which groups disproportionately impacted by HIV experience risk. These include MSM, young MSM of color, immigrants, women, low-income communities of color, and transgender women.

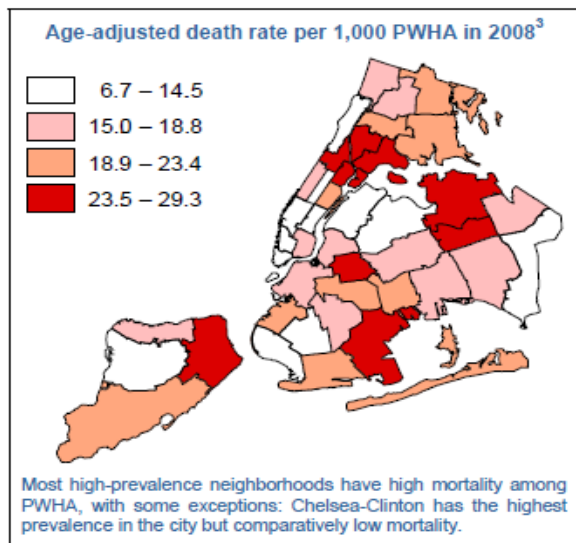
In New York City, Central Brooklyn, Harlem, the South Bronx, Hell’s Kitchen, the West Village, and Chelsea have particularly high incidences of HIV infection, as shown in these maps.



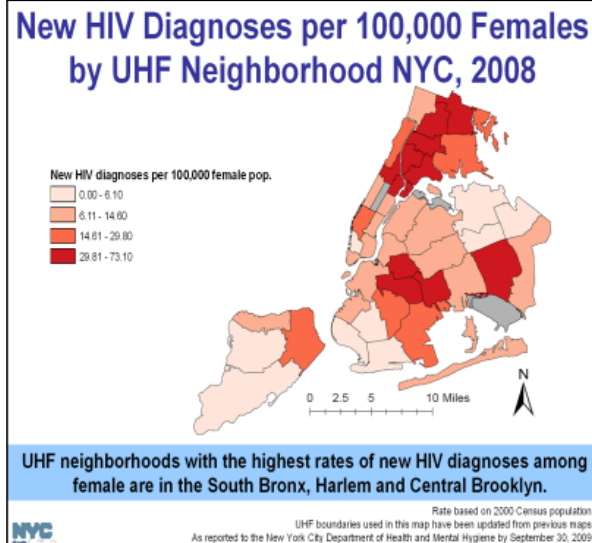
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All of these areas, except Chelsea, also have high death rates. Lower income communities face higher death rates than other areas with similar HIV prevalence.⁵⁸

- To address these health disparities, we must address the structural disparities extant in New York City.

Health Disparities

Improve health care access for LGBT New Yorkers

New York City Health and Hospitals Corporation (HHC) plays a vital role in the provision of healthcare in New York City. GMHC recognizes that HHC has taken some steps to address barriers that impede access to services by LGBT New Yorkers and people living with HIV. However, further steps must be taken to improve healthcare access for the LGBT community.

LGBT individuals have long faced problems accessing health care at public health facilities in New York City. A December 2008 report on improving LGBT access to health care at HHC facilities highlighted several areas that need to be improved.⁵⁹ The report lays out how LGBT individuals often receive healthcare services that do not address their specific medical needs, and experience hostility and discrimination in care. It also found that providers often lack knowledge about health disparities affecting LGBT people. Concerns about bias related to sexual orientation or gender identity can keep LGBT individuals from using healthcare services. Efforts by HHC to offer volunteer sensitivity training are helpful but are ineffective at reaching all staff.

HHC should fully implement the recommendations that were described in Public Advocate Betsy Gotbaum's December 2008 report on *Improving Lesbians, Gay, Bisexual and Transgender Access to Health Care at New York City Health and Hospitals Corporation (HHC) Facilities*. These include:

