



LOS ANGELES COUNTY
COMMISSION ON HIV



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Transgender Caucus Virtual Meeting

TRANSform the HIV Movement

Tuesday, September 27, 2022

10:00AM-11:30AM (PST)

Agenda and meeting materials will be posted on
<http://hiv.lacounty.gov/Meetings>

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<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m2ecfa43bf6c7ff67a502b6d0003f753d>

Meeting password: TRANSGENDER

TO JOIN BY PHONE:

+1-213-306-3065

Access Code/Event #: 2598 416 8960

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LOS ANGELES COUNTY
COMMISSION ON HIV



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TRANSGENDER CAUCUS (TG) VIRTUAL MEETING AGENDA

TUESDAY, SEPTEMBER 27, 2022

10:00 AM – 11:30 PM

TO JOIN BY COMPUTER

<https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=m2ecfa43bf6c7ff67a502b6d0003f753d>

MEETING PASSWORD: TRANSGENDER

TO JOIN BY PHONE: +1-213-306-3065 MEETING #/ACCESS CODE: 2598 416 8960

1. Welcome and Introductions 10:00-10:10
2. Co-Chairs Report 10:10-10:15
 - i. Last Meeting Recap (June 28, 2022)
3. Executive Director/Staff Report 10:15-10:35
 - a. Staffing Updates
 - b. Comprehensive HIV Plan 2022-2026
 - c. Best Practices Development for Prevention and Care (José Rangel-Garibay)
 - a. Final review and approval
4. DISCUSSION: Proposal to Conduct Transgender Empathy Training at the Commission's Annual Meeting (November 10, 2022) 10:35-11:00
 - i. Proposal Presentation by Mallery Robinson
 - ii. Reactions, Feedback and Questions
5. DISCUSSION: Planning for October Learning Session (11:00-11:15)
6. Meeting Confirmation and Agenda Development for Next Meeting 11:15-11:20
7. Public Comments and Announcements 11:20-11:30
8. Adjournment 11:30



LOS ANGELES COUNTY
COMMISSION ON HIV



VIRTUAL MEETING—TRANSGENDER (TG) CAUCUS
Tuesday, June 28, 2022 | 10:00am to 12:00noon
MEETING SUMMARY

In attendance:

Xelestíal Moreno-Luz (Co-Chair)	Isabella Rodriguez (Co-Chair)	Frankie Darling-Palacios
Michael Haymer	Carla Ibarra	Jonathan L.
Triana Maldonado	Katja Nelson	Ilish Perez
Lene Reynolds	Mallery Jenna Robinson	Juliana Rojas
Brian Valencia	Catherine Lapointe (COH Staff)	Dawn McClendon (COH Staff)
Sonja Wright (COH Staff)		

1. Welcome and Introductions

Xelestíal Moreno-Luz, Co-Chair, welcomed attendees and led introductions.

2. Co-Chairs Report

**a. May 24, 2022 Virtual Education Session Debrief | THE POWER IN PLEASURE:
INCLUSIVE SEXUAL EDUCATION THROUH A YOUTH LENS**

- X. Moreno-Luz provided a summary of the virtual education session held at the May 24, 2022 Transgender Caucus meeting. The session was entitled “The Power in Pleasure: Inclusive Sexual Education Through a Youth Lens” and served as an educational workshop where transgender, gender-nonconforming, and intersex (TGI) youth were able to share their views on sexual health education. Presenters included Rory Hayes, Hazel Balmain, and Ethan Molina. The presentation slides can be found in the meeting packet or at the Commission on HIV (COH)’s website [here](#).
- i. **What went well, what didn’t, and what can we do better?**
 - Isabella Rodriguez stated that the presenters did well and the event was successful overall; however, she experienced difficulties with the breakout sessions and would have preferred to have a discussion with the larger group.
 - X. Moreno-Luz stated she would have liked to have seen more participation from the Division of HIV and STD Programs (DHSP) and more support from other organizations.

- Sonja Wright inquired about ways the Transgender Caucus can get more participation for future events. X. Moreno-Luz recommended announcing events at full body COH meetings, sharing events across different organizations, and holding events during the evening to allow for more people to attend. I. Rodriguez recommended working with other commissioners and members of the public during the event planning process to facilitate engagement and conversation. Dawn McClendon suggested collaborating with other caucuses within the Commission to discuss areas of intersectionality.
- Lene Reynolds encouraged the group to follow @TransinLA, a project developed in partnership with the LA County Department of Public Health, on Instagram.
- X. Moreno-Luz recommended increasing the COH's social media following and engagement.

b. July 26 meeting cancelled

- The July 24, 2022 Transgender Caucus meeting has been cancelled. Co-chairs X. Moreno-Luz and I. Rodriguez will continue working on future programming for an September event.

3. Staff Report

a. Best Practices Development for Prevention and Care (Jose Rangel-Garibay)

i. Final Review and approval

- Jose Rangel-Garibay was out of office and unable to give the report. A draft document can be found in the meeting packet. The report has been postponed until the August Transgender Caucus meeting.

4. Meeting Confirmation and Agenda Development for Next Meeting

a. July 26 meeting cancelled

- The Transgender Caucus will not meet in July.

b. Resume meeting on August 23 | Review and Finalize Educational Session for September

- D. McClendon notified the group that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold their full council meeting in-person in Los Angeles on September 19 and 20, 2022.
- The Transgender Caucus will reconvene on August 23, 2022 and plan for an educational session for September.

5. Public Comments and Announcements

- Ilish Perez announced that DHSP is hosting a presentation/panel discussion on “A Conversation on Gender Affirming Sexual Health Care” on Friday, July 1, 2022 from 1-2:30 PM for Sexual Health County Clinic providers.
- X. Moreno-Luz notified the group that REACH LA will be attending Long Beach Pride on Saturday July 9, 2022 and Sunday, July 10, 2022.
- Carla Ibarra announced that on July 16, 2022, a mental health crisis line will be launched. The number is 988 and will connect callers to interventionists who will assist with mental health emergencies.
- Frankie Darling-Palacios notified the group that they will be leaving their position at the Los Angeles LGBT Center. Those who are interested in registering with the LGBT Center were directed to contact Logan Van Der Wolf at (213) 466-5001. F. Darling-Palacios also announced that South LA Pride will be on Friday, July 1, 2022 at Norman Houston Park from 12 - 4 PM.
- C. Ibarra announced that she was at the White House last month to attend the Mental Health Youth Action Forum event. This event led to the implementation of the 988 mental health crisis line. C. Ibarra and X. Moreno-Luz will connect to plan for a future presentation on her mental health advocacy work.
- D. McClendon expressed gratitude for all she has learned during her time at the COH.
- Catherine Lapointe announced that she completed her Master’s in Public Health degree last month. She requested any suggestions on how to grow the COH’s social media following. She also informed the group that the COH’s Instagram has reached 200 followers.
- I. Perez will work with COH staff to post Transgender Caucus meeting announcements on the @TransinLA Instagram page.
- S. Wright let the group know that she is in a constant state of learning and is currently working on her acupuncture certificate to work for an organization titled Acupuncturists Without Borders.

