## LOS ANGELES COUNTY HIV PREVENTION PLANNING COMMITTEE

# TRANSGENDER TASK FORCE RECOMMENDATIONS

**(Reviewed and APPROVED by the Task Force at its meeting held 10/21/09 and APPROVED by the Prevention Planning Committee at its meeting held 11/5/09)**

### INTRODUCTION

The PPC established the Transgender Task Force in October 2008 to develop specific recommendations and strategies regarding HIV prevention for transgender persons in Los Angeles County. While the Task Force membership understands that these recommendations were developed for Los Angeles County, our hope is that these recommendations can be utilized by other jurisdictions for shaping policies and programs that meet the needs of all transgender persons at risk for HIV acquisition and transmission. Specifically, the Task Force hopes that the PPC, and its representation to Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), will help disseminate these recommendations to other urban areas with populations of transgender persons.

**Task Force Structure and Process:** The Transgender Task Force adopted a modified consensus model for its meeting facilitation and decision-making process; meetings were chaired by two community members elected by the group; and ad hoc Work Groups were established to draft initial recommendations in each of four identified areas (data, program practices, human resources/leadership, and legal issues) per an established timeline. Each Work Group drafted initial recommendations which were then brought back to the full Task Force for final approval. The Transgender Task Force built on the success of and meeting summary from *Beyond the Basics: A Comprehensive Approach to Advancing Transgender HIV Prevention and Care* (see *Appendix A*) which was organized by the Los Angeles County Department of Public Health, Office of AIDS Programs and Policy (OAPP) and the Los Angeles County HIV Prevention Planning Committee (PPC) held in November 2008.

Task Force meetings were open to all and typically comprised of service providers, agency representatives, community members, activists, and others, many of whom self-identified as transgender. Although meeting attendance varied somewhat, Task Force membership was generally stable and consistent and supported a cohesive, methodical decision-making process.

**Identity, Behavior, and Language**: Gender, sexual orientation, and sexual behavior must be understood as distinct expressions of identity that occur in a complex matrix and along a continuum, whose multiple combinations naturally resist categorization. Sexual and gender identity often do not coincide. For example, a male-to-female transgender woman may be mistakenly categorized as MSM (men who have sex with men), even though she does not identify as a man, and may not have sex with men (as in the case of a woman-identified transgender whose sexual orientation is lesbian). Furthermore, many

transgender women do not identify as and are uncomfortable with the term "transgender" and may prefer to identify as women, often as heterosexual women.

Transgender men also vary in gender identity, sexual orientation, and sexual behavior. A transgender man may identify as heterosexual, gay or bisexual; may have partners who are men, women, or other transgender men and women; and engage in a range of sexual behaviors that may include anal sex. Some transgender persons engage in sexual behaviors that may support confirmation of their true gender (e.g. a gay-identified transgender man who engages in receptive anal sex); and some transgender persons may continue to include their birth genitalia in their sexual behaviors (e.g. a transgender woman who performs the insertive role during anal sex).

These differences and this complexity must be understood and respected, and transgender persons should be empowered to define their gender and sexual orientation as they wish. The Task Force recognizes the power and politics of language, identity and behavior. In this document, based on the consensus of the group, the terms "transgender woman" (i.e. a person born with male genitalia and assigned a male gender at birth whose true gender is female) and transgender man (i.e. a person born with female genitalia and assigned a female gender at birth whose true gender is male) will be used. In choosing these terms our intention is to facilitate communication and neither to attribute identity nor to align with any political connotation (see *Appendix B – 'Trans' Terminology*).

