



BEYOND THE BASICS

A Comprehensive Approach to Advancing Transgender HIV Prevention and Care

Summary

November 12, 2008

On November 12, 2008, a forum hosted at the California Endowment in Los Angeles, California, brought together the transgender community and allies to strategize new ways to advance HIV prevention and care services for transgender persons seeking HIV services in Los Angeles County. The goals were 1) to identify and clarify key issues that impact the quality of HIV-related prevention and care services consumed by transgender persons, and 2) to develop recommendations to improve the quality of services. The event focused on the following topics through the lens of HIV prevention and care: data, professional/leadership development, immigration, program practices, and transmen.

Entities represented at the forum included:

- AIDS Healthcare Foundation
- AIDS Project Los Angeles
- AIDS Service Center
- AltaMed Health Services
- Asian Pacific AIDS Intervention Team
- Bay Area Addiction Research Treatment
- Behavioral Health Services, Inc.
- Bienestar Human Services
- California Department of Public Health
- State of California Office of AIDS
- California STD/HIV Prevention Training Center
- Care Program
- Center for HIV Prevention Studies, University of California, San Francisco
- Center of Excellence for Transgender HIV Prevention, University of California, San Francisco
- Charles Drew University
- Childrens Hospital Los Angeles
- City of Los Angeles AIDS Coordinator's Office
- Clinica Msr. Oscar A. Romero
- Drug Policy Alliance
- East Valley Community Health Center, Inc.
- El Proyecto del Barrio
- Friends Research Institute, Inc.
- Gender Rights Asylum Project
- Greater Los Angeles Agency on Deafness
- HIV Epidemiology, County of Los Angeles Department of Public Health
- HIV/AIDS Legal Services Alliance, Inc.
- JWCH Institute, Inc.
- Kaiser Permanente
- L.A. County Department of Mental Health
- LAC-USC
- Lamp Community
- Los Angeles Centers for Alcohol & Drug Abuse
- Los Angeles County Human Relations Commission
- Los Angeles County Human Rights Commission
- Los Angeles Gay & Lesbian Center
- Margarita Manduley Law Office
- Minority AIDS Project
- MLGC of the LA Archdiocese

- O.A.S.I.S. Clinic
- County of Los Angeles, Department of Public Health, Office of AIDS Programs & Policy
- Oldtimers Foundation
- Pacific & National Minority AIDS Education & Training Center
- Prototypes
- Public Counsel Law Center
- Rand Schrader Health & Research Center, LAC+USC
- SPECTRUM, Charles Drew University
- SRO Housing Corporation
- Substance Abuse Foundation of Long Beach
- T.H.E. Clinic, Inc
- Tarzana Treatment Centers
- The Royal Court of West Hollywood
- Transcend Empowerment Institute
- Transgender Law Center
- Transgender Service Provider Network
- Transgender Taskforce
- Valley Community Clinic
- Van Ness Recovery House
- Walden University
- Watts Healthcare Corporation
- Weingart Center Association

The following is a summary of strategies designed to address the HIV/AIDS epidemic in the transgender community as identified by meeting participants.

DATA

BARRIERS/CHALLENGES

- Limited funding
- Lack of data
- Inability to collect data effectively
 - Poor data collection methods (e.g., not asking the right questions)
 - Unreliable providers/data collectors (e.g., record assumed identity)
 - Lack access to community
- Poor reporting modalities

STRATEGIES

1. Identify existing trans-related data.

- Assess and access available data. What information already exists?
 - Avoid relying on county/state epidemiological reports. Many communities (e.g., Asian Pacific Islanders, for example) are often overlooked in their reports and many of at-risk communities are missed.
- Find ways to translate collected data into useful information.
- Encourage entities (e.g., funders, organizations, etc.) to share trans-related data.
 - Contact community based organizations and other service providers who work with the trans community.
 - Prioritize data dissemination to community and other providers.
- Maintain a clearinghouse for trans-related data and other information.
 - Keep resource inventory updated.

2. Determine information needed.

Some ideas include:

- Demographic Data
- Sexual/Gender Identity
 - Gender assignment at birth versus gender identity or confirmation now
 - Pre- versus post-operation identity
 - Sexual Reassignment Surgery (SRS)

- Transition process
- HIV-Related Information
 - HIV testing history
 - Context of sexual behavior (professional, survival, personal, etc.)
 - Sexual risk
 - Substance use history
 - Injection habits and history (injecting illicit drugs versus hormones/silicone & sharing needles)
 - Barriers to accessing HIV and other medical/social services
- Evaluations of existing HIV interventions
- Stigma and Transphobia
- Social Support
- Strengths-based data
- Transmen
- Trauma and Violence
- Partners and Relationships

3. Refine data collection methods.

- Evaluate issues with past and current methodologies.
- Implement recommendations for better data collection.
 - Standardize variables and data collection systems. Ensure uniformity in how demographic information is defined and obtained (e.g., sexual/gender identity, sexual orientation, etc.).
 - Use self-defined, as well as categorical responses, for data collection to capture the diversity of gender expression limited by our current binary system.
 - Ask clients their "current gender identify" followed by "sex assigned at birth."
 - Be specific when necessary. Avoid using the term "transgender" (which encompasses transmen & women) if we really mean transwomen *only*.
 - Center Of Excellence has a set of questions they recommend. See Appendix.
- Utilize snowball sampling and other methodologies.
 - Use methodologies that have been used for other marginalized communities (e.g., homeless youth).
- Train staff to avoid assuming gender/sexual identity.
 - Don't skip asking the question(s) based on how clients look, present or speak.