6. Adjournment

- The meeting adjourned early at approximately 11:05.

LOS ANGELES COUNTY COMMISSION ON HIV SPECIAL POPULATIONS BEST PRACTICES COMPILATION

PURPOSE

The purpose of identifying Best Practices is to accumulate and apply knowledge of practices that are working to address needs or service delivery disparities for a designated population. A Best Practice can be anything that works to produce results and can be useful in providing lessons learned. Best Practices are intended to recommend specific strategies for modifying and improving service delivery practices of individual and organizational providers when those providers are serving the designated populations. The best practices outlined in the resulting guidance document are not requirements or mandates; instead, they are recommendations for addressing and accommodating the unique needs of a specific population in service delivery.

The TargetHIV website offers various technical assistance (TA) and trainings resources for HRSA's Ryan White HIV/AIDS Program (RWHAP). In October 2021 a Best Practice Compilation page was launched as a mechanism to support knowledge sharing between the RWHAP community. The Best Practices Compilation gathers and shared what works in RWHAP funded settings to improve outcomes for people with HIV and to support replication by others. Many of the best practices included in this document were found on the Best Practices Compilation. To learn how to navigate the Best Practice Compilation, visit <https://targethiv.org/bestpractices/search> and click on "How Do I search the Compilation?"

Designated population groups within the Commission on HIV: Consumer Caucus, Transgender Caucus, Aging Caucus, Women's Caucus, Black Caucus

Table 1. Delineation between the COH Service Standards and Best Practices.

Standards of HIV Care and Prevention	Special Population Best Practices for HIV Prevention and Care
<ul style="list-style-type: none">• Ensure all subrecipients provide the same basic service components• Establish a minimal level of service of care for consumers throughout Los Angeles County• Service Standards must be available to subrecipients and consumers	<ul style="list-style-type: none">• Encourage providers to adopt service and system innovations that specialize in clients from a designated population• Describe methods for enriching, modifying, or further developing services to respond more directly to the unique needs of a designated population• Recommend best practices shown effective in addressing barriers to HIV prevention and care for a designated population• Feature possible service and system enhancements to service delivery above the expected levels for a designated population

Best Practices Compilation for Transgender Caucus Updated 9/22/22

Table 4. Best Practices Matrix- Transgender Caucus

ID	Title	Description
1	<p>Transgender Health Program Integrated Into HIV prevention and Care</p> <p>Poster presentation: OUTCOMES OF A TRANSGENDER HEALTH PROGRAM INTEGRATED INTO HIV PREVENTION AND CARE (targethiv.org)</p> <p>Rutgers Infectious Disease Practice: Gender-Affirming and Transgender Care – Infectious Diseases Practice (rutgers.edu)</p>	<p>Rutgers New Jersey Medical School created a transgender health program and integrated it into their Infectious Disease Practice. The program conducted community outreach to engage transgender men and women in care, trained all staff on gender affirming care, hired transgender staff, provided gender affirming care and hormone treatments onsite, and offered mental health support to patients. Programs that integrate gender-affirming practices and hormone therapy to address the complex medical and social needs of transgender persons can lead to better HIV prevention and treatment outcomes.</p> <p>Core Elements Gender-affirming hormone treatments included in HIV services Staff training Community outreach Hiring transgender staff Mental health support Referrals to behavioral health and social services</p> <p>Lessons learned Ongoing staff training is needed Leadership support for all-staff training on pronouns and gender-affirming care best practices is crucial Specificity and transparency regarding the roles and responsibilities of all staff is important.</p> <p>Retrieved from the TargetHIV Best Practices Compilation: Transgender Health Program Integrated Into HIV Prevention and Care TargetHIV</p>
2	<p>Healthy Divas: E2i</p>	<p>Healthy Divas focused on empowering transgender women with HIV to achieve their personal health goals. Healthy Divas is an evidence-informed intervention is designed to address the barriers of stigma and discrimination by providing transgender women with the support and resources they need to make empowered and informed decisions regarding their gender-affirming care and HIV medical care.</p> <p>Core Elements Trans-identified peer counselor Peer counseling sessions Group workshop Engagement in care and supportive services</p>

Best Practices Compilation for Transgender Caucus Updated 9/22/22

		<p>Lessons Learned</p> <p>Build staff awareness of transgender women and their health needs Recruiting and retaining transgender women into Healthy Divas can be challenging Busy medical providers may have difficulty fitting group workshops into their schedules Expect and plan for barriers to session attendance</p> <p>Retrieved from the TargetHIV Best Practices Compilation: Healthy Divas: E2i TargetHIV</p>
3	<p>Transgender Women Engagement and Entry to Care (T.W.E.E.T.): E2i</p>	<p>Transgender Women Engagement and Entry to Care (T.W.E.E.T) aims to engage transgender women in HIV care by combining weekly peer-based education and discussion groups, leadership training, community building, and the provision of supportive services.</p> <p>Core Elements</p> <p>Peer leaders Transgender Leader (TL) teach back sessions Community building Supportive services</p> <p>Lessons Learned</p> <p>Sites found recruiting peer leaders challenging Sites struggled with client recruitment Integrating T.W.E.E.T. activities into a clinical setting can allow for better coordination of care and support services needed by T.W.E.E.T. clients All sites widened the scope of T.W.E.E.T. to include transgender women without HIV</p> <p>Retrieved from the TargetHIV Best Practices Compilation: Transgender Women Engagement and Entry to Care (T.W.E.E.T): E2i TargetHIV</p>
4	<p>Optimizing HIV Prevention and Care for Transgender Adults</p> <p>Optimizing HIV Prevention and Care</p>	<p>Highlights the recent acknowledgement of transgender women as an important risk group in HIV research and care. Describes epidemiological profile for HIV among transgender communities</p> <p>Describes social and structural contexts of HIV prevention and care. Discusses metabolic interactions between ART, FHT, and HIV.</p> <p>Resource for identifying areas for further research</p>