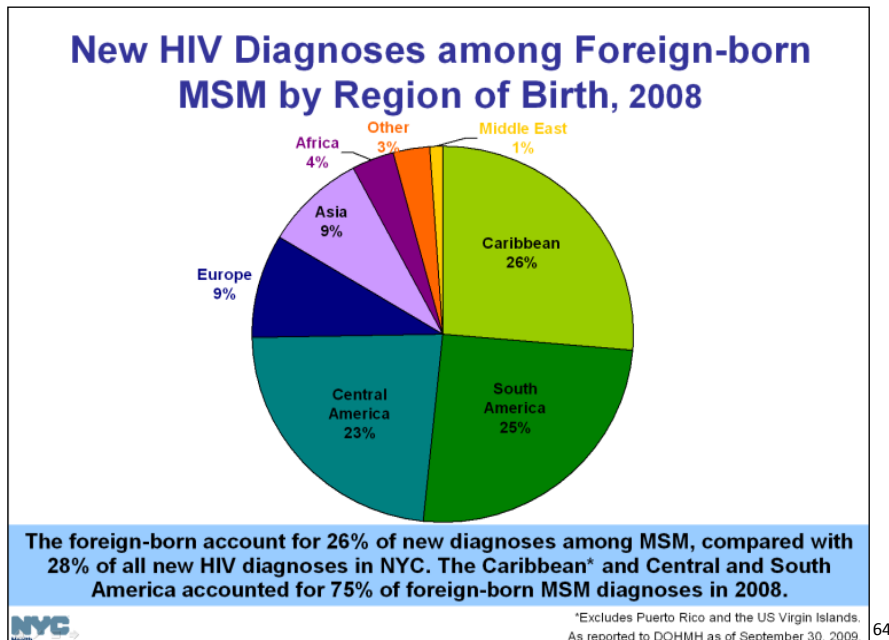
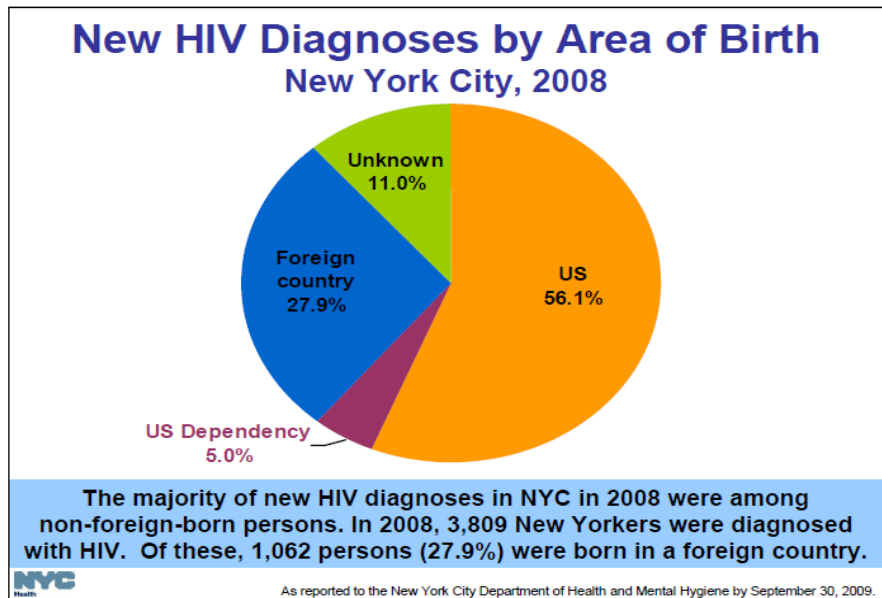
- Provide in-house LGBT sensitivity training to HHC employees with centralized leadership and oversight. HHC should implement a curriculum based on existing training materials.
- Make LGBT sensitivity training mandatory for all staff.
- Designate an LGBT liaison in each HHC facility.
- Establish, display, and enforce a zero-tolerance discrimination policy for patients and staff.
- Change medical forms to reflect patient diversity. Intake forms should include an option for self-identification of gender identity, allow patient to indicate preferred name and marital/partnership/family status.
- Establish a clear review process to gauge facilities' progress in implementing mandatory LGBT sensitivity training.

