

A black and white photograph of a building's dome and power lines. The dome is in the lower right, showing intricate architectural details like columns and a checkered pattern. Power lines with insulators run diagonally across the upper left. The title text is centered in the middle of the image.

Transgender HIV/AIDS Health Services Best Practices

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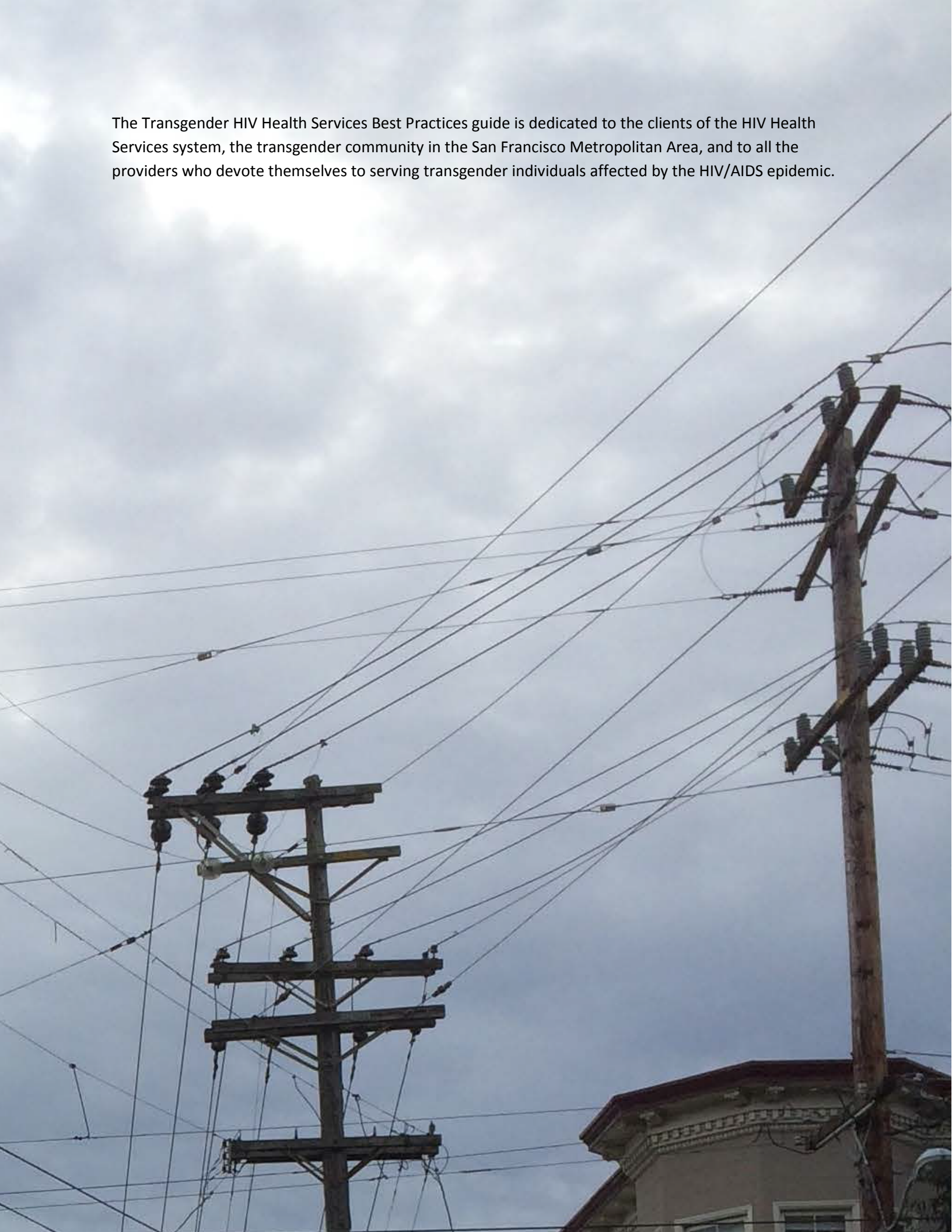
Updated 2015

This publication is supported by grant number H89HA00006 from the Health Resources and Services Administration (HRSA), Ryan White Part A – Quality Management funding program. The contents are solely the responsibility of the authors, and do not necessarily represent the official view of HRSA or the Ryan White program.





The Transgender HIV Health Services Best Practices guide is dedicated to the clients of the HIV Health Services system, the transgender community in the San Francisco Metropolitan Area, and to all the providers who devote themselves to serving transgender individuals affected by the HIV/AIDS epidemic.



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Purpose of Best Practices

The Best Practices outlined in this document represent the standard of care in the provision of HIV/AIDS services to transgender clients.

The goals of this document are:

- ✓ to introduce the background and key concepts related to transgender HIV services;
- ✓ to outline the ten Best Practices in culturally competent care, supported by over two decades of research and experience;
- ✓ to provide recommendations for how these practices can be operationalized and success measured;
- ✓ and to link readers to additional training, literature, and resources.

Notes

It should be noted that although the Best Practices described herein refer to care for all transgender and gender nonconforming individuals, surveillance data and research findings indicate that the burden of HIV is most heavily experienced by transgender women. Current evidence suggests that HIV prevalence among transgender men is relatively low (approximately 2%¹), but behavioral research has found that many trans men exhibit high-risk sexual behavior. More research specific to trans men and HIV is needed. In the meantime, the statistical focus on trans women in this document should not be interpreted as an indication that these Best Practices apply more so to them, or that competent healthcare for trans men is less important.

It should also be noted that this document has been written for an intended audience of all providers on the spectrum of care, from administrative and clerical staff in health clinics, to clinicians and medical assistants, to social workers and mental health providers. We refer to all potential recipients of care as “clients” in this document.