**Epidemiology and Inclusivity:** The transgender population, while estimated to be relatively small compared to other populations, is disproportionately affected by HIV, and has among the highest seroprevalance rates of any group. The HIV epidemic affects transgender *women* more than any other group of people. HIV Counseling and Testing data and other local data estimate HIV prevalence among transgender women to be approximately 21%.[1] Thus, when discussing the broader topic of *Transgender HIV Issues,* we recognize the need to focus the discourse on HIV prevention and care efforts as they relate to transgender women. However, we also recognize that transgender men and their specific HIV prevention and care needs are too often not discussed *at all*, and inadvertently rendered invisible. In order to ensure that these recommendations are inclusive of transgender men, community experts were asked to provide specific recommendations to be folded into the four focus areas and the final set of recommendations were reviewed for inclusivity of the full spectrum of the transgender community.

The behaviors and co-factors that affect transgender HIV risk (and therefore affect the HIV risk of their sexual and needle-sharing partners) are well-documented in what little research there is. Despite this, HIV prevention among transgender women and men is still inadequate. Structural and cultural forces like sexism, racism, homophobia, transphobia, and the belief that individuals whose behavior puts them at risk "deserve what they get," support and create invisibility and complacency. We strongly encourage the Los Angeles County Prevention Planning Committee and the Office of AIDS

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[1] Los Angeles County HIV Prevention Planning Committee (2008). *Los Angeles County 2009-2013 HIV Prevention Plan*. Available online at http://www.lapublichealth.org/aids/PreventionPlan.htm

Programs and Policy to adopt and act on these recommendations to begin to address the long-standing HIV prevention needs of the transgender community.

## METHODOLOGY

**Data Work Group**: The data Work Group initially reviewed the discussions and recommendations developed at *Beyond the Basics* in the area of data. The group reviewed the Center of Excellence for Transgender HIV Prevention's *Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services (*see *Appendix C).* The group next reviewed a number of available data sources that included transgender data, including the Los Angeles Coordinated HIV Needs Assessment (LACHNA), HIV/AIDS Surveillance data, and the 2007 HIV Counseling and Testing Annual Report. The Work Group also reviewed local, client-level data collection instruments used by County agencies and programs. The specific instruments reviewed included the following forms: 1) Community Assessment Service Center (Alcohol and Drug Programs Administration & Department of Mental Health) ACCUCARE; 2) HIV/AIDS Case Report form; 3) Department of Mental Health Assessment form; 4) Alcohol and Drug Programs Administration Youth Program form; 5) LA County PRS form; 6) Sexually Transmitted Disease reporting form; and 7) HIV Incidence Reporting System form. Following review of these data sources and instruments, the Work Group developed draft recommendations for review by the full Task Force.

**Program Practices:** The Work Group initially reviewed the discussions and recommendations developed at *Beyond the Basics* in the area of program practices and also reviewed *Serving Transgender People in California: Assessing Progress, Advancing Excellence (*see *Appendix D).*[2] Following these reviews, the Work Group met three times to further develop its recommendations. The area of program practices is very broad, covering issues of capacity, technical assistance, best practices, barriers to care, cultural competence and many other issues. In developing its recommendations, the program practices Work Group attempted to include all of these areas, paying particular attention to the needs of transgender men.

**HR/Leadership Work Group:** The Work Group collaborated with the Transgender Service Provider Network (TSPN) of Los Angeles County through regular and ad hoc meetings held during August and September 2009. The TSPN and the ad hoc group initially reviewed the discussions and recommendations developed at *Beyond the Basics* in the area of Leadership and Human Resources. The group then reviewed available resources on the subject including *Opening the Door to the Inclusion of Transgender People: The Nine Keys to Making Lesbian, Gay, Bisexual and Transgender Organizations Fully Transgender-Inclusive* (National Gay and Lesbian Task Force Policy Institute/National Center For Transgender Equality, see *Appendix E*) and *Transgender Inclusion in the Workplace: 2nd Edition* (Human Rights Campaign Foundation Report April 2008, Revised July 2008, see *Appendix F*). Following a review of these documents

[2] Sevelius, J, Keatley J, Iniguez, JR, and Reyes, EM (2008). *Assessing Progress, Advancing Excellence: Serving Transgender People in California*. Available at www.transhealth.ucsf.edu.

as well as other sources, the TSPN developed and forwarded draft recommendations for review and adoption by the Transgender Task Force in September 2009.