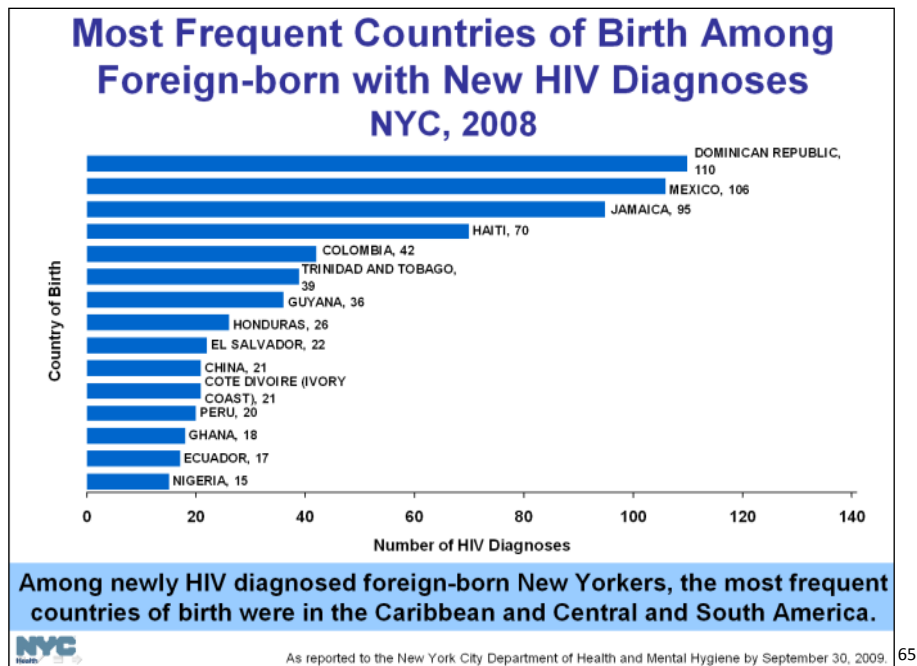
DOHMH should:

- Undertake a citywide study about LGBT access, sensitivity and utilization of healthcare services.
- Increase research about LGBT health issues, including more quantitative and qualitative information on possible health disparities for LGBT individuals.
- Gather and make available information about healthcare access and utilization patterns for LGBT New Yorkers.
- Undertake a citywide study about LGBT access, sensitivity and utilization of healthcare services.

Health of Immigrant New Yorkers

According to the New York City Department of Planning, at least 36% of New Yorkers are foreign born. Approximately 28% of annual HIV diagnoses occur among foreign born New Yorkers.⁶⁰ Even though the number of new diagnoses in New York City overall has decreased, the proportion of foreign born New Yorkers who become infected remains stubbornly consistent. Surveillance data from DOHMH suggest that immigrant New Yorkers are finding out that they have HIV late and about a third of foreign born New Yorkers find out that they have AIDS at the same time they find out that they have HIV.⁶¹ The high occurrence of HIV/AIDS co-diagnosis is much higher than for the city in general (25%)⁶² and may suggest a failure to reach immigrant communities with HIV prevention messaging and testing efforts.





Recommendations to improve health disparities:

- Maintain and improve DOHMH tracking, collection and reporting on HIV and sexually transmitted diseases (STD) among foreign born populations as a regular part of HIV surveillance reporting.
- Utilize existing DOHMH epidemiological data to inform approach to addressing HIV among immigrant population. Target known high risk populations of immigrants directly with clear culturally appropriate, and strength-based messages that do not foster fear, and are not stigmatizing. Attention should be placed on immigrant MSM, English speaking Caribbeans, Mexicans and Central Americans.
- Special emphasis should be placed on cultural, language and LGBT competency in medical settings and in city services provision and information access through 311 operators.
- Confidentiality must be strictly enforced where appropriate, and patients should be better informed about recourse measures for reporting cases of disclosure or violations of confidentiality.
- Engage the City University of New York to promote LGBT and cultural sensitivity among health professionals by including trainings as part of course requirements.
- Tailor HIV and STD prevention and testing campaigns to accommodate the wide diversity of immigrant populations in New York City. Campaigns must recognize cultural differences between immigrant populations and publications and materials should cater to varying main language literacy levels. In addition, campaigns should rely less on written communication and more on visual cues to transcend language and cultural barriers.
- Make concerted efforts to work with community based groups and organizations working with immigrant groups to reach immigrant populations in a culturally sensitive way.

- Maintain separation between NYPD and Immigration and Customs Enforcement (ICE). The recently passed Arizona law that allows police to screen for suspected illegal immigrants has profound implications for New York City. Linkage between ICE and NYPD, be it perceived or real, would impede NYPD's efforts at law enforcement by exacerbating the mistrust of police. Immigrants may fear being victimized for being foreign born. This fear creates tangible barriers and will impede access to services.