How to use this document

The following Best Practices guide is divided into four parts:

- **Part I: Introduction and Key Concepts.** Part I provides a summary of background information, epidemiological data, and key concepts relating to transgender health issues.
- **Part II: Best Practices Standards.** In Part II, you will read a brief description of the ten Best Practices Standards.
- **Part III: Implementing Best Practices.** In Part III, you will have the opportunity to delve more deeply into the Best Practices by reading about recommended ways to operationalize and measure each standard.
- **Part IV: Resources.** In Part IV, you will be provided with citations and links to essential resources.

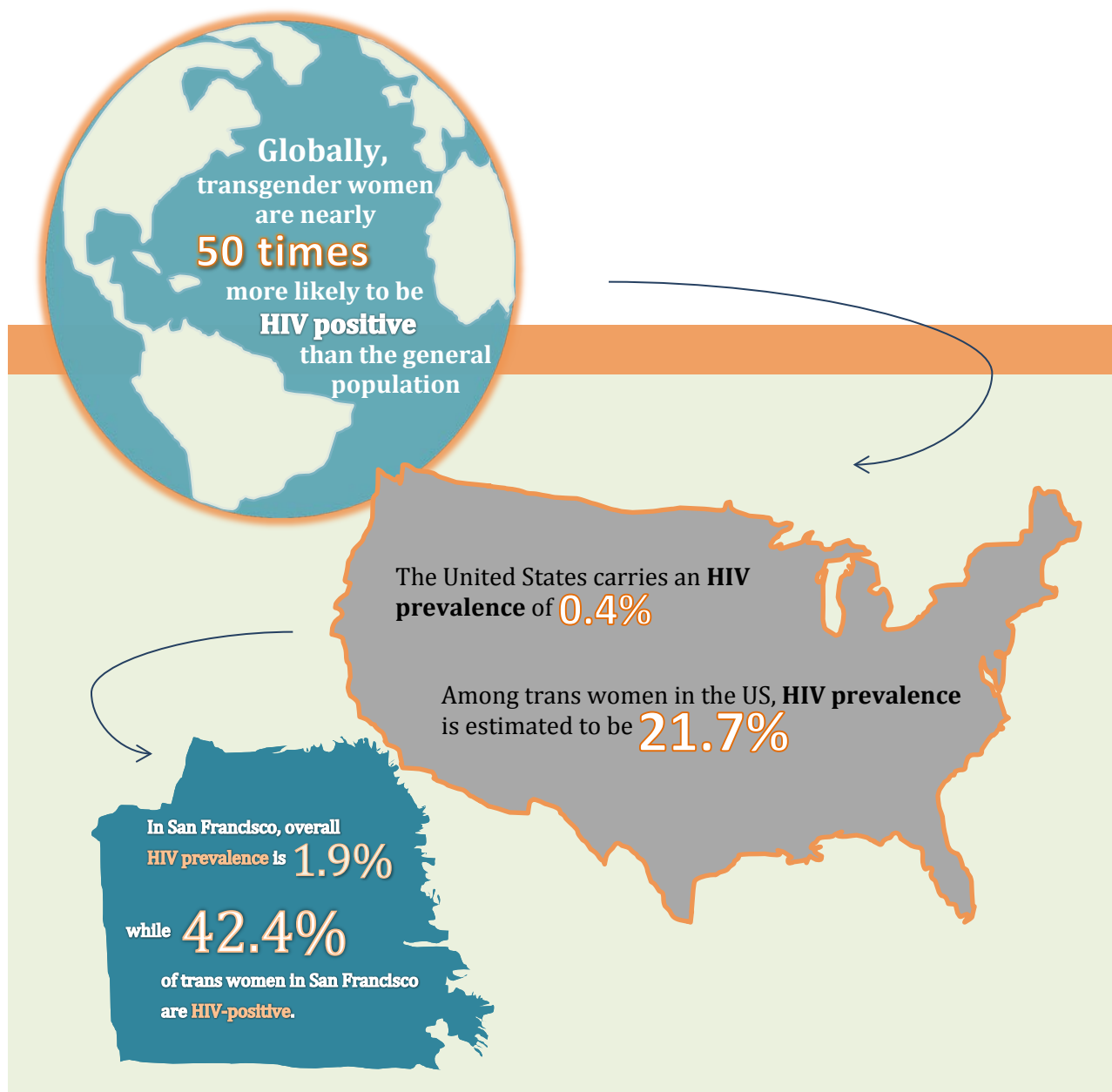
Community Voices. Throughout the document, quotes from community members (clients and providers) provide key commentary and critical reflection.

PART I: INTRODUCTION AND KEY CONCEPTS

Epidemiology, prevalence, and burden of disease

Globally, nationally, and locally, HIV and AIDS disproportionately affect transgender individuals by dramatic margins. In the United States, transgender women experience over 50 times the HIV burden of the general

population², and here in San Francisco – a city with an uncommonly high overall HIV prevalence – trans women are still estimated to suffer more than 20 times the burden of the general population³.