Best Practices Compilation for Transgender Caucus Updated 9/22/22

	for Transgender Adults (nih.gov)	Calls for the development of HIV prevention interventions designed to address the behavioral and biological risks for HIV infection encountered by transgender men and women.
5	<p>Best Practices for Trans HIV Prevention and Care: Addressing Social Determinants of Health</p> <p>CHPRC-Think-Tank-Transgender-Populations-Summary-Draft_Final.pdf</p>	<p>California HIV/AIDS Policy Research Centers (CHPRC) convened statewide group of stakeholders to discuss best practices for HIV prevention and care within transgender communities in California.</p> <p>Key Recommendations:</p> <ol style="list-style-type: none"> 1. Create a hub or community at multiple geographic centers placing the needs of the most impacted transgender people 2. Expand existing efforts to increase economic empowerment of transgender individuals 3. Reimagine funding <p>Focus was on addressing social determinants of health</p> <ol style="list-style-type: none"> 1. Highlights implementation-related barriers to delivery of HIV prevention and treatment programs for transgender people across California
6	Additional Resources for Health Care Providers	<p>HIV Prevention and Care for Transgender People</p> <p>Additional Resources For Health Care Providers Transforming Health Clinicians HIV CDC</p>
7	HIV Resource Library: Consumer Info Sheets	<p>Collection of factsheets with basic information on HIV, PEP, PrEP, Safer Sex for HIV, HIV Testing, Living with HIV, HIV Treatment Can Prevent Sexual Transmission, HIV, and Injecting Drugs, How to Clean Your Syringes, HIV Consultation and Referral Services, HIV Content Syndication, HIV Social Media Resources, and HIV Web Resources</p> <p>Consumer Info Sheets Resource Library HIV/AIDS CDC</p>
8	HIV Basics: Living with HIV	<p>Contains information on the topics such as: Newly Diagnosed with HIV, Understanding Care, HIV Treatment, AIDS and Opportunistic Infections, Telling Others, Protecting Others, Stigma and Mental Health, Healthy Living with HIV, Family Planning, Traveling with HIV, Resources for People with HIV, and a link to site where you can download “Living with HIV” materials.</p> <p>Resources for Persons Living with HIV Living With HIV HIV Basics HIV/AIDS CDC</p>
9	<p>A Guide to Consumer Involvement: Improving the Quality of Ambulatory HIV Programs</p> <p>FINALconsumer08_24_06.indd (ucsf.edu)</p>	<p>Collaboration between the New York State Department of Health AIDS Institute and the HRSA HIV/AIDS Bureau. Published in August 2006.</p> <p>Opportunity to develop training modules to promote and enhance consumer involvement.</p> <p>Consumer involvement programs should be designed to increase the involvement of consumers in decision-making and to provide input into the quality improvement process within an agency</p>

Best Practices Compilation for Transgender Caucus Updated 9/22/22

10	Engaging People with HIV in Quality Improvement: Best Practices to Meaningfully Engage and Involve	<p>Presentation learning objectives:</p> <p>At the end of this session, participants will:</p> <ul style="list-style-type: none"> • Understand the importance of people with HIV participation in clinical quality management program activities • Learn effective strategies to overcome common barriers in engaging consumers in quality improvement activities • Know where to access resources to improve participation of people with HIV in quality improvement efforts • Develop hands-on strategies for receiving meaningful input by people with HIV to improve HIV care <p>Missouri Ladder: Used as a guide to support consumer decision-making in involvement structures as well as an assessment of current involvement for improvement activities</p> <ul style="list-style-type: none"> -Consumer involvement matrix -Highlight the impact support groups have on consumer involvement and engagement -Focus on Quality Improvement
11	US PLHIV Caucus Consumer Engagement Consumer Involvement Denver Principles Self-Empowerment	Outline a series of rights and responsibilities for healthcare professionals, people with AIDS and all who are concerned about the epidemic. It was the first time in the history of humanity that people who shared a disease organized to assert their right to a political voice in the decision-making that would so profoundly affect their lives.
12	AIDS United Consumer Involvement Meaningful Involvement Resources	<p>A collection of resources that share best practices to incorporate MIPA/mechanisms for greater involvement of people living with HIV</p> <p>Related Webinar: MIPA and Young Adults: Focusing on Ageism and Adulthood Webinar</p> <p>Embodying Meaningful Involvement of People Living with HIV: Putting the Pieces Together- Guide includes history and lessons learned from the community</p> <p>MIPA Fact Sheet (available in English/Spanish/French)</p>



Transgender Empathy Training

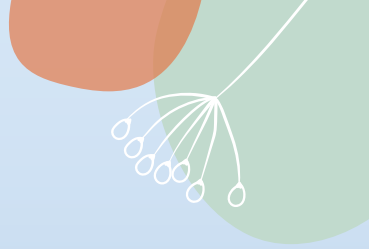
#TETTalks

Mallery Jenna Robinson
She/her/hers
Transgender and HIV Healthcare
Advocate

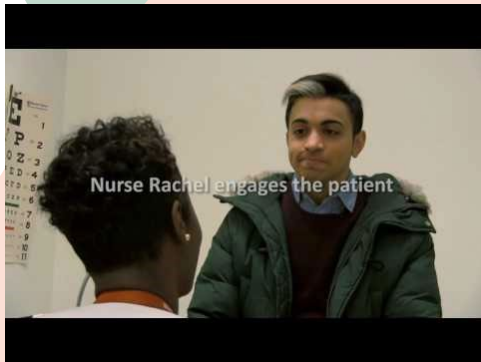
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Today's Topics:

1. **The Importance of Pronouns:** Pronoun affirmations in the medical space
2. **Transgender Healthcare:** Navigating Transgender Patient Care
3. **The SOGIE Astronaut:** Understanding Gender Identity, Gender Expression, and Sexual Orientation
4. **Statistics and Stories Activity:** We can relate to each other more than we know
5. **Equality Equity and Justice:** How Does this Look for the Trans Patients?
6. **Statistical Data:** Transgender, Gender Non-Binary, and Gender Diverse Quauntitative Data
7. **Let's Play "You Can't Say that Game"** A game and method on understanding communication barriers faced by the trans, non-binary, and expansive communities.
8. **Available Resources:** Resources from the Community for the Community



Medical Mistake or Evidence of Misgendering



In this video watch Joe advocate for himself in the medical space and see how medical staff respond

The Importance of Pronouns

When a provider uses the pronoun statement “Hi my name isand my preferred pronouns are....” 2020 studies have shown a patient/client participation increase of 10%

01

She/her/hers

Hi my name is Mallery and my preferred pronouns are **she/her and hers.**

02

He/him/his

Good Afternoon I am Nurse Matthew and my preferred pronouns are **he/him/his.**

03

They/them/theirs

Thank you for calling Dr. Robinson's office my preferred pronouns are **they/them/theirs** how may I assist you.