**Legal Issues Work Group:** Recommendations in this area were developed in collaboration with local community partners who had expertise in transgender-specific immigration and legal services. The Work Group initially reviewed the discussions and recommendations developed at *Beyond the Basics*, regarding immigration. The Work Group recognized that the legal issues affecting transgender men and women were much broader than immigration, and also included legal name and gender change, experiences with law enforcement, housing and employment discrimination, harassment and violence, and others. With advice from legal experts and community stakeholders, the Transgender Task Force formulated, reviewed and modified the specific recommendations for adoption in September 2009.

## RECOMMENDATIONS

The following recommendations were developed through meetings of the Task Force and Work Groups held between October 2008 and October 2009. In drafting these recommendations, the Task Force and Work Groups wished to offer a continuum of best practice recommendations. We recognize that each department, program or agency will vary in its capacity to implement these recommendations and that the primary impact of these recommendations will be on the Office of AIDS Programs and Policy (OAPP) and its funded contractors. Nonetheless, we offer here the best practice recommendations towards whose adoption all County departments, programs, and agencies should strive.

### Data Work Group Recommendations:

Several major themes emerged in the process of reviewing documents and developing recommendations in the area of data. Themes included the lack of transgender-inclusive and/or transgender-specific data, including data on defined co-factors; the impact of limited funding on data collection, systems, and research; and the absence of and need for standardized variables for collecting and reporting gender. Data related to transgender men were not included in any existing datasets nor included in any current county reports that we identified.

### Data Collection and Reporting

Gender, sexual orientation, and sexual behavior are distinct and complex expressions of identity. Agency staff must be able to understand and work with this complexity and must resist making assumptions about the sexual identity and behavior of transgender persons. Furthermore, data collection instruments and reporting must be able to adapt to this complexity and should capture and report gender and sexual identity data even if gender and identity don’t easily fit into particular funding source requirements.

1. OAPP should advise the Director of the Department of Public Health on the importance of obtaining an accurate count of the number of transgender county residents (both transgender men and transgender women).

2. OAPP should develop and maintain a resource sheet that outlines available transgender-specific data collected through various County Departments and Programs (e.g. Alcohol and Drug Programs Administration, Department of Mental Health, Department of Public Social Services, HIV Epidemiology, OAPP), including contact information and the process for requesting information from these sources.

3. The PPC should develop a Transgender Report Card (similar to an epidemiological profile) that gathers and summarizes information from various departments and programs.

4. OAPP should advise the Director of Public Health on the importance of adopting standardized data collection variables for gender identity across all Los Angeles County Department of Public Health Programs.

   - OAPP funded HIV Prevention and Care services should be required to adopt the *Center of Excellence for Transgender HIV Prevention* recommendations for a two-tiered question regarding gender identity (see below, also *Appendix C*, attached, and accessible at: http://transhealth.ucsf.edu/pdf/data-recommendation.pdf).

     Example of the 2 questions and answer choices:

     1. What is your sex or gender? (Check ALL that apply)
        (1) □ Male
        (2) □ Female
        (3) □ Transgender Male/Transman
        (4) □ Transgender Female/Transwoman
        (5) □ Genderqueer
        (6) □ Additional Sex or Gender: Please specify: __________
        (7) □ Unknown or Question Not Asked
        (8) □ Decline to State

     2. What sex were you assigned at birth? (Check one)
        (1) □ Male
        (2) □ Female
        (3) □ Unknown or Question Not Asked
        (4) □ Decline to State

   - All Department of Public Health Programs (and contracted agencies) should be required to adopt the *Center of Excellence* recommendations for a two-tiered question regarding gender identity (see #4 above, also *Appendix C*, attached, and accessible at: http://transhealth.ucsf.edu/pdf/data-recommendation.pdf).