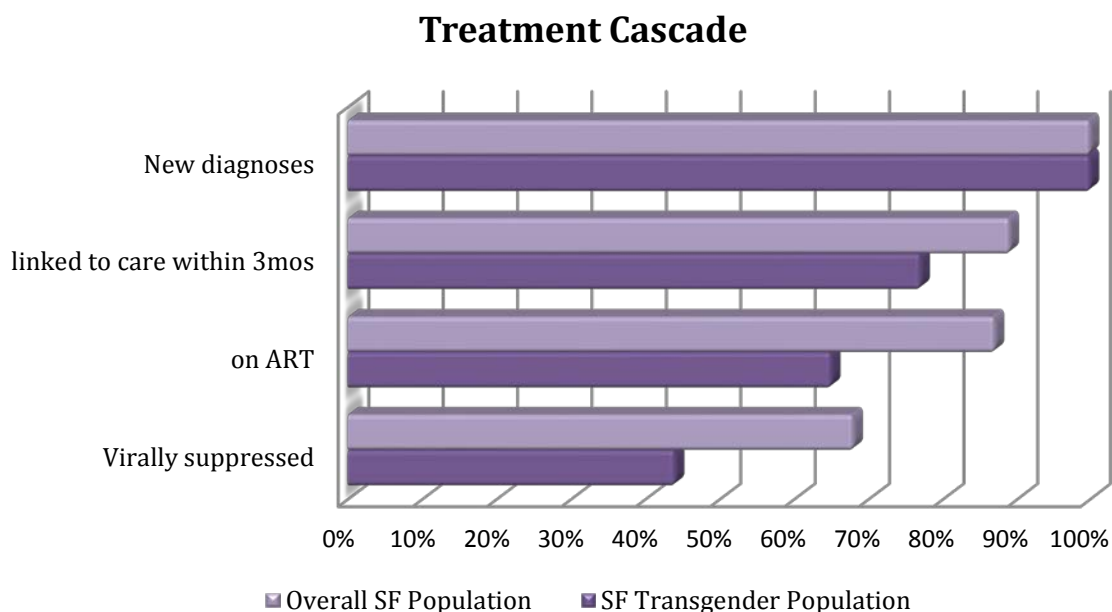


Across the United States, HIV+ trans women have significantly less access to antiretroviral therapy (ART) than non-transgender women.⁴ In San Francisco, trans women have the lowest ART use rate of any gender group,⁵ and additional research indicates that trans women who do access ART are less likely to report optimal adherence.⁶

A 2008 meta-analysis of 29 regional US studies found that race was a significant mediating factor to HIV status among trans women: prevalence among African American trans women was estimated to be 56.3% (95% CI, 50.1-62.4%), compared to a prevalence among White trans women of 16.7% (95% CI, 11.8-21.5%).⁷

Continuum of care / treatment cascade

In addition to the disproportionate burden of disease, transgender women also experience unequal access to, and positive outcomes from, HIV treatment. An analysis of 2010 and 2013 Respondent Driven Survey data and 2012 SFDPH surveillance data shows that the treatment cascade drop-off on the continuum of care is experienced more severely by trans women in San Francisco. Among all newly diagnosed individuals, fewer trans women are linked to care, engaged in ART, and virally suppressed than non-transgender HIV-positive women.



Key Research Findings from the Past 10 Years

FORGE Transgender Sexual Violence Survivor Study, 2005

- **48%** of participants who had been sexually assaulted did not tell anyone about the assault.
- **5%** of reported sexual assaults had been perpetrated by police.
- **6%** of reported sexual assaults had been perpetrated by a health care or social service provider.

National violence data from surveys, social service reports, and police reports, 2009

- **Over 50%** of transgender individuals on whom data were collected experienced forced sex or unwanted sexual activity.
- Violence against transgender people starts **early in life** and the threat of multiple types of violence continues **throughout the lifespan**.

National Transgender Discrimination Survey, 2011

- **Half** reported avoiding health care when they needed it, due to either discrimination or affordability
- Trans participants were **4 times** more likely to earn <\$10k per year, and experienced **twice** the rate of unemployment as the general population
- **41%** reported at least one suicide attempt (vs. 1.6% of the general population)
- **47%** experienced adverse job outcomes (not hired, fired, denied promotion) due to their gender identity)
- **Over half** had been harassed or bullied in school
- **57%** experienced family rejection
- **19%** reported a history of homelessness (55% of whom also experienced harassment from shelter residents and staff)
- **79%** of those who had transitioned could not update their gender on all ID.

The Virginia Transgender Health Initiative Survey, 2012

- **46%** of trans men had been victims of physical violence. These men were in turn **3 times** more likely to have a history of alcohol abuse, and nearly **4 times** more likely to report a history of suicide attempt.
- **35%** of trans men had been victims of sexual violence. These men were **3 times** more likely to have a history of alcohol abuse, and **5 times** more likely to report a history of suicide attempt.
- **40%** of trans women had been victims of physical violence. These women were more than **5 times** more likely to report a history of suicide attempt.
- **25%** of trans women had been victims of sexual violence. These women were **4 times** more likely to abuse drugs, **3 times** more likely to abuse alcohol, and nearly **4 times** more likely to report a history of suicide attempt.

Barriers to care

San Francisco is home to an estimated 1,500-5,000 trans women and an unknown number of trans men.⁸ Population numbers are tremendously difficult to estimate to a meaningful degree of accuracy, as many transgender residents may not be out as transgender, may be transient, disconnected from services, or in other ways demographically hidden.

While the city provides more accessible and transgender-specific health care than almost any other major metropolitan area in the country, many transgender San Franciscans still experience barriers to receiving and remaining engaged in health care.

Such barriers can include:

- ✓ Concerns about encountering stigma in a healthcare setting and from peers;
- ✓ Negative past experiences with health care staff, providers, or agencies overall;
- ✓ Prioritizing more urgent needs, such as housing and legal issues, or gender-related care;
- ✓ Concerns about how HIV treatments might interact with hormone therapy;
- ✓ Intersecting mental health issues or other circumstances that make keeping appointments and adhering to medication difficult.

“[When a client] feels uncomfortable, it causes them to not follow up on appointments, and only come in when something serious is happening.”

”

“When we look at the data of trans people, especially trans women of color living with HIV, we see that they have high rates of resistance, low rates of adherancy, and in my experience have the hardest time getting their medication from pharmacies that are supposed to serve them. On top of that, we see clients prioritizing their transition over their medical care and it’s important to understand why that happens and how to help them balance the two together.”

Lexi, provider

“As a gender non-conforming trans provider, I was drawn to working in health care because of disparities, including barriers the trans community faces to accessing reliable, compassionate, and competent health care services. I have frequently been the sole trans staff member on HIV research teams and provider teams, but have largely found colleagues willing to affirmatively broaden their base of knowledge.”

Jordan, provider

“[I had a good experience when] I was greeted as my preferred gender pronouns, treated with respect, my concerns were met with answers, and the clinic was sliding scale.”