Recognize the crucial role that safe, stable and affordable housing plays for those living with HIV

GMHC urges our city leaders to recognize the crucial role safe, stable and affordable housing plays to those living with HIV. Stable and medically appropriate housing provides people living with HIV/AIDS an opportunity to maintain better health and the stability to fully manage HIV treatment and access to care. National and local research show that stable housing increases a person's likelihood of attending medical visits, adhering to complex drug treatments, and decreasing stress-related illnesses for people with HIV.^{66,67} The U.S. Department of Housing and Urban Development acknowledges housing stability for people with HIV/AIDS as the cornerstone of treatment and care.⁶⁸ Additionally, people who are stably and appropriately housed also demonstrate reductions in behaviors associated with HIV transmission, including high-risk sexual behavior and drug use.⁶⁹ Conversely, unstable housing and homelessness can lead to unnecessary illness and premature death. For example, HIV-related illness is currently the number one cause of death for women in New York City's shelter system.⁷⁰ From a public health perspective, stable and medically appropriate housing is an effective structural intervention that can prevent transmission of HIV. Housing presents public health experts with opportunities to reduce HIV infection and progression to AIDS in structural terms. Housing affects an individual's ability to prevent HIV infection if HIV negative, and prevent HIV transmission if HIV positive.

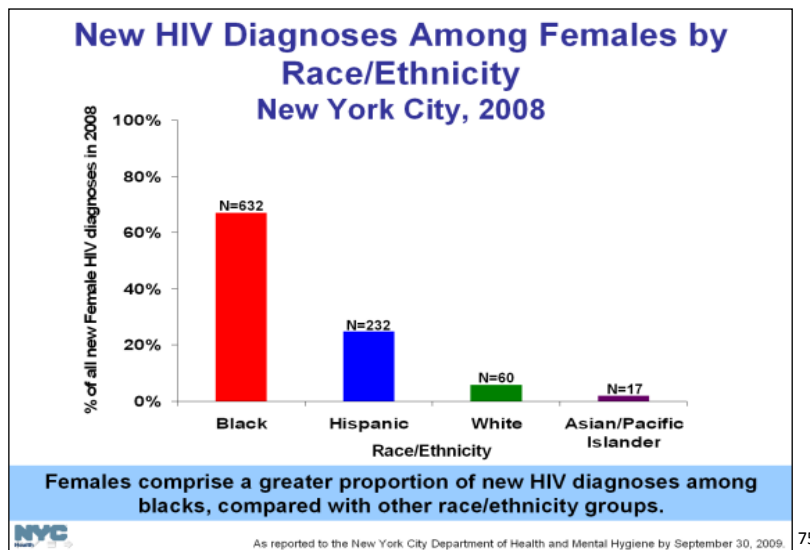
Despite the benefits of housing for people living with HIV, many housing programs are still drastically under-funded at all levels of government. According to the National AIDS Housing Coalition (NAHC), over half of all people with HIV have experienced homelessness at some point since the start of their illness.⁷¹ Inadequate housing continues to be a major problem for thousands of persons living with HIV, in New York City and across the country. With the emerging body of research connecting housing with HIV treatment, care and prevention, essential strides can be made in appropriations, policy and program development.

- Urge the Governor to sign S. 2664 and assembly companion A. 2565. GMHC commends New York City Council for adopting Resolution 2145-2009 in support of this important legislation that would amend the Social Services Law to provide that persons living with clinical/symptomatic HIV/AIDS, and who are receiving shelter assistance or an emergency shelter allowance, shall not be required to pay more than 30 % of their household's monthly income towards shelter costs, including rent and utilities.⁷²
- Maintain and increase case workers to effectively place clients in permanent housing instead of expensive single resident occupancy units (SROs).
- Refund Scatter Site 1 housing that was eliminated from the mayor's FY10 budget and not included in this year's budget. In FY2010 City Council restored funding to this essential service.

