



CONSUMERS COMMITTEE

Thursday, April 16, 2014, 1:30 – 4:00 PM

NYCDOHMH, 42-09 28th Street, Room 17-12, Long Island City, NY

Planning Council Members Present: David Martin (Co-Chair), Billy Fields (Co-Chair), Felicia Carroll, Muying Hunt, Saul Reyes

Planning Council Members Absent: Victor Alvarez (Tri-County), Lotus Blackman, Randall Bruce (Consumer-At-Large), Kareem Clemons, Rev. Keith Holder, Deborah Marcano, Antonio Munoz, Pastor Jerome Payne, Tracy Neil

Appointed Community Members: Ron Joyner, Joey Lopez, Glen Phillip

Guests: Marcie Chase, Miasha Forbes, Cecilia Gentili, Regnarian Jenkins, Bobby Leonard, Philip Miner, Tracy Ruhotte, Ana Ventuneac

NYCDOHMH: Rafael Molina, Jan Carl Park, Darryl Wong

MEETING MATERIALS DISTRIBUTED:

- Meeting Agenda/Planning Council Ground Rules of Respectful Engagement;
- February 12, 2014 & March 19, 2014 Meeting Minutes;
- LGBT Issues in the US: A Breakthrough Moment in Time, Columbia University Medical Center, March 2014;
- Victory! Transgender Man's Surviving Spouse Wins Pensions Benefits, Transgender Legal Defense & Education Fund, 4/7/2104;
- HIV Among Transgender People, Centers for Disease Control & Prevention, 12/13;
- The Health of Lesbian, Gay, Bisexual and Transgender People – Building a Foundation for Better Understanding, Institute of Medicine, 2011;
- HIV Among Transgender Persons in NYC, 2008-2012, HIV/AIDS Epidemiology & Field Services Unit, Bureau of HIV/AIDS Prevention & Control, NYCDOHMH, 3/14;
- HIV Prevalence & Risk Behaviors Among Persons Active in the NYC House Ball Community, Murrill, et al., NYCDOHMH, 2006;
- Agencies Targeting 10% or more Transgendered Persons of Total Clients, Internal documents, NYCDOHMH/Public Health Solutions, 4/14;
- Ryan White Clients by Special Population, Public Health Solutions/NYCDOHMH, 10/13;
- Providing HIV Care for Transgender Patients: Tips for Medical Service Providers, NYSDOH;
- LGBT Cultural Competency for Exchange IPAs/Navigators, HCFANY, 7/13;
- Rectal Microbicides for HIV Prevention: A Transgender Update and Consultation, Summary Report, Microbicide Trials Network, 5/13;
- T-Talk: Multicomponent Intervention to Reduce Sexual Risk and Substance Use, Center for HIV Educational Studies & Training (CHEST), 4/14;
- Consumer Committee March 2014 Meeting Evaluation;
- Consumer Committee April 2014 Meeting Evaluation;
- POZ Magazine, April/May 2014;
- April 2014 & May 2014 HIV Planning Council Meeting Calendar;
- You & Your Pharmacist, Partnering with Your Pharmacist, NYSDOH, 2/13; and
- NY HIV Health & Human Services Planning Council of New York: The Voice of Consumers in NYC and the Tri-County Region in Planning Ryan White Part A HIV/AIDS Services, NYCDOHMH, 4/14

WELCOME & INTRODUCTIONS:

David Martin and Billy Fields, Co-Chairs of the Committee opened the meeting, followed by a moment of silence led by Muying Hunt and member and guest introductions. The Rules of Respectful Engagement, the meeting agenda and materials were reviewed. The minutes from the February 12 meeting were accepted as presented; due to the late distribution of the March 19 minutes, review was deferred until the May meeting.

PUBLIC COMMENT:

There was no public comment.

PRESENTATION: HIV AMONG TRANSGENDER PERSONS IN NYC, 2008-12

Ellen Wiewel, Epidemiologic Liaison from the NYCDOHMH 's HIV/AIDS Epidemiology and Field Services Program presented the 2008-12 HIV Among Transgenders in NYC report to the Committee. Highlight of the presentation included:

- 220 New Diagnoses in 2008-12, of whom 218 are transgender women, including 27 concurrent diagnoses;
- Transgender persons comprise 1% of all new HIV diagnoses during that time period;
- There were 37 new diagnoses in 2012, including 4 concurrent diagnoses;
- Newly-diagnosed transgender women (MTF) were predominantly in their 20s, while transgender men (FTM) were in their 20s and 30s;
- About 92% of transgender women (MTF) newly-diagnosed with HIV were black or Hispanic;
- Sex with a male was the predominant type of HIV risk among newly diagnosed transgender women and men;
- More newly-diagnosed transgender women lived in Manhattan than any other borough. Newly-diagnosed transgender men (FTM) lived in the Bronx or Brooklyn;
- The highest numbers of newly-diagnosed transgender persons lived in West Queens, Chelsea-Clinton, Bedford Stuyvesant-Crown Heights and Fordham-Bronx Park;
- Among transgender persons newly diagnosed with HIV, 20% were foreign born, of whom more than ¾ were from Central America (including Mexico) and the Caribbean;
- Among the 218 newly-diagnosed transgender women (MTF), 52% had documentation in their medical record or by their provider of a history of at least one of the characteristics presented above, compared with 31% of non-transgender persons; and
- Newly-diagnosed transgender persons were more likely than non-transgender persons to be in their teens or 20s and born in the US. Transgender and non-transgender persons were about equally likely to have injected drugs.

The presentation generated a robust discussion, a summary of which follows:

- Many Native Americans do not identify as transgenders, but rather, as two-sprited;
- Providers performing assessments use varying language to describe the spectrum of transgender experience; clients also use different labels to describe themselves ethnically;
- How are HIV+ transgenders supporting themselves, with only 6% declaring that commercial sex is their main income source?
- There are more risk factors reported for a transgender HIV+ person vs. an HIV+ non-transgendered person;
- CDC's re-definition of MSM as an umbrella term to include the transgendered community is a step forward in better reporting HIV/AIDS epidemiology; and
- Being transgendered may be regarded as a symptom, as opposed to a pathology.

PRESENTATION: T TALK STUDY

Dr. Ana Ventuneac, Co-Investigator and Research Scientist and Miasha Forbes, Peer Health Navigator at the Center for HIV Educational Studies & Training (CHEST) presented the current study, T-Talk, which is a multicomponent intervention to reduce sexual risk and substance use and to increase stigma-coping and risk-buffering behaviors among transgender women in NYC. Originally a group-based

intervention, it will be expanded into a 7-session individual and group-based intervention that is scalable for community settings.

Utilizing a randomized-control trial methodology with 240 transgender women, the intervention will be compared to a wait list control. Assessment will occur immediately post-intervention and every four months for 8 months. Primary behavior outcomes are reductions in sexual risk and substance use and non-medically monitored hormone treatment and silicone injections. Secondary outcomes are increases in engagement in care, self-esteem and positive coping (resilience) and reductions in minority stress (stigma and internalized transphobia). Differential intervention efficacy across subgroups of transgender women will also be explored. Moderating effects will be explored by testing for differences in magnitude based on age, stage of transitioning, race/ethnicity, relationship status, HIV status and baseline syndemic factors.

This study will be the first to evaluate the efficacy of a peer-led intervention for transgender women capable of being scaled up and replicated in various communities to provide continuous support and protection for this underserved, marginalized and vulnerable group. The intervention sessions will consist of the following seven interventions:

- Individual exploration of health goals;
- Individual creation of an action plan;
- Group discussion of transgender stress issues;
- Group discussion of stigma and health risks and issues;
- Group discussion of drug and alcohol issues;
- Group discussion of personal growth and social support issues;
- Individual health navigation /connection to resources for ongoing care;
- Individual check-in; and
- A 4 month individual booster (follow-up assessment after intervention).

A summary of discussion points follows:

- There is a significant degree of mis-gendering, due to provider lack of experience with this population;
- Many agencies operate in a hetero-normative mode;
- Retention of clients is a function of many factors in a provider setting;
- How do we begin a dialog with trans-people to address mental health & wellness?
- Can this approach to engagement and self-management in prevention be expanded to a care, and treatment adherence scenario?
- There were no statistics documenting the impact of the recent meningitis outbreak on the trans community;
- Many young trans men will label themselves as MSMs, as they perceive themselves/are told that they are not trans “enough”;
- The definition of trans for an immigrant community is vastly different from that of US citizens;

PLANNING COUNCIL UPDATES:

The motion to reactivate and fund the Tri-County CHAIN study was presented to the committee. The motion was previously made by Tri-County Consumer Representative, Victor Alvarez, and approved by the full Planning Council in March 2014. The Tri-County Steering Committee met on April 9 to begin the voting process using the priority setting matrix for service categories towards the allocation of Year 24 (3/1/14 – 2/28/15) funding. Committee members attending other Planning Council committee meetings reported back on the Integration of Care and Needs Assessment Committee meetings.

MEETING EVALUATION/ DEVELOPMENT OF APRIL 2014 AGENDA:

The March meeting evaluation results were distributed; it was noted that agendas should be limited in scope in order to fully address discussion/action items. Meeting participants were asked to complete the April meeting evaluation. Lacking time, there was no discussion of the April 2104 meeting agenda.

ADJOURNMENT:

There being no further business, the meeting was adjourned at 4:15PM.

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