

Executive Summary



Women Living With **HIV** and **AIDS** in **NYC**

A MAPPING PROJECT
AND LITERATURE
REVIEW



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Of the 30,000 women and girls¹ living with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) in New York City (NYC), a disproportionate number (90 percent) are black or Hispanic and over the age of 40 (68 percent); more than a third were infected through heterosexual activity (41 percent). Statistics like these are distressingly familiar: the epidemic's distribution among women in the United States has looked like this for decades.

What this report does, for the first time, is to identify the problem and some of the factors that contribute to it in one place and in an easily understandable visual format. It then suggests concrete solutions based on these data. Throughout the report, maps appear that identify “hot spots” by ZIP code within the five boroughs and the city as a whole—specific areas with the highest concentration of HIV-positive women. This first set of maps is overlaid with another set that shows the various intersecting types of social and economic distress within these hot spots that heighten women's risk for contracting HIV.

Together, these maps reveal that more than half of the HIV-positive women in NYC (60 percent) live in the same geographic areas—specifically, eastern Brooklyn, the Bronx, and northern Manhattan. These are also the areas in the five boroughs with the highest concentrations of poverty and prison admissions and the lowest rates of adults with high school diplomas.

By combining these data, this report provides both a road map of the geographic areas of greatest need and an outline of the services necessary to curb the epidemic and heal neighborhoods and communities. Its suggestions for action, which appear at the end of this brief summary, involve many stakeholders, from advocates and service providers to politicians, and prescribe changes on the level of infrastructure. Moreover, these suggestions take into account the unique needs of women when compared with their male counterparts—many of whom live in these same areas as well as throughout mid- and southern Manhattan.

A primary contributor towards lowering women's risk for HIV is the provision of adequate health care, including reproductive health care and comprehensive sexuality education that lowers the rate of sexually transmitted infections (STIs) and unintended pregnancies. Currently, these services are scarce in the hot spots where most women living with HIV/AIDS reside, which means that they also do not exist as an early preventative method for women

¹ For the purposes of this report, we will use the word “women” going forward to include all females living with HIV.

at risk for HIV. And while detailed maps show a fair number of service providers for women once they become HIV positive, multiple stressors in women's lives still serve as barriers to service utilization and inhibit access to care.

As the literature review included at the end of this report documents, the majority of HIV-positive women report histories of intimate partner and family violence and substance use. Rates of homelessness and mental health problems run high; concerns about family and children take precedence. Simply put, women bear the brunt and show the cost of poverty and violence in this culture, and they continue to provide most of its caretaking, unpaid and around the clock. If a woman living with HIV/AIDS is struggling to protect her children from an abusive partner, or scrambling to keep some kind of roof over their heads, or wrestling with her own addiction or depression, or even choosing between keeping her doctor's appointment or taking her children to theirs, her HIV status is to likely to be the last item on her list of priorities. Once women contract HIV, they become sicker faster and die sooner than men.

Community-based services can play a crucial role in reducing the harms that can arise in these environments. Lowering women's risk for contracting HIV requires a variety of services that are currently scarce in NYC's hot spots: for example, adequate health care, including reproductive health care and comprehensive sexuality education to lower the rate of sexually transmitted infections (STIs) and unintended pregnancies. For HIV-positive women, support groups, case management, housing support, and gender-specific programming all help to improve access to social services and health care and reduce mental health problems. Therefore, it is important to place services in locations that are readily accessible to HIV-positive women as well as women at high risk for HIV.

This report is meant to serve as a resource, a road map, and a tool kit. It can inform program design as well as further communications between advocates and elected officials about what is needed and what can be done in NYC's boroughs and neighborhoods. In addition to demonstrating the need for a heightened response to the intersecting social and economic issues affecting the lives of women living with HIV/AIDS, this report makes the following recommendations for action.

RECOMMENDED NEW YORK CITY-LEVEL ACTIONS

- **The Chair of the New York City Council General Welfare Committee (Council Member Bill de Blasio) should ensure adequate housing for all HIV-positive New Yorkers: his next step towards this goal should be to secure a hearing date for the HASA for ALL Act.** Current policies make HIV-positive New Yorkers ineligible for subsidized housing until they become symptomatic for AIDS rather than providing them with the housing that could prevent or postpone them from becoming seriously ill. Per our colleagues at Housing Works: "More and more scientific studies are showing that in order to stave off further cell degradation and slow down disease progression, doctors should



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offer patients AIDS meds well before the disease progresses to AIDS. The HASA for ALL Act simply follows the science: early access to medication, early access to housing, and early access to life-stabilizing support services keep people living with HIV living longer and healthier." The passage of the HASA for ALL Act would expand eligibility and reverse that trend by moving an estimated 7,000 asymptomatic, low-income HIV-positive New Yorkers into medically appropriate emergency and permanent housing. The Act also seeks rent subsidy increases, and calls for an increase in individual public assistance, which includes nutrition and transportation allowances. As our colleagues at Gay Men's Health Crisis (GMHC) note, "For many with HIV/AIDS, permanent housing is the difference in having access to medication, to stability, and, ultimately, re-entry into the labor market. Pure and simple: Housing equals healthcare and health for People Living with HIV/AIDS."