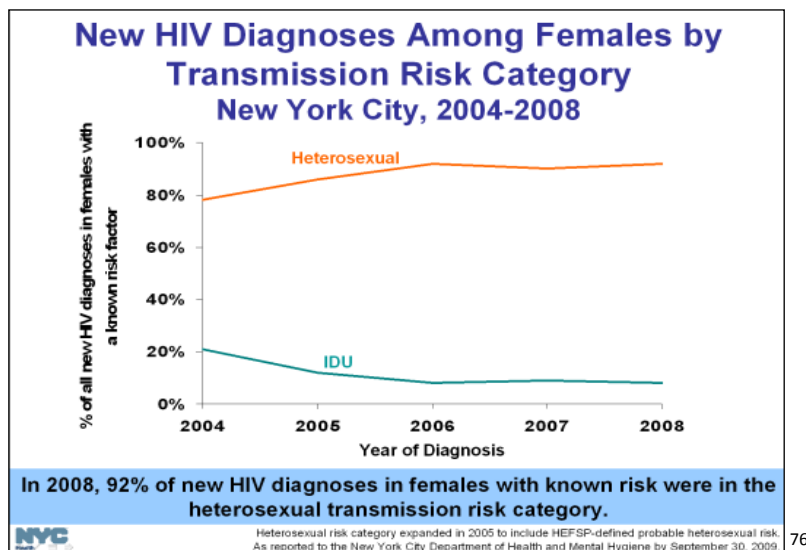
- Pass local law Int. 0691-2008 to amend the administrative code of NYC in relation to the provision of services to people living with HIV and AIDS. This legislation would expand availability of certain benefits and services offered by the division of AIDS services (HASA) to low income individuals who are HIV infected. The law will aid HIV treatment and prevention efforts by reaching HIV positive New Yorkers before they become gravely ill with HIV infection as defined by the New York State AIDS Institute.⁷³ By treating people with HIV earlier, risk of HIV transmission is reduced and people living with HIV do not need to access emergency services to treat their HIV related illnesses.

Address factors that make black and Latina women particularly susceptible to HIV infection

Black and Latino women are disproportionately affected by HIV, constituting 92% of new HIV diagnoses among women in 2008. Of these newly diagnosed women, 71% reported unprotected heterosexual sex as their risk factor for contracting HIV.⁷⁴



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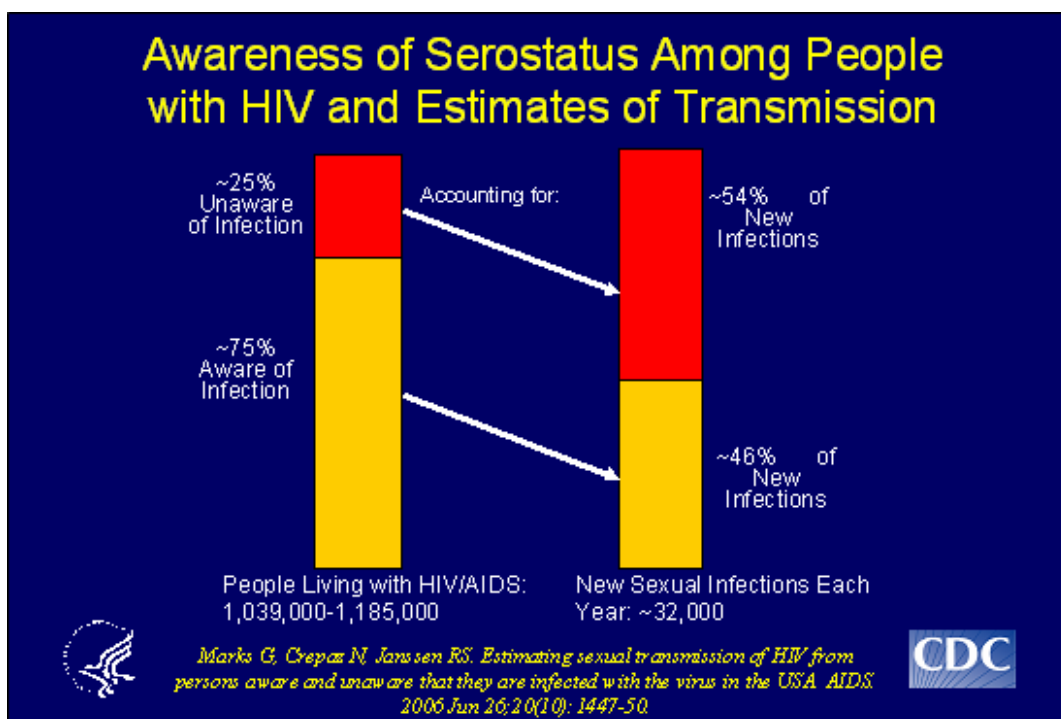
HIV prevention models which address individual sexual risk factors fail to account for the structural and community level factors which create challenging environments for women to navigate safer sex. The Federation of Protestant Welfare Agencies' report on *HIV Prevention for Women and Girls in Communities of Color* found that a low male to female ratio in Black and Latino communities connected to high incarceration rates of men of color places women at a disadvantage in negotiating safer sex with male partners.⁷⁷