U

Imperfect language for a diverse reality

There are myriad terms to describe identity. Most people identify as male or female, and transgender or gender nonconforming individuals may identify as male, female, transgender, genderqueer, or something else entirely. While there are as many terms for identity as there are experiences of identity, in this document we imperfectly use “transgender” and “trans” as umbrella terms for individuals whose gender identity does not align with their assigned sex at birth, individuals

who are gender nonconforming, and individuals who feel that their gender identity is not represented by either “male” or “female.”

Defining relevant terms

The following list is not exhaustive, and not all people will identify with the following terms. While it is important for providers to be aware of basic terminology, it is even more important for all clients to be given the opportunity to provide information on how they want to be recognized.

Term	Definition
Sex	Sex, in this context, is a biological construct, referring to a designation typically determined at birth by phenotype (physical appearance), genotype (chromosomes), and gonadal status (e.g., testicles and ovaries). In gender identity narratives, sex is also often referred to as “ birth sex ” or “ sex assigned at birth. ”
Legal sex	Legal sex refers to the legal documentation of one’s sex (such as on a government-issued ID) and many trans people choose to alter the documentation in order to be able to navigate in environments where IDs are required such as the workplace.
Gender	Gender is a system of classification that uses the terms masculine and feminine as binary characteristics presumed to correspond with male and female bodies. Most people equate sex and gender because, for them, these characteristics do conform to their body and their sense of themselves. That sense of themselves is their Gender Identity , and everyone has a gender identity. For trans people, though, this exact correspondence is not the case (see Transgender, below).
Gender Expression or Presentation	The outward expression of one’s gender (e.g., how a person dresses, styles themselves, walks, talks, etc.). A person’s gender expression may or may not align with his, her or their gender identity.

“There is no one narrative or case study that can represent the experiences of all transgender and gender non-conforming people.

There is no one way to be transgender, nor is there a predictable constellation of external or internal markers that make an individual’s identity more valid than the next.”

Jordan, provider and client

Transgender

Derived from the Latin “trans,” meaning “across,” transgender refers to a person whose gender identity is different from the gender assumed based on the sex they were assigned at birth. Transgender individuals often do not feel at home in a body that has genitals or secondary sex characteristics (like breasts or facial hair) that don’t align with their gender identity.

Transgender women

Individuals with a female/feminine gender identity who were assigned a male sex at birth. Often referred to as “**trans women**,” and sometimes abbreviated to the compound term “**transwomen**.” Although it is common to see in writing, some trans people dislike the compound term because the creation of a new noun implies a different kind of woman, whereas “trans woman,” where “trans” is a modifier, indicates a woman with a trans experience.

Transgender men

Individuals with a male/masculine gender identity who were assigned a female sex at birth. Often referred to as “**trans men**,” and sometimes abbreviated as “**transmen**.” (See note about compound terms, above.)

Gender nonconforming or genderqueer:

“Genderqueer” and “gender nonconforming” offer broad umbrellas, and are inclusive of anyone whose legal sex, birth sex, gender identity, and gender expression do not align according to societal expectations. People who identify as genderqueer sometimes prefer pronouns other than “he” or “she” (such as “ze,” “hir,” or “they”).

Cisgender

Derived from the Latin “cis,” meaning “on the side of” or “aligned with,” cisgender refers to a non-transgender person. This term may be found in some academic literature, and it may be used by some community members, but is also considered by many to be a reductionist term that oversimplifies the trans experience. Some people may prefer the term “non-transgender” for simplicity sake.

Key concepts

Cultural competency

Cultural competency, in this context, refers to the overall knowledge of, comfort with, and sensitivity to transgender health concerns. A culturally competent provider does not need to be an expert or specialist in gender identity issues or sexual reassignment procedures. Rather, a culturally competent provider knows that gender identity can be unique to each individual, is aware of various options for medical transition (such as hormone therapy or surgical intervention), but does not assume that transgender or gender nonconforming clients have pursued or are interested in pursuing such options. A culturally competent provider asks clarifying, relevant questions when necessary, respects the bodily integrity and privacy of their client, and accepts the gender identity, sexual orientation, and preferred pronouns as expressed by their client.