5. If Department of Public Health Programs and contracted agencies are unable to comply with the two-tiered Center of Excellence recommendations, then they

should be required to collect the gender variable as follows: "Female, Male, Transgender (FTM), Transgender (MTF), Other: ________."

6. OAPP should advise the Director of Public Health and request assistance in working with the Board of Supervisors and all Los Angeles County Departments to adopt standardized data collection variables for gender identity across the County.

   - Departments should be required to adopt the *Center of Excellence* recommendations for a two-tiered question regarding gender identity (see #4 above, also *Appendix C*, attached, and accessible at: http://transhealth.ucsf.edu/pdf/data-recommendation.pdf).

7. Transgender data collected across County programs should be analyzed and included in existing reporting (e.g. HIV surveillance data, ADPA annual reports, etc.) and should include data on transgender women and transgender men. If data are unavailable or unreliable, specific notation should be included (that is, instead of simply omitting the transgender category).

Research

8. Local research should include both quantitative and qualitative methods and be rooted in a Community-Based Participatory Research (CBPR) framework. (see *Appendix G* and accessible at: http://www.cbprcurriculum.info).

   - Researchers should be supported in efforts to include community representation in all aspects of research design, including formative research, survey development, implementation, and dissemination.

   - Research should include variables that capture resilience and strengths of the transgender community (e.g. strong social networks).

9. Researchers should be encouraged to utilize a variety of sampling methods (e.g. respondent driven sampling, venue-based sampling) to ensure that the data reflect the diversity of the transgender community (e.g.. gender, sexual orientation, racial, ethnic, linguistic, age, educational attainment, substance use, incarceration history, employment status/means of support, occupation, homelessness, socio-economic, etc.).

10. Studies and data collection should include sampling county-wide, across all eight Service Planning Areas (SPA) of Los Angeles and not only focus on SPA 4 (metropolitan Los Angeles including West Hollywood, Hollywood and downtown).

**Program Practices Work Group Recommendations**:

These recommendations cover a broad range of programmatic areas. However, one of the key themes to emerge from the Program Practices Work Group was the perpetual invisibility of HIV prevention issues related to transgender men. The group worked to

ensure that issues related to transgender men were included and addressed in all areas of the Task Force recommendations.

Transgender Men's Issues

Transgender men must be included in ongoing HIV prevention efforts. Too often, transgender men, if they are considered at all, are assumed to have relatively low HIV risk based on incorrect assumptions about sexual identity (all transgender men have a heterosexual orientation) or sexual behavior (transgender men only have sex with women or with other transgender men). Moreover, not all transgender men are aware of HIV risk. For example, lesbians have not historically been targeted for HIV prevention interventions as their HIV risks are considered to be relatively low, thus, a lesbian who transitions as a transgender man may need fundamental HIV prevention education and services. Often, openly transgender men have to educate the providers from whom they are seeking services, even trans-specific and trans-friendly service providers.

All HIV prevention and care agencies that serve gay men and men who have sex with multiple genders should take steps to be more inclusive of transgender men. This can be achieved by including transgender men on community advisory boards; including images of transgender men in agency materials; having transgender men on staff; and developing collateral materials specifically addressing transgender men.

Community Partnerships

11. Agencies that provide services to transgender men and women should support and maintain active involvement in existing networks, community planning groups including, but not limited to, the Transgender Service Providers' Network (TSPN) and West Hollywood Transgender Task Force.

    - OAPP, the City Of Los Angeles AIDS Coordinators Office, and City of West Hollywood Human Services Division should require their funded agencies to participate in appropriate community planning groups.

    - As described in the data recommendations, researchers should include community representation in all aspects of research design, including formative research, survey development, implementation strategies, and dissemination.

Staff Support & Development

12. Staff development, on-going training and education, and creating opportunities for advancement and leadership are vital to building capacity and a healthy work environment for transgender-identified staff, volunteers and community members (see Leadership/HR recommendations below).