04

You Choose :)

A patient or client may choose to not have a pronoun and use an adjective or other word placement. *Just remember to remain supportive :)

Pronouns Challenge

I challenge each and everyone of you to practice the pronoun statement just once a day this daily practice will increase repetition of the statement and promote an increase in transgender patient response by 30% of total transgender women populations and 35% of total transgender men populations and 20% of gender non-binary populations.





Transgender Healthcare: Navigating Transgender Patient Care

In order to estimate the number of transgender individuals in Los Angeles County and the HIV prevalence for this population, we determined we would need the following:

- 1) Overall size of the population in LAC between the ages of 15 and 64 years.
- 2) The percentage of the population estimated to be transgender.
- 3) The ratio of transgender women to transgender men.

*Estimated that 21 out of 100 transgender individuals could be HIV positive.

“When we have unity in our community we will see a profound improvement in equity healthcare for all transgender people” -Mallery Jenna Robinson

Transgender Healthcare: Navigating Transgender Patient Care

Suggested **Only** Strategies (SOS)

Remember to use your GPS!

1. **Gender neutral restrooms** is one of the key **SOSs** in assuring your transgender, gender non-binary, and gender diverse community client and/or patient will feel welcomed in the provider space.
2. **Providing a blank space** on intake forms for gender to give the client and/or patient the option to decide
3. **Speaking in gender neutral language** such as: **frontal** for describing a client and/or patient's frontal, or **partner** when referring to their sexual history.



The SOGIE Astronaut: Understanding Gender Identity, Gender Expression, and Sexual Orientation.

SOGIE Astronaut Key Terms:

1. **SOGIE** stands for: Sexual Orientation Gender Identity and Expression
2. **Sexual Orientation** Describes to whom a person is sexually attracted. Some people are attracted to people of a particular gender; others are attracted to people of more than one gender. Some are not attracted to anyone. Examples: Asexual, Pansexual, Queer, Heterosexual
3. **Asexual** - not sexually attracted to anyone and/or no desire to act on attraction to anyone. Does not necessarily mean sexless. Asexual people sometimes do experience affectional (romantic) attraction.
4. **Pansexual/Fluid** - attracted to people regardless of gender. Sometimes also or alternately “omnisexual” or “polysexual.”
5. **Queer** - traditionally a derogatory term, yet reclaimed and appropriated by some LGBTQ individuals as a term of self-identification. It is an umbrella term which embraces a matrix of sexual preferences, gender expressions, and habits that are not of the heterosexual, heteronormative, or gender-binary majority. It is not a universally accepted term by all members of the LGBT community, and it is often considered offensive when used by heterosexuals.

The SOGIE Astronaut: Understanding Gender Identity, Gender Expression, and Sexual Orientation.

SOGIE Astronaut Key Terms:

1. **Gender Identity/Expression**- The ways in which a person identifies and/or expresses their gender, including self-image, appearance, and embodiment of gender roles. One's sex (e.g. male, female, intersex, etc.) is usually **assigned at birth** based on one's physical biology. One's gender (e.g. male, female, genderqueer, etc.) is one's internal sense of self and identity. One's gender expression (e.g. masculine, feminine, androgynous, etc.) is how one embodies gender attributes, presentations, roles, and more.
2. **Androgyny** - The mixing of masculine and feminine gender expression or the lack of gender identification. The terms androgyne, agender, and neutrois are sometimes used by people who identify as genderless, non-gendered, beyond or between genders, or some combination thereof.
3. **Cisgender** - A gender identity that society considers to “match” the biological sex assigned at birth. The prefix cis- means “on this side of” or “not across from.” A term used to call attention to the privilege of people who are not transgender.
4. **Crossdresser** - Cross-dressing refers to occasionally wearing clothing of the “opposite” gender, and someone who considers this an integral part of their identity may identify as a crossdresser (note: the term crossdresser is preferable to transvestite and neither may ever be used to describe a transsexual person). Cross-dressing is not necessarily tied to erotic activity or sexual orientation.

The SOGIE Astronaut: Understanding Gender Identity, Gender Expression, and Sexual Orientation.

SOGIE Astronaut Key Terms:

1. **Genderqueer/Third Gender/Gender Fluid** - These terms are used by people who identify as being between and/or other than male or female. They may feel they are neither, a little bit of both, or they may simply feel restricted by gender labels.
2. **Intersex** - A general term used for a variety of genetic, hormonal, or anatomical conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. Some intersex individuals identify as transgender or gender variant; others do not. (Note: hermaphrodite is an obsolete term that is not currently considered appropriate.)
3. **Transgender** - First coined to distinguish gender benders with no desire for surgery or hormones from transsexuals, those who desired to legally and medically change their sex, more recently transgender and/or trans has become an umbrella term popularly used to refer to all people who transgress dominant conceptions of gender, or at least all who identify themselves as doing so. The definition continues to evolve.
4. **Two-Spirit** - A person who identified with the Native American tradition of characterizing certain members of the community as having the spirit of both the male and female genders.

THE SOGIE ASTRONAUT

*SOGIE STANDS FOR SEXUAL ORIENTATION, GENDER IDENTITY & EXPRESSION

GALAXY OF LIMITLESS POSSIBILITIES!



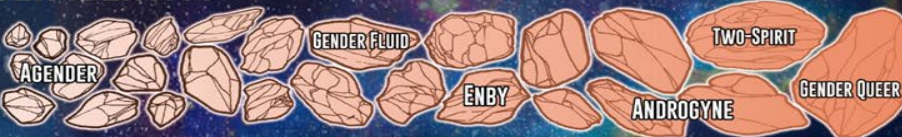
SEX ASSIGNED AT BIRTH

☐ FEMALE ☐ MALE ☐ INTERSEX/OTHER

WE ASK BECAUSE WE CARE!