Syndemics

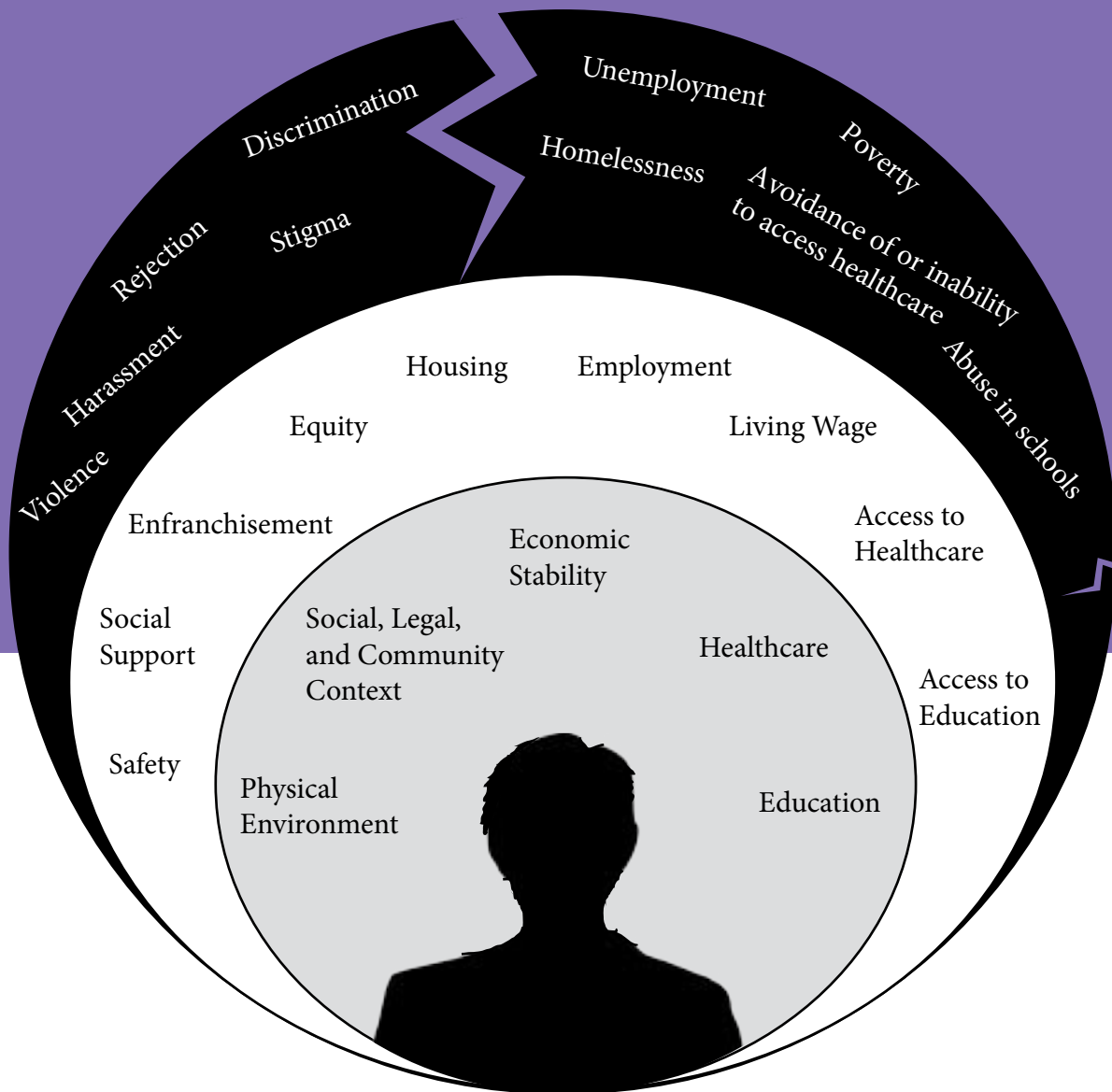
Syndemic theory refers to the phenomenon of a cluster of multiple interacting health problems that contribute to an excess burden of disease in a population. This concept is critical to any discussion of transgender health, because many of the health issues most common among trans individuals are linked. Intersecting experiences

of social and structural marginalization—such as discrimination, rejection, and stigma—contribute to a syndemic process that exacerbates the burden of HIV. Research has found, for example, that drugs and alcohol are used by many trans women as a way of coping with stigma and discrimination, while substance use can reciprocally reinforce multiple syndemic HIV risk factors, such as poverty, housing instability, and sex work.

Social determinants of health

Health does not exist independent of context or causal factors. In addition to the ways in which behavioral, environmental, and genetic factors determine health, so too does one's social and cultural environment. For transgender and gender nonconforming individuals, constrained access to culturally competent health care and social services, experiences of stigma and discrimination, vulnerability to violence and exploitation, social barriers to maintaining a stable income and safe housing, and intersecting experiences of social marginalization all contribute to negative health outcomes. Research has repeatedly shown that transgender men and women experience disproportionate rates of violence, harassment, mental illness, and discrimination in workplaces, schools, and welfare systems.

Social Determinants of Health



Why does trans health matter?

Trans healthcare isn't about trans identity, it's about healthcare

Improving the quality of trans-specific healthcare is an exercise in service excellence, depathologizing variation, and seeing the needs of the whole person. These best practices do not aim to afford extraordinary care and treatment to trans clients above and beyond what is afforded to the general population. For most people who enter a clinical environment and engage in medical treatment, many of their needs are tacitly met. Most people's need for visibility and gender affirmation is met with an intake form that asks them to check a box that says "male" or "female" and the comfort in knowing that the doctor will find a body obviously aligned with that identity. Most people's need for privacy is met with HIPAA requirements, and comfort that a public announcement of their legal name will not potentially mean the disclosure of protected health information. Most people's need for confidence in their medical provider is met with the secure assumption that their provider will understand their body with comfort and expertise. For transgender and gender nonconforming clients, these assumptions and comforts are not automatic, and extra care must be taken to provide the same experience of comfort, privacy, and confidence.

Power and responsibility: the influence of medical authority

Medical authority regulates our social definitions of sick and well, normal and abnormal, whole and broken. From the words of our providers we learn things about ourselves, and from our experiences in healthcare settings, we learn things about where we fit in the world. The power of medical authority is the ability to create a positive, welcoming, affirming, respectful space with the services you provide. Health care professionals possess high social capital and credibility, and, whether explicitly or implicitly, can either grant or withhold permission for a person to accept who they are. For a population that is marginalized both socially and in a manner relative to the "rightness" of their bodies, affirmation and respect in a health-related environment can be life-changing, and mean the difference between finding a home in health care and avoiding treatment entirely.

Treatment as Prevention

HIV care benefits the client, but it also benefits the general population by helping to reduce the risk of further transmission and societal costs associated with a growing epidemic. Whether by providing and managing ART, employing harm reduction strategies relative to needle sharing and sexual behavior, or discussing the option of PrEP for serodiscordant partners, HIV treatment is also HIV prevention.

Disproportionate need

Research has repeatedly found that transgender individuals face greater barriers to accessing health care in general, and HIV testing and treatment in particular. Transgender women (especially trans women of color) experience higher HIV prevalence than just about any other demographic population in the United States. Public health must focus its attention on areas of acute need, and the disproportionate burden of HIV/AIDS on the transgender population qualifies as such an area.

Entry into 360 degree care

Comprehensive, culturally competent HIV treatment can serve as a portal for clients to address multiple co-occurring burdens. A connection with a trusted provider who is also linked into a collaborative network of other providers can open doors to multiple avenues of care and prevention, such as mental health care, case management, legal services, employment services, and social support networks.

“Alongside housing and job discrimination, healthcare is the most crucial part of a happy trans experience. Without compassionate competent and accessible services, transgender people suffer a diminished quality of life.”