At the state and federal level, we need systematic criminal justice reform to end the unconscionable racial disparities in law enforcement and sentencing that cause so many young black men to be caught up in the prison system.⁷⁸ Barriers to educational attainment including lack of training and employment opportunities, and housing and food insecurity place Black and Latina women in low-income communities at higher risk for dependency, poverty, and HIV. These structural risk factors require structural and community level interventions. HIV prevention must address economic security and structural perpetrators of poverty to decrease HIV risk among low income women of color.

- New York City government should create economic opportunities for women, including transgender and gender non-conforming women, to prevent dependent situations that put women more at risk for violence, abuse and HIV.
- Increase availability and access to female condoms both for women and men to decrease dependence on insertive partners for the use of prevention methods. DOHMH should continue to expand its distribution network and increase female condom access in hair salons/barber shops, nail salons, tattoo parlors and other venues where women can easily access condoms and engage in discussion about them with peers.
- Make affordable child care available for single parents to facilitate access to betterment services
- Increase access to workforce development opportunities for women and people living with HIV.
- Increase access to GED and other educational opportunities including college preparation for vulnerable populations.

Expand HIV and STD testing

New York City must continue its efforts to expand HIV and STD testing and expand efforts to decrease HIV stigma. Increasing HIV testing and counseling raises awareness about HIV status and can lead to improved access to treatment and support.⁷⁹ Additionally, people who are unaware of their HIV infection are more likely to transmit HIV;⁸⁰ therefore enhanced awareness may help to decrease new HIV diagnoses.



In the most recent HIV prevalence estimate, the U.S. Centers for Disease Control and Prevention (CDC) estimates that 21% of all people living with HIV/AIDS are undiagnosed.⁸² DOHMH reports that as of 2008, 105,633 persons were living with HIV, in New York City and in 2008, of the 3809 New Yorkers who were newly diagnosed with HIV about 25% found out they had AIDS soon thereafter.⁸³ Using the CDC estimate for undiagnosed HIV, approximately 22,180 New Yorkers may not know that they are living with HIV. A 2004 analysis by DOHMH suggested that there were between 103,290 and 143,402 new Yorkers living with HIV/AIDS. Put another way, this represents 1.3-1.8% of the city's population.⁸⁴

- DOHMH should coordinate the efforts of the HIV and STD bureaus to address HIV and STDs in New York City. Reports should include information about both HIV and STDs.
- Increase overall access to information about sexual health including information about HIV, STDs and other related matters. Special attention should be placed on disproportionately impacted communities and others who are not currently targeted.
- Dedicate time on public television channels to promote STD and HIV prevention and sexual health social marketing materials.

- Create and adequately fund a concerted and coordinated campaign that utilizes all available media to promote HIV and LGBT sensitivity and STD and HIV awareness. DOHMH could engage and adequately fund community groups to produce such campaigns.
- Utilize the nyc.gov website to promote HIV and STD awareness by placing updated and accurate information as advertisements.
- Properly train 311 operators on LGBT and HIV sensitivity and in how to connect LGBT and HIV positive callers with appropriate services.
- Support efforts by DOHMH to expand and fully fund testing in all boroughs of New York City. The *Bronx Knows* campaign is a praiseworthy initiative that must be expanded to all New York City in a manner that is sensitive to the diverse populations of the city.
- Fully fund STD testing clinics throughout New York City.
- Promote and increase vaccination for Hepatitis A and B among men who have sex with men and other high risk populations and increase testing for Hepatitis C.