GENDER IDENTITY



WOMAN
MAN
ANOTHER



GENDER EXPRESSION



FEMININE
MASCULINE
ANDROGYNOUS



PRONOUNS

☐ SHE/HER/HERS ☐ HE/HIM/HIS ☐ THEY/THEY/THEIRS
☐ ZE/HIR/HIRS ☐ SOMETHING ELSE ☐ NO PRONOUNS, USE NAME

CISGENDER: IF YOUR SEX ASSIGNED AT BIRTH
ALIGNS WITH YOUR GENDER IDENTITY



TRANSGENDER: IF YOUR GENDER IDENTITY
DOES NOT ALIGN WITH YOUR SEX ASSIGNED
AT BIRTH



ATTRACTED TO (SEXUALLY/ROMANTICALLY/EMOTIONALLY)



WOMEN/FEMININITY
MEN/MASCULINITY
MULTIPLE GENDERS

HOW DID IT FEEL TO DO THAT ACTIVITY?



- Were any of these terms new for you? If so, which ones?
- How often do you hear these identities discussed as fluid, rather than fixed?
- Were there any spectrums on which you were not at one end or another, but somewhere in the middle?





STATISTICS + STORIES

Trigger Warning: The following activity will contain questions that may be triggering, but provides insight into the experiences of the trans community.



STATISTICS + STORIES



Raise Your Hand If:

You or someone close to you was
sexually abused as a child.

FACT:



According to the US Centers for Disease Control, 1 out of 4 girls and 1 out of 6 boys will experience sexual abuse by age 18. According to the American Academy of Pediatrics, for gender non-conforming children, the rates are even higher. Gender non-conforming children who are assigned male at birth [direct attention to the Key Terms handout on this term] are especially vulnerable, up to six times likelier to be sexually abused. Studies suggest this is due to a lack of family support for transgender and gender non-conforming children. That means many transgender and gender non-conforming clients are childhood trauma, and especially child sexual abuse, survivors.

STATISTICS + STORIES



Raise Your Hand If:

You or someone close to you was ever bullied in elementary, middle, or high school.

FACT:



According to the Gay, Lesbian, Straight Education Network (GLSEN), 75% of transgender youth feel unsafe at school. Those able to stay in school despite violence and bullying had significantly lower GPAs, were more likely to miss school out of concern for their safety, and were less likely to plan on continuing their education.

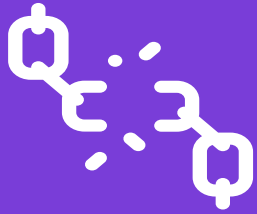
STATISTICS + STORIES



Raise Your Hand If:

You or someone close to you was ever rejected by family members simply because of who they are.

FACT:



According to the Williams Institute, 40% of homeless youth are LGBTQ. 68% of these youth indicated family rejection was a major factor contributing to homelessness.

STATISTICS + STORIES



Raise Your Hand If:

You or someone close to you has ever made so little in one year that they didn't have to file taxes.

FACT:



According to the Williams Institute, 29% of transgender adults in the United States live in poverty.

STATISTICS + STORIES



Raise Your Hand If:

You or someone close to you ever feared
for their life due to hate violence.

FACT:



According to the National Coalition of Anti-Violence Programs, 72% of hate violence homicide victims in 2013 were transgender women. 67% were trans women of color.

STATISTICS + STORIES



Raise Your Hand If:
You have ever personally experienced
being unhoused.

FACT:



According to the Transgender Law Center, 20% (1 in 5 members) of the transgender community in California report experiencing being unhoused at some point since first identifying as transgender.

According to the 2015 US Transgender Survey, Black transgender people face the most severe economic and housing effects among LGBTQ communities. 42% of Black transgender people experience being unhoused at some point in their lives.

STATISTICS + STORIES



Raise Your Hand If:

You or someone close to you has ever experienced anti-Black racism.

FACT:

The BLM logo is displayed in white text on a blue rectangular background. Below the text is a small white square icon.

BLM

According to the LA Times, although Black people comprise only 8% of the population in LA County, they comprise 34% of the homeless population.

STATISTICS + STORIES



Raise Your Hand If:

You or someone close to you became unemployed due to the COVID-19 pandemic.

FACT:



According to USA Today, 19% of transgender people and 26% of transgender people of color became unemployed because of COVID-19, compared to 12% of the general U.S. population.

HOW DID IT FEEL TO DO THAT ACTIVITY?

- How did it feel to hear those statistics?
- Did any of the statistics surprise you? If so, which ones?
- Considering these facts, how well (or not) has your shelter created an intake and housing service culture that is safe and welcoming for transgender and non-binary unhoused people?



Equality, Equity, and Justice: How Does this Look for the Trans Patient?

Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity

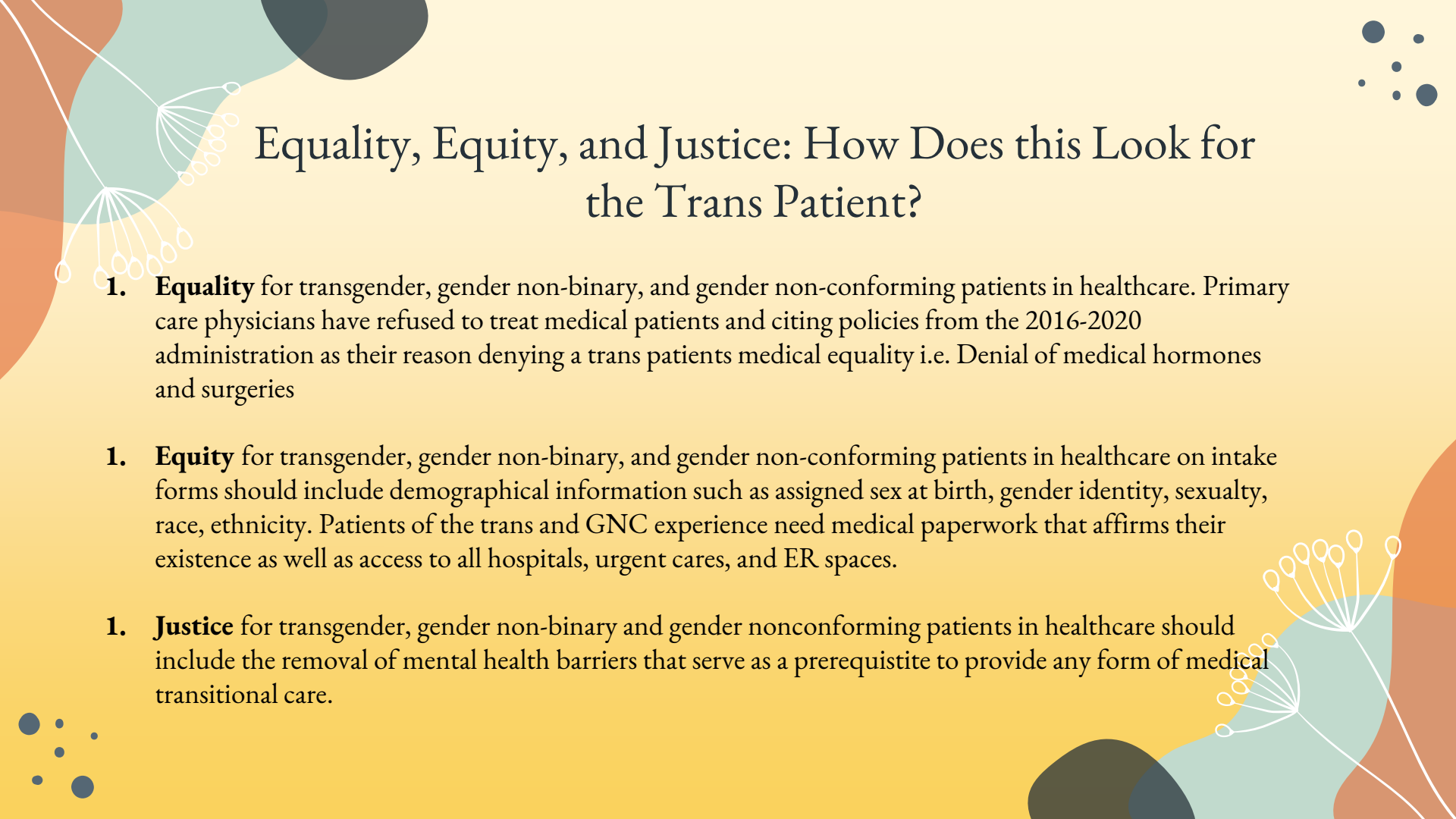


Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

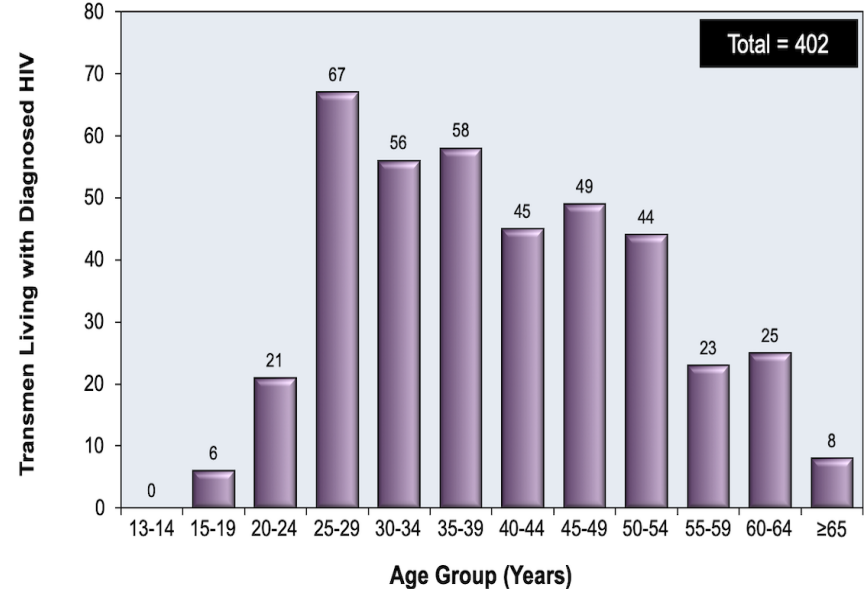
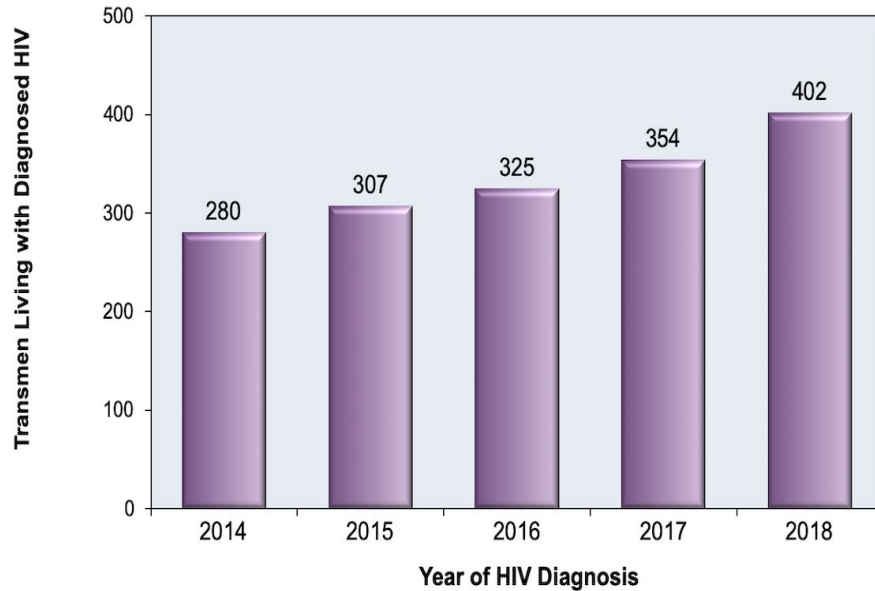


Equality, Equity, and Justice: How Does this Look for the Trans Patient?

1. **Equality** for transgender, gender non-binary, and gender non-conforming patients in healthcare. Primary care physicians have refused to treat medical patients and citing policies from the 2016-2020 administration as their reason denying a trans patients medical equality i.e. Denial of medical hormones and surgeries
1. **Equity** for transgender, gender non-binary, and gender non-conforming patients in healthcare on intake forms should include demographical information such as assigned sex at birth, gender identity, sexuality, race, ethnicity. Patients of the trans and GNC experience need medical paperwork that affirms their existence as well as access to all hospitals, urgent cares, and ER spaces.
1. **Justice** for transgender, gender non-binary and gender nonconforming patients in healthcare should include the removal of mental health barriers that serve as a prerequisite to provide any form of medical transitional care.