4. Collect more data on the trans community.

- Allocate funds for more data collection.
- Find opportunities to conduct your own research and needs assessment.
 - Conduct a county-wide needs assessment.
 - Ensure clients in SPA 3 are represented. SPA 3 is frequently unrepresented (i.e., Pomona, El Monte) despite the existence of transpeople living in that area.
- Include transgender men and women in the census and other large population - based data collection projects.
 - Ensure gender variable(s) exist.

5. Encourage trans community participation in data collection.

- Combat research exhaust. Emphasize the importance of data collection (i.e., more data can translate into more dollars for programs and other services).
- Recruit trans community to assist in collection.
 - Empower the newly formed transgender taskforce to do the work.

6. Increase trans community representation in research.

- Foster collaboration between providers and researchers.

IMMIGRATION

BARRIERS/CHALLENGES

- Countries of origin
- Persecution and poor healthcare force trans people to seek asylum
- Complex immigration system
- Lack of services available for undocumented people

STRATEGIES

1. **Support immigration reform and rights for undocumented people.**
2. **Advocate for expanded immigration resources.**
 - Organize a coalition to address the issue, develop recommendations and build better support for clients.
3. **Integrate immigration issues into conversations about trans-related services.**
4. **Collaborate with and promote legal programs and other available services that can assist clients with the immigration process.**
 - Bring legal services to agencies.
 - Create a strong referral network.
5. **Familiarize yourself with the immigration process.**
 - Seek additional training and resources. Immigration Equality (www.immigrationequality.org) is a good resource for immigration issues, including trans-specific information.
6. **Educate immigration judges on HIV and trans-related issues.**
 - Immigration judges are generally sensitive toward gay, lesbian and trans-identified people, but increasing awareness can only assist.
 - While good legal representation may be important, the decision for granting asylum rests with the judges, not attorneys. On occasion, immigration judges will decide cases based on their own discretion.

- 7. Encourage clients to start the process of applying for residency and/or asylum immediately.**
 - Legal residency will increase access to services and other opportunities.
 - A person jeopardizes their eligibility for asylum if they wait more than a year to apply and is arrested for any reason.

- 8. Build a strong case for asylum. An inadequate case for asylum may be denied and the client is then at risk for deportation to their country of origin, which places them at risk once more.**
 - Assist clients in documenting any pertinent information that may assist in the application process. Facts that may assist the decision to grant a client asylum include:
 - HIV diagnosis
 - Reasons why they left their country of origin, particularly if persecution or violence was involved, such as being the target of criminally violent acts and/or specific laws approving their arrest for presenting as a transvestite or transgender person.
 - Volunteer/community service
 - Advise clients to refrain from traveling to and from the country they are requesting asylum from (it will affect their application).

LEADERSHIP/HUMAN RESOURCES

BARRIERS/CHALLENGES

- Insensitive work environments
- Poor professional mobility

STRATEGIES

Agency Role

1. Avoid limiting trans people to trans-specific jobs.
 - Recognize and build staff skills beyond their 'job description.'
2. Use their expertise. Include trans-identified staff in decision-making.
3. Provide promotional opportunities.
 - Value life experience. Experience is a good teacher.
 - Job qualification requirements should consider life experience.
 - Encourage and support education and training opportunities for trans-identified staff and volunteers.
4. Develop mentoring programs for trans-identified staff.
5. Value the leadership roles trans-identified staff may have within their community.

Human Resources Role

1. Consult with trans-identified staff and community to inform the needs of employees.
2. Set standards. Create and foster a trans-inclusive and sensitive work environment. Emphasize that policies are designed to protect all staff.
 - Use the preferred—versus legal—name of employees whenever possible (business cards, doors, badges, etc.).
 - Allow staff to follow their own gender-preferred dress code.
 - Enforce staff training to increase trans cultural competency.
 - Develop 'zero tolerance' policies for harassing and other unacceptable behavior.

- Develop and publicize protocols for safely filing complaints.
 - Advocate for the availability of non-gender bathrooms.
3. Inform workforce of benefits, including health care issues that may impact trans-identified staff.
 4. Support transgender employees in transition.
 - Maintain confidentiality.
 - Create policies to deal with employee transition sensitively.