Mason, client

“When transgender people access healthcare, they are really taking a leap. Because many in our community choose to transition physically, we are placing a very personal and sensitive part of ourselves in the hands of our healthcare provider. Many of us could not realize a complete transformation without a healthcare provider. They are literally holding the key to not only our physical health, but our social, emotional, spiritual and psychological health as well.”

Jackson, client

“[Health-related care] plays a major role in my life. My life follows the examples of the different advice and rules I learn.”

Natalie, client

What needs to be taught and learned when talking about trans-competent care is that the transition for clients can be as important as the fundamental need to survive. Being recognized and seen as the gender transgender people are, is ingrained with the need for shelter, food, and water. It is a basic survival instinct.”

Lexi, provider

PART II: BEST PRACTICES STANDARDS

Standard 1 Health literacy - Provider and client awareness of specific transgender health issues and needs

- Providers develop comprehensive knowledge of health and social needs among transgender clients;
- Providers are able to talk to their clients about a range of health and social issues that impact HIV care and wellbeing;
- Providers ensure that their clients have and understand information specific to transgender health and care;
- Providers make sure that clients understand how certain health issues may or may not affect HIV/AIDS treatment.

Standard 2 Creating a safe and comfortable agency space

- Agency and providers work actively to reduce structural and perceived barriers to accessing health care for transgender clientele;
- Agency and providers actively combat potential discrimination against clients and employees;
- Providers at every stage of client interaction, from the first person the client encounters through the last, make transgender clients feel safe and welcome.

Standard 3 Use of inclusive and gender neutral language

- All providers and agency staff use inclusive and gender appropriate language when interacting with co-workers and clients;
- All agency forms use inclusive and gender appropriate language.

Standard 4 Confidentiality of client information

- All client data remains confidential, including information about sexual orientation and gender identity issues.
- All client information is used only to ensure that health needs are appropriately addressed.

Standard 5 Building and engaging in a trusting relationship with clients

- Providers engage with the whole person and create a dynamic of care that is safe, comfortable, informative, and addresses multiple dimensions of client wellness.
- Providers are aware of the non-physical or non-medical issues that can come up for transgender clients.

Standard 6 Ensuring staff diversity and training

- Agency staff reflects the diversity of the population being served, the population the agency would like to serve, and the population the agency is open to serving.
- All agency staff participate in ongoing training to support increased awareness of the specific needs and issues faced by transgender individuals.

Standard 7 Harm reduction

- Clients are met where they are, and reasonable, realistic measures to reduce harm are introduced.
- Harm reduction is considered and discussed relative both to the client's health, as well as to the potential for transmission of HIV to others.

Standard 8 Referrals and comprehensive resource lists

- Providers ensure that clients have sufficient information about transgender health and social services in the community.
- When making referrals to other agencies, providers are aware of the particular agency's cultural competence with transgender clients.

Standard 9 Collaboration among providers

- Providers, agency staff, and agency leadership actively establish collaborations with other agencies that have expertise in providing transgender health and social services.
- Collaborations provide clients with the best and most complete care possible, and serve as synergistic education and training opportunities for the providers and agencies involved.

Standard 10 Supporting a social network

- Providers actively facilitate the creation and utilization of a social support network for the client. Social support networks are critical resources and sometimes clients need extra guidance and structure when faced with developing such a network on their own.

PART III: IMPLEMENTING BEST PRACTICES

Standard 1 Health literacy - Provider and client awareness of specific transgender health issues and needs

OPERATIONALIZE

1

- ☐ Providers play a significant role in making sure that clients fully understand the health information given to them. Clients who demonstrate health literacy skills are better able to make informed decisions that impact their health and are more likely to engage with their providers in addressing their health needs. Providers should be able to talk to their clients about - and assess clients/ knowledge of - the following range of transgender health and social issues that impact HIV care and overall wellbeing:

- General health care and maintenance
- Hormone therapy, including underground street hormone use and trends
- Effects of hormone therapy
- Gender confirmation surgery
- Appearance modification, such as use of “silicone” injections and other fillers
- Tucking and binding
- Gender identity disclosure with partners or other individuals in the client’s social network
- Mental health issues, such as depression and suicide
- Medication adherence
- Substance use issues
- Disclosure of HIV status to partners
- Various categories of potential sexual partners’ (primary, casual, anonymous, sex work partners), each with differing risk behaviors, and the ability to discuss these behaviors with clients
- Prevention of HIV transmission and other sexually transmitted infections (STIs)
 - Partner PrEP
 - ART interaction with hormones
 - Knowledge of HIV transmission prevention specific to different kinds of sex
- Domestic violence and hate-motivated violence
- Sex work
- Discrimination and stigma (in the workplace, from loved ones and on the street)
- Self-esteem and self-efficacy issues (including issues related to gender affirmation-related risk behavior)
- Homelessness
- Immigration issues

- ☐ Staff training

- Attend trainings specifically designed to enhance provider knowledge and competency of trans health issues, particularly those related to HIV/AIDS care
- Connect with resources such as the WPATH Standards of Care (Version 7) and the UCSF Center of Excellence for Transgender Health (CoE) Primary Care Protocol
- Compile and have available a list of other service providers both within and outside of their agency who have expertise in transgender issues, available for referral and/or consultation.

MEASURE

- ☐ Detailed documentation of training maintained through staff development files and staff training logs.
- ☐ Documentation in client files of client awareness of specific health issues and needs that impact his/her care, as well as any other service providers referred to or consulted.

“I have had positive experiences with both providers who specialized in transgender healthcare, and those who did not. One of my best healthcare experiences was having a hysterectomy performed at [a major HMO]. My OBGYN was extremely knowledgeable about transgender care and made me feel extremely comfortable being in a very sensitive situation.”

Jackson, client

“Although we serve HIV+ folks, for a lot of them their main issues are not HIV. Many of our trans clients seek support around transitioning and around other issues so it is important for our staff to be informed and knowledgeable about trans issues.”