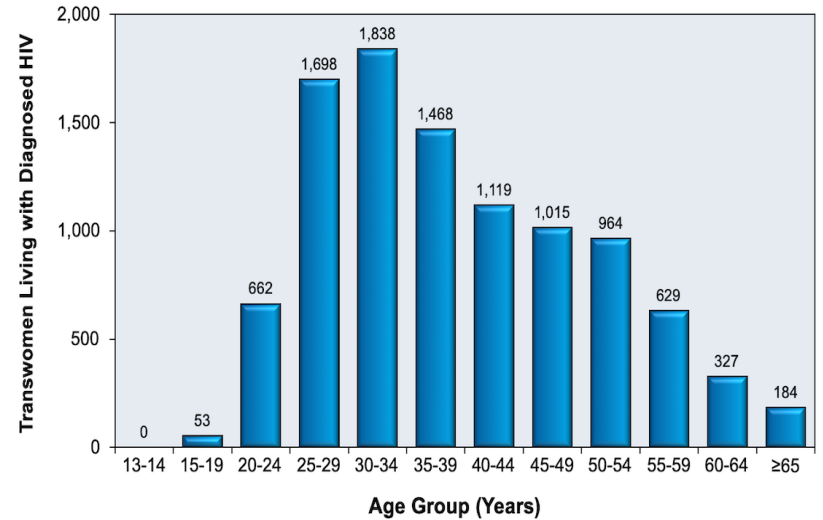
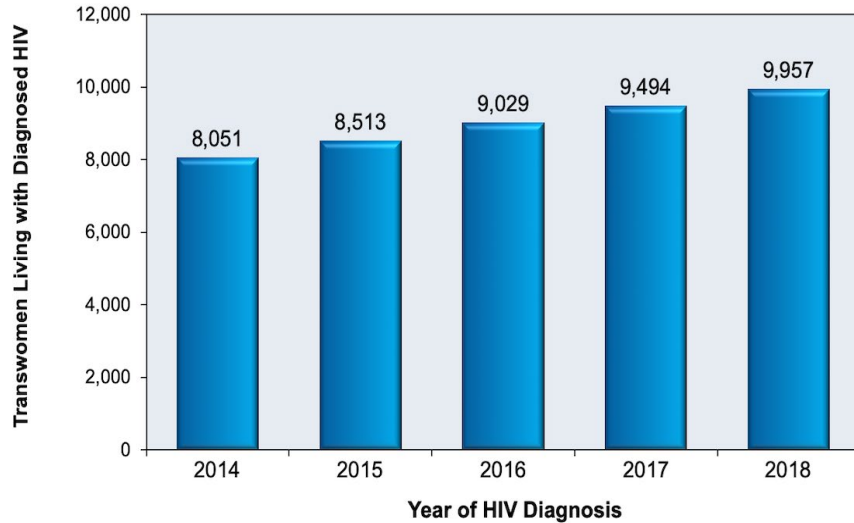
Statistical Data: Transgender, Gender Non-Binary, and Gender Diverse Quantitative Data

HIV Statistics for Transmen 2014-2018



Statistical Data: Transgender, Gender Non-Binary, and Gender Diverse Quauntitative Data

HIV Statistics for Transwomen 2014-2018



Statistical Data: Transgender, Gender Non-Binary, and Gender Diverse Quaunitative Data

Statistics Affecting your Patients or Clients

Table I:

Participant Sociodemographic Characteristics and Structural Health Determinants

		Study 1: 1998–1999 (N=244)		Study 2: 2015–2016 (N=271)		Sig
		n	(%)	n	(%)	χ^2 (p-value) z-test[p-value]
Age						39.8 (<.0001) ***
18–29		132	(54.1%)	109	(40.2%)	9.38[.0022]**
30–39		85	(34.8%)	68	(25.1%)	5.38[.0204]*
40+		27	(11.1%)	94	(34.7%)	38.55[<.0001] ***
Racial/Ethnic Identity						47.2 (<.0001) ***
Hispanic/Latina		120	(49.2%)	114	(42.1%)	2.34[.1259]
African American/Black		17	(7.0%)	82	(30.3%)	43.37[<.0001] ***
Non-Black/Non-Hispanic		107	(43.9%)	75	(27.7%)	14.01[.0002] ***
Sexual Orientation						0.72 (.869)
Heterosexual/Straight		187	(76.6%)	199	(73.7%)	0.54[.4611]
Homosexual/Gay/Lesbian		22	(15.3%)	28	(10.4%)	0.13[.7230]
Bisexual		14	(5.7%)	17	(6.3%)	0.01[.9446]
Other/Don't Know/Refused		21	(8.6%)	27	(9.9%)	0.14[.7062]
Education Level						15.9 (.0003) ***
Less than High School/GED		114	(46.7%)	99	(36.5%)	5.09[.0241]*
High School/GED		54	(22.1%)	104	(38.4%)	15.18[<.0001] ***
Greater than High School/GED		76	(31.1%)	68	(25.1%)	2.05[.1526]
Income (past 30 days)						65.8 (<.0001) ***

Table II:

HIV Risk Behaviors, Substance Use and Gender Confirmation Procedures

		Study 1: 1998–1999 (N=244)		Study 2: 2015–2016 (N=271)		Sig
		n	(%)	n	(%)	χ^2 (p-value) z-test[p-value]
Receptive Condomless Anal Intercourse ^a						2.4 (.306)
With Main Partner(s)		68	(27.9%)	87	(32.1%)	.09[.3422]
With Casual Partner(s)		48	(19.6%)	89	(32.8%)	10.74[.0011]**
With Exchange Partner(s)		34	(13.9%)	51	(18.8%)	1.88[.1700]
Any		115	(47.1%)	151	(55.7%)	3.46[.063]
Substance Use (past 6 months) ^a						54.1 (<.0001) ***
Alcohol		188	(77.1%)	109	(40.2%)	69.83[<.0001] ***
Cannabis		95	(38.9%)	147	(54.2%)	11.47[.0007]**
Methamphetamine		68	(27.9%)	74	(27.3%)	0.002[.965]
Cocaine		61	(25.0%)	27	(10.0%)	19.44[<.0001] ***
Crack		37	(15.2%)	11	(4.1%)	17.44[<.0001] ***
Poppers		24	(9.8%)	14	(5.2%)	3.44[.0635]
Ecstasy		17	(7.0%)	19	(7.0%)	<.0001[1.00]
Hormone Use (past 6 months)						64.3 (<.0001) ***
Non-prescribed		88	(36.1%)	27	(9.9%)	--
Prescribed/Medically Monitored		54	(22.1%)	132	(48.7%)	--
Gender Confirmation Surgery ^a						9.0 (.029) *
Breast Augmentation		51	(21.0%)	32	(11.8%)	7.12[.0073]*
Rhinoplasty		44	(18.0%)	17	(6.3%)	15.90[<.0001] ***