Cultural Perspectives & Competence

13. Interventions and programs are most effective when they acknowledge and reflect diverse cultural perspectives, including gender identity. Cultural perspectives may

include age, ethnicity, race, immigration status, communication and languages, sexual orientation, sero-status, etc.

- OAPP should work to ensure that transgender-specific curricula and program materials address cultural perspectives appropriate to the target population being served for both transgender women and transgender men. Transgender community members should be recruited to participate in the materials review process, and when possible or appropriate, the County should hire or contract with transgender trainers.

- OAPP should revise current program review tools to include an assessment of the facilitator/s' ability to relate to and/or provide culturally appropriate interventions to the transgender community.

Multidisciplinary Approaches

14. Programs should acknowledge and work within the broader context of comprehensive transgender health and wellness addressing the multifaceted needs of the transgender community (e.g. housing, job training, hormone therapy, legal services, transition, etc.).

    - Los Angeles County funded agencies should prioritize approaches and interventions that not only focus on the individual, but also systems and contexts, including families, partners, social and sexual networks (e.g. casual/main/commercial partners), and schools;

    - Los Angeles County funded agencies should be required to collaborate with formal Memoranda of Understanding (MOU) to help increase referrals and meet service gaps. For example, an agency that provides hormone therapy should collaborate with agencies that provide HIV services.

Evidence-based Priorities and Planning

15. Transgender programs and county funders should utilize program and other surveillance data, both quantitative and qualitative, including client feedback, to help enhance program development and to prioritize prevention efforts and interventions.

    - OAPP should ensure that local HIV Counseling and Testing initiatives, including HIV Counseling and Testing Week, target the entire transgender community, and that initiatives be based on and driven by prior data and information;

    - OAPP should develop Health Education Risk Reduction annual reports, based on the data collected from agencies funded for transgender-specific programs. This report could be utilized by contracted agencies to further refine programs and assess capacity building needs. For example, if the annual report reflected

a decrease in retention, expert training and technical assistance could be offered in this area.

Innovative Program Design

16. Recruitment and retention strategies should be flexible and consider community strengths (e.g. strong social networks) and the unique needs and circumstances of transgender sub-populations and the different HIV prevention needs of transgender men and transgender women.

    - OAPP should prioritize innovative, culturally appropriate and culturally savvy strategies and interventions for both transgender men and transgender women (e.g. interventions that use internet-based social networking sites, effectively combine education and entertainment, implement appropriate incentive plans, and those that build strong collaborations with organizations, leaders, and gatekeepers in the community as part of their recruitment and retention strategies);

    - OAPP and Los Angeles County HIV Epidemiology should seek out funding sources to support the development and evaluation of new and emerging interventions and strategies.

Health Care Integration

17. Health care, including mental health and substance abuse, should be recognized and prioritized as a form of HIV prevention.

    - Los Angeles County Department of Public Health and the Department of Health Services should ensure the availability of adequate, accessible, transgender-specific health care, for both transgender men and transgender women, through funded county clinics and should facilitate the expansion of existing Public Private Partnerships (PPP) to include transgender-specific care.

Access to Services

18. Ensure access to services including transportation, accessible locations throughout the County, and ensure provision of services to the post-incarcerated and incarcerated transgender population. Transgender community members express reluctance to travel very far for needed services, often out of fear of harassment on public transportation. Similarly, populations of transgender individuals, particularly transgender women, are geographically isolated (in the valley) or tend to stay in a particular part of the city (i.e. transgender women who live downtown don't tend to go to Hollywood/West Hollywood to seek services).

    - Transportation is essential in order to access services particularly because Los Angeles County covers a vast geographical area. OAPP should require agencies to include transportation within incentive plans.

- Los Angeles County covers a vast area and transgender men and women are located throughout the County. OAPP should ensure that service delivery is as geographically diverse as possible in order to meet the needs of multiple, often stationary, transgender populations.

- OAPP should work with the Los Angeles County Sheriffs Department to increase specific services for incarcerated transgender persons, especially transitional services for the post-incarcerated.