Criminalization and Incarceration Issues

Expand access to syringe exchange programs as a HIV and blood borne disease prevention method⁸⁵

Thirty six percent of all AIDS cases reported in the United States are directly or indirectly associated with injection drug use (IDU).⁸⁶ In the U.S., as of 2004, an estimated 250,000 people who contracted HIV from unsafe injection practices have died.⁸⁷ The provision of sterile syringes is essential to minimizing the risk of transmission of HIV as well as other blood-borne pathogens such as hepatitis B or C, which IDUs have serious and particular risks of contracting.⁸⁸

Syringe exchange program (SEP) participants have been shown to be more likely than non-participant IDUs to experience substantial reductions in injections, to stop injecting altogether and to remain in drug treatment. The National Institute of Health (NIH) found that SEPs lead to a reduction in risk behaviors as high as 80% in injecting drug users.⁸⁹ Further, the NIH has noted reductions in HIV transmission rates by 30% or more in SEPs in the U.S.⁹⁰ with SEPs themselves reporting a removal of nearly 25 million used syringes from U.S. communities.⁹¹

Unfortunately, despite evidence that SEPs are incredibly effective prevention tools, participants are targeted by law enforcement near treatment sites and are sometimes singled out for search for possession of syringes.⁹²

- Train local New York City Police Department (NYPD) precincts about the effectiveness and public safety benefits of syringe exchange programs.
- Train local NYPD precincts on public health codes which apply to possession of clean and dirty syringes.
- Promote syringe exchange and refer suspected drug uses to public health programs through coordinated efforts between NYPD and DOHMH.
- DOHMH and the New York City Ryan White Planning Council should explore using Ryan White funds for syringe exchange, now allowed under federal law.

- Issue guidance about syringe exchange. NYPD should issue guidance instructing that:⁹³
 - a. Law enforcement should not target areas around syringe exchange programs and other venues where intravenous drug users access health services for drug enforcement.
 - b. Syringe possession is not probable cause for a search.
 - c. Harm reduction supplies and information (such as SEP cards) acquired through syringe access programs should not be confiscated.

Promote condom use as HIV prevention and remove barriers to condom use by vulnerable New Yorkers

Efforts by DOHMH to make condoms widely available throughout New York City are commendable. This good work is essential to effective HIV prevention efforts because it provides a proven method to prevent transmission of HIV. As DOHMH works together with non-governmental harm reduction and public health organizations to expand condom access, it is essential that our City and State leaders do their part to remove barriers to condom availability.

Despite these laudable efforts to make condoms available, the use of condoms as evidence works against this sound public health policy. The threat of condoms being used as evidence of sex work endangers the public health of all New Yorkers. Some New Yorkers who are most at risk for STD and HIV transmission including people involved in commercial sex work and transgendered women are afraid to carry condoms because they fear the legal consequence of doing so. The effect is chilling. Transgendered women are actively targeted and discriminated against and sex workers are discouraged from practicing safer sex.

A bill in the New York State legislature (S1209-A3856), if passed, would remedy this situation by clarifying that condom possession should not be cause for arrest or prosecution for prostitution.⁹⁴

- Support DOHMH's efforts to promote condom use among New Yorkers who are most at risk for HIV. NYPD and law enforcement must review the practice of using possession of condoms as cause for arrest and prosecution for prostitution. This approach dissuades individuals who are at high risk for HIV transmission from carrying and using condoms and often implementation discriminates against transgendered women.
- Support legislation in the State Legislature (Bill S1209/A3856) and take steps locally to stop arrests and prosecution based on condom possession.

Conclusion

New York City is at a crossroads and faces a choice between short term interests and the long term wellbeing of New Yorkers. As our city confronts daunting financial challenges and contemplates further cuts in funding for vital HIV prevention, treatment and services, it behooves us all to consider the true costs of our actions.

Failing to adequately fund and address HIV and the underlying social determinants that create an environment where life altering diseases affect our city's most vulnerable will wear away at the finances and quality of life in our city. Though the sustained annual funding cuts for HIV and related services may save New York a few dollars today, such cuts make it more difficult to address HIV and to adequately address a growing epidemic in the years to come. Our city's youth, gay and bisexual men, women, people of color and immigrants will bear the brunt of these cuts. Already new diagnoses of HIV are increasing in these communities, and decisions to cut services make it more likely that these groups will continue to see increased infection and decreased access to needed services.

New York City must confront the reality of being the epicenter of HIV in the United States and maintain or expand its leading role in addressing HIV. GMHC strongly urges action on the recommendations laid out in this policy agenda. These recommendations spell out some steps that will avert new infections and adequately treat, care for and offer support to those already living with HIV.

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