Adrienne, provider

Standard 2 Creating a safe and comfortable agency space

OPERATIONALIZE

2

- ☐ Post written non-discrimination policies and complaint procedures, in the primary languages of clients, in conspicuous and accessible places throughout the agency
- ☐ Train staff at regular intervals on non-discrimination policy
- ☐ Provide gender neutral or unisex restrooms
- ☐ Display posters and literature supportive of transgender people
- ☐ Ensure that the first person with whom a client would interact (i.e., receptionist, security personnel, front desk staff, etc.) is comfortable working with transgender people and is appropriately trained
- ☐ Attempt to locate agency in close proximity to where clients live
- ☐ Monitor waiting room areas to ensure that spaces are free from violence and harassment, and ensure that there is a plan of action should these occur.
- ☐ Offer transgender sensitivity training to clients.

MEASURE

- ☐ Detailed non-discrimination policies and complaint procedures are posted and visible in accessible places throughout the agency
- ☐ Detailed documentation of training maintained through staff development files and staff training logs.
- ☐ Client satisfaction surveys that address client comfort in agency setting

Community Voices

“I believe that affirmatively establishing an environment that provides for the emotional and physical safety of clients is a critical step to building trust with the transgender community and must be paired with the provision of trans-competent care.”

Jordan, provider

Standard 3 Use of inclusive and gender neutral language

OPERATIONALIZE

(The following guidelines were developed by the Tom Waddell Health Center. They ensure that providers utilize gender appropriate language):

3

- Address clients with respect and courtesy, according to their presenting gender, and when in doubt, politely ask.
 - Ask clients what name they prefer to be called and address them accordingly.
 - Do not make assumptions about a client's anatomy or about names for their anatomy.
 - Use pronouns that are appropriate to the client's gender identity.
 - Ask questions in a non-judgmental manner.
 - Acknowledge that some questions may touch on sensitive or personal subjects.
 - As part of being respectful of clients, do not ask questions that are not related to the client's health. Do not ask personal questions for the sake of curiosity.
 - Attempt to use words that the client uses, prefers, and understands, particularly for anatomy, sexual activities or other sensitive matters.
 - If you don't understand a word or reference, politely ask him or her to explain.
- ☐ Develop agency forms that are inclusive; for example, intake and assessment forms should provide for optional self-identification in all categories of gender identity, sexual orientation, marital, partnership and family status.
 - ☐ Collect sex and gender data according to the CDC, SFDPH, and UCSF-CoE recommended two-step data collection method, which queries gender identity and sex assigned at birth as separate questions.
 - ☐ When challenges around gender identification arise due to reporting requirements for State or Federal governments or for the purpose of billing insurance companies, explain the situation to the client and discuss how to proceed. As a parallel process, this may include offering a referral to resources that can provide information on legally changing one's sex designation on identification documents.

MEASURE

- ☐ Client satisfaction surveys that address client comfort with providers in the agency, completed annually.
- ☐ Inclusive agency forms on file and in use.
- ☐ Resource listings with legal services or self-help referrals.

Standard 4 Confidentiality of client information

OPERATIONALIZE

4

- ☐ Perform annual HIPAA training as required by compliance law for all agency staff with access to protected health information (PHI). Clarify with all staff that information such as sexual orientation and gender identity qualify as PHI and should be treated with the same level of care as medical histories, diagnoses, and prescription information.
- ☐ Assure clients that their personal information will be kept strictly confidential, and will only be used to ensure that their health needs are being appropriately addressed.
- ☐ Be aware that clients may be engaging in high-risk behaviors including sex work, substance use, silicone injection, and use of underground market hormones. Providers should support an environment where patients feel comfortable speaking openly about their behavior without fear of being judged or reported.
- ☐ Remember that sometimes, confidential topics cannot be discussed in the presence of others (e.g., partners, family members, friends).

MEASURE

- ☐ Documentation of client communications specific to confidentiality in client files.
- ☐ Training materials that address HIPAA standards, agency confidentiality and privacy protocols, and gender identity/sexuality issues as included within PHI.
- ☐ Documentation of staff training in personnel files and training logs.

Standard 5 Building and engaging in a trusting relationship with clients

OPERATIONALIZE

- ☐ Be aware that clients may be dealing with issues of low self-esteem or depression. Make an attempt to check in with the client about how he or she is doing. Speak in an encouraging manner and take an interest in the individual as a whole.
- ☐ Remind clients of the resources and referrals that you have available. If a client's needs fall outside of the scope of your available resources and referrals, reach out to other agencies and/or providers as necessary.
- ☐ Approach the client in a way that allows him or her to feel acknowledged as a person, while recognizing the limitations of the interaction.
- ☐ Be sympathetic to the challenges that living as a transgender person brings; be open with the client and explore what those challenges are. Give clients an opportunity to talk and share. Try to provide emotional support.

MEASURE

- ☐ Client satisfaction surveys that address client comfort with providers, completed annually.