Availability and Visibility of Resources

19. A comprehensive needs assessment of transgender-friendly and transgender-specific services, including HIV prevention and care, substance abuse treatment, mental health, and other services, should be conducted as soon as possible. Accurate and updated resource listings should be inclusive of transgender services for both transgender women and transgender men (e.g. CHIRPLA, Healthy City, HIVLA, etc.).

    - OAPP should mandate HIVLA to include a specific transgender section and work with the County/City referral agencies (e.g. Healthy City, 211) to include transgender-specific listings of services including resources specific for transgender men;

    - The California AIDS Clearinghouse or its equivalent should be supported to develop and disseminate additional, up-to-date, comprehensive, culturally specific transgender HIV prevention materials for both transgender men and transgender women;

    - Agencies should ensure that representations of transgenders appear in program promotional materials: print, web, and other media and that links to additional resources are provided.

Structural Change & Community Mobilization

20. Prevention efforts must address complex contexts and systems that affect transgender health and well-being. Existing programs, practices and policies must continue to work and be understood within these contexts and systems but must also question, challenge, and change them, relying on the expertise of community. Thus, structural change and community mobilization should be prioritized and incorporated into HIV prevention services at both the agency and County level.

    - Local agencies should be supported in seeking funding for the most innovative, comprehensive, and responsive community-based and community-driven programs and services;

- Agencies should collaborate beyond existing transgender provider networks and community planning groups to include coalitions and groups addressing advocacy in order to work towards addressing root causes of HIV acquisition.

**Human Resource/Leadership Recommendations:**

Based on a review of available local, state, and national policy recommendations from community advocacy groups, the HR/Leadership Work Group focused its recommendations on agency policy and protocol. Agency policy and procedure remains an underlying cause of burnout among community members working in HIV prevention, in part because of unintended limitations placed on community members who are often hired into line staff positions, working in transgender-specific programs, serving only transgender persons, with few opportunities for professional development or advancement.

Although OAPP and its contracted agencies are explicitly named in this section, all Department of Public Health Programs (and contracted agencies) should be encouraged to adopt these recommendations.

Agency Policies and Protocols

Department of Public Health should build internal capacity to ensure that county-level expertise and technical assistance is available to agencies in support of developing agency-level transgender-inclusive policies and procedures.

21. In accordance with local and state laws, OAPP should require funded agencies and subcontractors to have specific policies that prohibit discrimination and harassment against transgender employees and clients and that address restroom access and dress codes. For example, agency policies should be modified to avoid gender stereotypes and allow for transgender employees to dress consistently with their preferred gender.

22. OAPP funded contractors should be required to develop personnel and workplace safety policies that allow employees and potential employees to identify appropriate gender and name, including but not limited to, employee badges, office signage, e-mail, and business cards.

23. OAPP should require all funded contractors to develop policies that include annual individualized staff development plans that specifically encourage and support transgender and gender non-conforming employees in ongoing professional development and personal growth.

Transgender-specific Health Care

24. OAPP should require all funded contractors to develop specific protocols for "on the job gender transition" that clearly delineate responsibilities and expectations of transitioning employees, their supervisors, colleagues and other staff.[3]

25. OAPP funded contractors should be strongly encouraged to offer health insurance options that provide coverage for "medically necessary treatments and procedures," as defined by the World Professional Association for Transgender Health Standards of Care for Gender Identity Disorders (accessible at: http://www.wpath.org).[4]

**Legal Issues Recommendations**

Work group discussions highlighted the need to prioritize recommendations that address the ongoing violence and discrimination faced by transgender individuals as a result of transphobia. In the course of its work, the Work Group identified the need to collaborate and share resources with the Transgender Law Center and other legal service agencies to support the creation and implementation of the recommendations in this area.

26. The Transgender Service Provider Network and its collaborative partners should work with local HIV service providers to ensure that HIVLA includes specific legal/immigration resources (both private and public) that are inclusive of transgender persons.