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- **Mayor Michael Bloomberg and the Chancellor for New York City schools Joel I. Klein should mandate comprehensive sexuality education programs in New York Public schools and provide proper oversight of the program's implementation.**

- **The New York City Human Resources Administration's Back to Work programs should adopt the following measures to help participants more successfully gain and maintain meaningful employment:**

- **Increase** focus on pre-employment services that help to make individuals work-ready in the areas of housing, substance use treatment, domestic violence, etc.

- **Improve** retention in Back to Work program by providing more substantial transitional benefits that allow participants to remain employed, yet still have the support they need once they begin working—for example, the continuation of subsidized childcare and housing. Currently many participants who enter the Back to Work program drop out between 30 to 60 days because they cannot afford the resulting loss of benefits.

- **Take advantage** of some increased flexibility for example, around education and training, and be creative in implementing the federal regulations that govern welfare programs.

• **The Chair of the New York City Council Civil Rights Committee (Council Member Larry Seabrook) should advance and adopt pending Int. 731, the legislation proposed by the New York Human Rights Initiative (NYCHRI) titled the Human Rights in Government Operations Audit Law (GOAL)**, currently sponsored by Council Member Helen Foster and co-sponsored by Council Member Darlene Mealy. This proposed legislation expands on the current law and will help to promote equality by enabling NYC to stop discrimination before it happens; moreover, it gives residents a greater say in solving the problems facing their communities. Int. 731 incorporates human rights standards and law found in the International Convention on the Elimination of all forms of Racial Discrimination (CERD). The definition of discrimination under CERD is much broader than the one found in Federal law in that it takes into account both the intent and the effects of discrimination.

Per the United Nations CERD Committee Observations CERD/C/USA/CO/6...February 2008 the United States and all its territories has an affirmative obligation to implement CERD in theory and in practice.

“The Committee recommends that the State party consider the establishment of an independent national human rights institution in accordance with the Paris Principles (General Assembly resolution 48/134 of 20 December 1993, annex).”

The US human rights activists and the Obama administration are already taking steps to establish human rights bodies at the federal level per recommendations found in the **Human Rights at Home: A Domestic Blueprint for the new Administration**, by the American Constitutional Society. NYC should be a model of human rights and take steps to enact Int. 731.

Int. 731 allows us to address the indisputable link between discrimination and persistent poverty and aligns us with international human rights norms. Per our allies at the Human Rights Project at the Urban Justice Center, “Those persons living in extreme poverty in the US are those that have historically suffered discrimination on the grounds of race. Persistent poverty has continued to aggravate racial and social discrimination for this population. Indicators of social mobility such as higher education, employment, and low rates of imprisonment show how racial minorities continue to suffer the impact of racial discrimination.” Council Member Seabrook should also ensure the human rights of the members of NYC’s most vulnerable communities by securing a hearing that addresses racial discrimination under CERD and the UN’s concluding observations.



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RECOMMENDED NEW YORK STATE-LEVEL ACTIONS:

- **Good prison health care is good public health policy to such a great extent that there are three primary recommendations along these lines.**

- **First**, the Chairperson of the New York State Senate Health Committee (Senator Tom Duane) should sponsor the Department of Health Oversight Bill (A 903), which would require the New York State Department of Health to oversee and monitor HIV and Hepatitis C care in prison. Once the bill has been introduced, the Senate should support it. More than 27,500 people were released from the Department of Correction's custody in 2007, and many are poor people of color who returned to their communities—often the very same communities identified in this report as hot spots. People living with HIV and the Hepatitis C Virus (HCV) who receive quality health services in prison are more likely to seek care and continue treatment after release, and are less likely to pass on illnesses to loved ones and other community members.

- **Secondly**, and for many of the same reasons, we recommend that the Health Committee introduce a bill that would require the Department of Correctional Services to provide timely, evidence-based drug dependence treatment to all prisoners in need of such services, including medication-assisted therapy such as methadone and buprenorphine for prisoners dependent on opiates.

- **Finally**, the bill sponsored by Senator Duane (S 1792) promoting programs for prevention of HIV and other sexually transmitted diseases, including making prophylactic devices available, should be referred out of committee and passed by the Senate in order to protect the health of prisoners and the communities to which they return.

- **The New York State Education Department should issue a state mandate to teach comprehensive sexuality education in schools, while the State Senate should pass legislation introduced by Senator Velmanette Montgomery (S1295) and the Healthy Teens Act proposed by the Family Planning Advocates of NY.**

The latter establishes a grant program for schools and communities to teach sexuality education. The grant program, which will be administered by the New York State Department of Health, should favor communities like the ones designated hot spots in this report, which experience high rates of teen pregnancy and sexually transmitted infections.

RECOMMENDED FEDERAL-LEVEL ACTIONS:

- **We, The Women’s HIV Collaborative of New York (WHCNY), along with our colleagues at The National Women and AIDS Collective (NWAC), urge Kevin Fenton, M.D., the director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control (CDC), to permanently adopt the incorporation of the “Female Presumed Heterosexual” category to obtain better surveillance outcomes for women—30-60% of whom fall into a “no identified risk” category.** Additionally, we urge the CDC to encourage local planning groups to incorporate a model such as the Dynamic Prioritization Model (DPM) developed by the Intervention, Behavioral Science, and Evaluation (IBSE) Committee of New York City’s Prevention Planning Group. The DPM takes into account the local epidemiology and the social determinants that put individuals at risk for acquiring HIV/AIDS such as homelessness, mental distress, etc. The combination of these two things would result in more accurate surveillance data which in turn would result in better funding for prevention efforts targeting women.