Standard 6 Ensuring staff diversity and training

OPERATIONALIZE

6

- ☐ Hire transgender staff.
 - Ensure that transgender staff who have contact with transgender clients or study participants receive effective supervision to address and manage any transference or countertransference issues that arise.
- ☐ Understanding that many transgender individuals experience educational and employment barriers that may compromise their candidacy for some agency positions, the agency can combat structural inequalities by:
 - Ensuring that job descriptions list the true requirements of a positions under “essential functions,” and relegate educational and experiential qualifications to “preferred qualifications” when possible. For example, if a data entry clerk position truly requires attention to detail and a high capacity to work independently, those are qualities that do not necessitate a college degree or 2-5 years of clerical experience.
 - Creating a mentoring program or internship program for minorities, including sexual minorities. Such a program would proactively recruit individuals without the formal education or experience that many employers seek, and mentor them over a 3- or 6-month period of time, during which the mentee is trained on essential skills within a particular role or department.
- ☐ Develop collaborative networks with individuals who have expertise in transgender issues.
- ☐ The following are recommended staff training topics related to transgender care:
 - Transgender-specific services – Both clinical and direct staff members should be aware of transgender-specific services provided at their agency as well as at other agencies in the community.
 - Communication training – Train staff in the use of culturally appropriate language. Staff members should be comfortable asking a transgender patient questions such as “What gender do you identify with?”, “What term do you use for this part of your anatomy?”, and asking clients questions regarding disclosure of HIV status with partners.
 - Ongoing training on sexual orientation and gender identity issues, transgender culture and its diversity, and health issues faced by transgender people.
 - Training on sexual and other forms of harassment, as well as domestic violence and anti-discrimination laws.
 - Transgender health-specific training – training on health issues specific to transgender individuals such as hormone therapy and medical complications related to hormone use.
 - Training on health implication of appearance modification practices such as silicone injections.
 - Training on health implications of binding and tucking.
 - Training on resources available for transgender clients, including support during transition, such as legal assistance for legal name and identity change.

MEASURE

- ☐ Written hiring policies indicating agency's anti-discrimination policy and desire to employ qualified, diverse candidates.
- ☐ Documentation that hiring committee or other decision makers are informed of said policies before each new hire.
- ☐ Written policy relating to mentorship/internship programs.
- ☐ Documentation of all completed trainings and training participants on file.

Standard 7 Harm reduction

OPERATIONALIZE

- ☐ Providers should offer support and education to clients regarding substance use, including underground market hormones and silicone injections, by employing harm reduction strategies.
- ☐ Providers should be prepared to discuss transmission prevention options to clients, including options for barrier methods, non-penetrative sex, facts about relative transmission risk with different sexual activities, strategies for partner serostatus disclosure, and partner PrEP use.

MEASURE

- ☐ Documentation in client files of harm reduction strategies discussed.

"There are a lot of different ways to tackle the cycle of poverty that trans people, especially trans women of color, are vulnerable to, and one of the most efficient ways in my mind [is] to build a pipeline from our current client base into positions as staff and researchers in the field of public health. Transgender people will know how to tackle the issues of HIV and lead organizations that serve this community."

Lexi, provider

Standard 8 Referrals and comprehensive resource lists

OPERATIONALIZE

8

- ☐ Providers should develop a comprehensive list of resources and referrals for transgender health services.
- ☐ Providers should be actively involved in making referrals and making sure that clients follow up on referrals made.
- ☐ Providers should refer clients to a specific contact person at the referral agency. Having a point of contact at the agency to which a client is being referred is important for follow-through and for helping the client feel comfortable and more likely to access care.
- ☐ Providers should discuss with the client whether or not it is important to disclose his or her gender to the agency and what he or she wants to disclose regarding his or her gender identity.
- ☐ When making referrals, providers should speak directly with the provider to whom a client is being referred and talk to him or her about the particular needs of the transgender client.

MEASURE

- ☐ Documentation in client files of all referrals made; frequently updated inventory of referral resources.

Standard 9 Collaboration among providers

OPERATIONALIZE

9

- ☐ Providers, staff, and leadership seek out colleagues and known agencies with expertise in transgender care and build a network of service providers with complementary skill sets.
- ☐ Ensure that clients are connected to other support services such as case management, mental health services, and client advocacy services such as benefits counseling, legal assistance, employment assistance, and housing assistance.

MEASURE

- ☐ Documentation of client's involvement with other agencies in client files; frequent updates of assessment of collaborative partners and of transgender services expertise within the agency.

Standard 10 Supporting a social network

OPERATIONALIZE

- ☐ Discuss with clients the needs of their partners around HIV issues such as prevention, disclosure, and adherence to treatment.
- ☐ Allow clients the option to involve the participation of domestic partners and family members, as defined by the client, in intake, assessment, and case management and treatment plans.
- ☐ Inquire about clients' social support network that may include friends and family members and find out from client any ways his or her support network could be improved.
- ☐ Encourage clients to follow up on referrals for support groups and other services in the community as appropriate for the individual client's needs.
- ☐ Encourage clients to connect with other people in the community (e.g., through support groups) in addressing common needs such as gender presentation and learning the basics of legal name change processes.

MEASURE

- ☐ Documentation of discussions about client social network in client files.

PART IV: RESOURCES

Trainings:

- UCSF CoE and SFDPH provider training
- Two-step sex and gender data collection (online video training)
<http://transhealth.ucsf.edu/video/story.html>

Provision of Care Protocols:

- UCSF Center of Excellence for Transgender Health - Primary Care Protocol for Transgender Patient Care: <http://transhealth.ucsf.edu/trans?page=protocol-00-00>
- Tom Waddell Health Center, Protocols for hormonal reassignment of gender. SFDPH.
<https://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf>
- WPATH Standards of Care (Version 7)
http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655

Key Reference/Referral Organizations:

- UCSF Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu/>
- Transgender Law Center: <http://transgenderlawcenter.org/>
- Transgender Economic Empowerment Initiative. TEEI: <http://www.teeisf.org/>
- Links to most recent CDC and SFDPH surveillance reports
 - <http://www.cdc.gov/hiv/library/reports/surveillance/>
 - <https://www.sfdph.org/dph/files/reports/>
- Healthcare, research, education and advocacy. Fenway Institute:
<http://thefenwayinstitute.org/>
- World Professional Association for Transgender Health. WPATH: <http://www.wpath.org/>

Further Reading

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- ² CDC, 2014; Baral et al, 2013
- ³ 1.9% based on 2013 SFDPH HIV surveillance and 2013 US Census data; SF prevalence from Santos et al, 2014.
- ⁴ Melendez et al, 2006
- ⁵ RDS sample found that only 65% (95% CI, 54% to 75%) of trans female participants used ART.
- ⁶ Sevelius et al, 2010
- ⁷ Herbst et al, 2008
- ⁸ SFDPH HIV/AIDS annual report 2010

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Notes