27. OAPP should seek expertise from transgender planning and advocacy groups and should collaborate to develop curricula and training opportunities to build the capacity of transgender-specific legal and immigration services.

28. OAPP should require all grantees to develop specific protocols and referral resources for legal issues specific to transgender persons including, but not limited to immigration (including asylum), legal name and gender change, marriage, adoption, domestic violence, workplace and housing discrimination, victim's rights, and hate crimes and/or incidents.

29. The Los Angeles County Sheriffs Department should collaborate with the Los Angeles County Department of Public Health to enhance the availability of HIV prevention services specifically for incarcerated transgender women and men in Los Angeles County facilities and should develop explicit policies that allow for the provision of HIV prevention services to incarcerated transgender women and men.

30. Los Angeles County law enforcement agencies including the Sheriffs Department and other local city police departments (e.g. Los Angeles, El Monte) should partner with local community advocates and agencies to increase the availability of sensitivity and other trainings to help build cultural competency among law

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[3] *Opening the Door to the inclusion of TG People: The Nine Keys to making Lesbian, Gay, Bisexual and Transgender Organizations Fully Transgender-Inclusive* (National Gay and Lesbian Task Force Policy Institute/National Center For Transgender Equality)

[4] Ibid.

enforcement officials and improve interactions with transgender persons within their respective jurisdictions. Efforts should include, but not be limited to:

- Training focused on understanding the transgender community to reduce profiling;

- Implementing law enforcement policies across the County related to appropriate gender pronoun usage, search and arrest procedures and classification processes;

- Examining the impact of CA Penal Code 653.22 when prosecuting transgender community members who are in possession of condoms in the context of HIV prevention and education efforts focused on increasing condom use.

# BEYOND THE BASICS

*A Comprehensive Approach to Advancing Transgender HIV Prevention and Care*

**Meeting 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
- Clínica 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

<u>BARRIERS/CHALLENGES</u>

- Insensitive work environments
- Poor professional mobility

<u>STRATEGIES</u>

**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).

## APPENDIX B - 'TRANS' TERMINOLOGY

*by Talia Bettcher, slightly adapted for continuity*

Transgender may be used to refer to people who do not appear to conform to traditional gender norms by presenting and living genders that were not assigned to them at birth or by presenting and living genders in ways that may not be readily intelligible in terms of more traditional conceptions. The term may or may not be used to include transsexual. Transgender also has a political connotation: it flags a political stance, mainly in the Anglo United States, which generally resists medical pathologization. This places it in prima facie opposition to the notion of transsexual (at least in the more traditional sense of that word).

Transsexual may be used to refer to individuals who use hormonal and/or surgical technologies to alter their body in ways that may be construed as at odds with the sex assignment of birth or which may not be readily intelligible in terms of traditional conceptions of sexed bodies. Traditionally, the term has been connected to psychiatric notions such as gender dysphoria and also associated with the metaphor "trapped in the wrong body." Yet transsexual has also been redeployed in ways amenable to and possibly subsumable under the more recent term transgender. In general, both terms now appear to be used in many (and frequently contested) ways.

In general, it is appropriate to leave such terms undefined—subject to interpretations and negotiations by specific individuals who self-identify with them.

MTF (referred to herein as "transgender female") refers to individuals assigned male at birth whose gender presentation may be construed as "unambiguously" female.

FTM (referred to herein as "transgender male") refers to individuals assigned female at birth whose gender presentation may be construed as "unambiguously" male.

Transperson may to apply to FTMs and MTFs alike, as well as some people who present gender in ways that may be construed as inconsistent or androgynous.

When using this terminology, it is useful to point out that it is being used to facilitate communication, and that the intention in the use of such terms is not to to attribute identity.

Transphobia does not necessarily imply the fear of transpeople, but simply any negative attitudes (hatred, loathing, rage, or moral indignation) harbored toward transpeople on the basis of our enactments of gender.

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