Trans Person Role

1. Recognize and draw on personal strengths (e.g., resourcefulness, resiliency, etc.).
2. Find ways to develop personally and professionally.
 - Overcome personal barriers that can prevent personal growth (e.g., self esteem, coming out, transgender identity, etc.).
 - Take advantage of training opportunities.
 - Pursue higher education.
3. Learn from others.
 - Listen more; speak less.
 - Emulate those you respect.
 - Be proactive in seeking mentorship from trans and non-trans people.
4. Create and maintain strong personal and professional networks.
5. Increase visibility of trans-identified leaders.
 - Instill pride in the community.
 - Find ways to mentor others.

PROGRAM PRACTICES

BARRIERS

- Complexity of needs
- Dearth of trans friendly services
 - Few model programs (e.g., no trans-specific DEBI)
 - Increased agency interest in providing trans-specific programs without the capacity
- Lack of HIV prevention integration in care settings
- Little cultural competency
- Limited funding

STRATEGIES

- 1. Pursue multiple funding sources.**
 - Collaborate with universities or other entities to increase funding opportunities.
- 2. Learn from the past.**
 - Evaluate the successes and challenges of past and present programs.
- 3. Address concerns beyond HIV.**
 - Prioritize client needs.
 - Deal with large, competing issues first, e.g., hunger, shelter, etc.
 - Assist with immediate needs.
 - Hormone therapy
 - Job training and placement
 - Legal services
 - Address mental health and psycho-social issues (e.g., self-identity, self-esteem, internalized transphobia, etc.).
 - Foster community and social support.
- 4. Integrate prevention and care services.**

5. Cultivate trans-friendly services.

- Promote harm reduction approaches.
- Foster staff sensitivity and cultural competency.
 - Advocate for increased training in medical schools, service agencies and other facilities.
 - Seek sources of training support and other assistance (e.g., Center of Excellence).
- Hire staff that clients can identify with and that reflect the trans community.
- Address discrimination, stigma and transphobia from other clients.
- Maintain a trans-friendly referral network.
 - Ensure referrals given are accessible to clients.
- Ensure access to services.
 - Open during convenient hours for clients
 - Offer transportation or map public transit to sites.
- Develop more targeted material for trans community.

6. Invest in longer term interventions.

7. Explore innovative ideas.

- Internet-based outreach and interventions.
- Include partners.

8. Promote services more effectively.

- Expand outreach to non-traditional venues.
- Incentivize services.

9. Address structural barriers.

- Reduce discrimination, stigma and transphobia in community.
 - Increase the cultural competency of family and community at large (e.g., police department).
- Increase trans-friendly services and resources.
 - Advocate for more social services that accept trans-identified clients, e.g., shelters, residential substance use programs, etc.
 - Create more trans-specific—not just trans-inclusive—program.

TRANSMEN

BARRIERS/CHALLENGES

- Lack of data
- No visibility
- Poor cultural competency

STRATEGIES

1. **Build cultural competency.**

- Become educated about trans identification. "Trans" is an umbrella that encompasses many different identities.
 - Avoid making assumptions; allow clients to self-identify using their own words. All transmen do not identify as "trans," particularly transmen of color.
- Understand the spectrum of sexual identity, sexual gender and sexual orientation, as well as the possibility of ongoing transition (e.g., Lesbian to Straight trans man to Gay trans man).
- Seek more information about transmen.
 - Gay City Health Project (www.gaycity.org) has materials on outreaching to transmen, and San Francisco Centre provides booklets and pamphlets on transmen, including disclosure issues, labels for body parts, safer sex practices, etc.
- Keep conversations relevant to the services being accessed. Avoid asking questions to satisfy curiosity.
- Recognize and check personal biases. Avoid "helping" clients become more "manly." There is no such thing as a "real" man.
- Collaborate with trans community organizations (e.g., FTM Alliance, Transgender Service Provider Network, etc.).
- Convene a transmen Community Advisory Board (CAB) for your agency.
- Advocate for increased trans sensitive training in medical schools, service agencies and other facilities.
 - Increase provider skills in serving transmen.

2. Collect more data on transmen.

- Avoid assuming gender identity or risk misidentifying transmen.
- Create safer spaces for transmen to disclose gender identity.
- Revise data collection forms.
 - Collect information on sexual *and* gender identity. Sexual and gender identity don't necessarily coincide for everyone.
 - Leave blank lines to allow clients to write-in how they self-identify.
- Capture and report data that doesn't fit into particular funding source requirements.
- Encourage law enforcement to capture and report data related to trans community.

3. Increase transmen visibility.

- Include transmen issues in conversations about the trans community.
- Invite more transmen to decision-making and planning groups.

4. Increase support for transmen.

- Identify available resources for transmen to provide appropriate referrals.
- Encourage opportunities to build social support and community.

5. Include transmen in HIV prevention efforts.

- Don't assume low HIV risk. Transmen have varying risk based on their sexual behavior (e.g., transmen are not always heterosexual).
- Educate transmen about HIV. Not all transmen are aware of HIV risk (e.g., lesbians who transition as transmen were considered a low HIV risk category and rarely targeted for HIV education).