Table III:

Perceived Discrimination and Abuse/Harassment

		Study 1: 1998–1999 (N=244)		Study 2: 2015–2016 (N=271)		Sig
		n	(%)	n	(%)	χ^2 (p-value) z-test[p-value]
Perceived Discrimination (Lifetime) ^a						1.5 (.819)
Job (hiring)		115	(47.1%)	174	(64.2%)	14.52[.0001] ***
Job (fired)		71	(29.1%)	109	(40.2%)	6.51[.0108]*
Housing		73	(29.9%)	115	(42.4%)	8.15[.0043] ***
Health services		32	(13.1%)	58	(21.4%)	5.55[.0184]*
HIV prevention services		10	(4.1%)	23	(8.5%)	3.42[.0642]
Abuse/Harassment (Lifetime) ^a						1.9 (.169)
Verbal		195	(79.9%)	210	(77.5%)	0.32[.5732]
Physical		115	(47.1%)	154	(56.8%)	4.46[.0348]*

^aMultiple responses possible

* p-value<.05

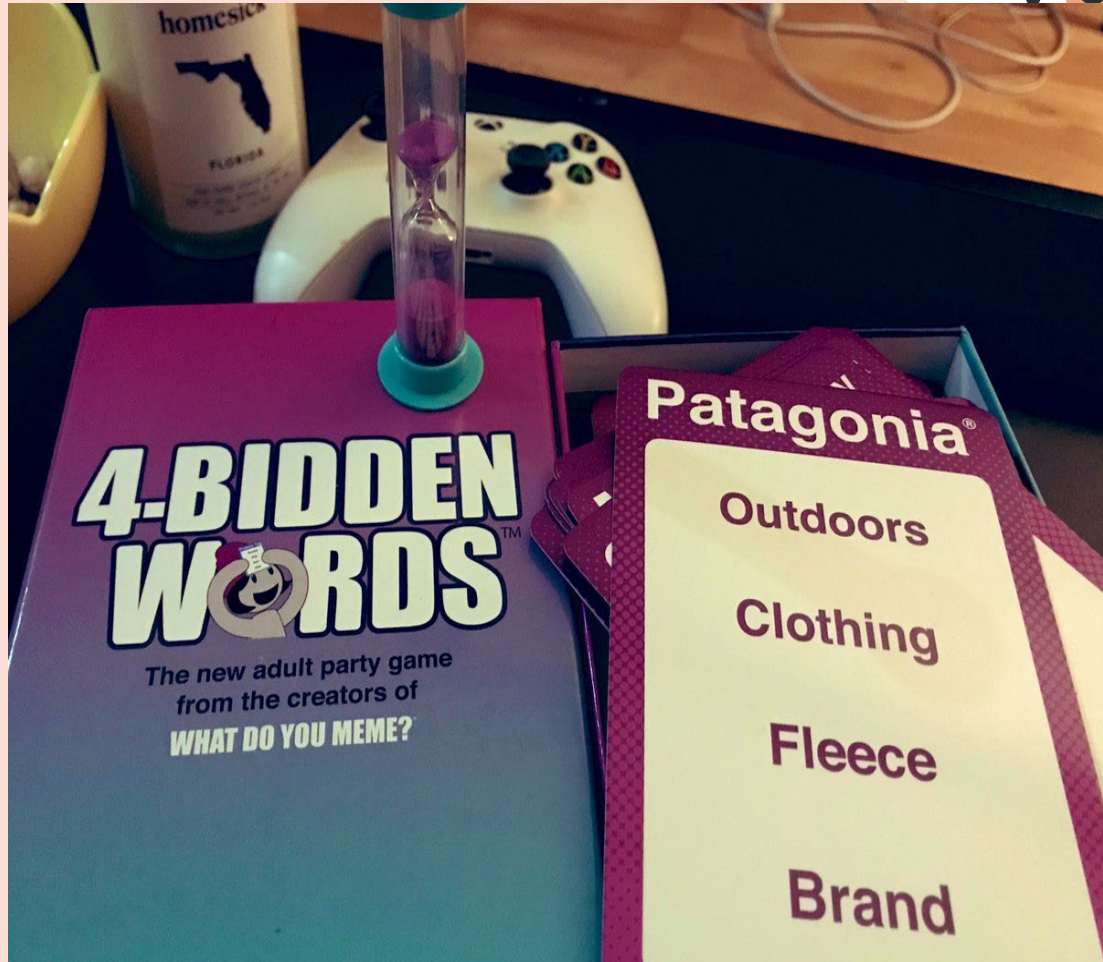
** p-value<.005

*** p-value<.0005

HAVE YOU EVER PLAYED A “YOU CAN’T SAY *THAT*” GAME?

Goal: Get your partner to guess the word on your card WITHOUT saying the ‘common clue’ words written on your card.

In this photo example, you are trying to get your partner to say the word “Patagonia,” but you’re not allowed to say “outdoors,”



LET'S PLAY
THE "ALL
ABOUT YOU,
BUT YOU
CAN'T SAY
THAT" GAME



ON A SHEET OF
PAPER, WRITE
DOWN:



YOUR FIRST
NAME



YOUR
RACE/ETHNICITY



WHERE YOU GREW
UP



WHERE YOU LIVE
NOW



WHAT YOU DO
FOR A LIVING



THE
PEOPLE/PETS
YOU SPEND THE
MOST TIME
WITH

NOW LET'S PLAY! (IN BREAKOUT ROOM PAIRS)

When you get into your breakout room, you will be “sitting across from” one other person.

- Decide who will be Partner A and who will be Partner B.
- Partner A will speak first, describing who they are to Partner B **WITHOUT SAYING ANYTHING THEY WROTE ON THEIR PAPER!**
- Partner B will listen for 90 seconds, and then **SWITCH**
- Partner B will then describe who they are to Partner A **WITHOUT SAYING ANYTHING THEY WROTE ON THEIR PAPER!**
- Partner A will listen for 90 seconds.
- Come back to the main room when you're finished.



PARTNER A



PARTNER B

Top 10 Supportive Resources



1. <https://transstudent.org/gender/>
2. <https://bit.ly/3w0gP21>
3. <https://bit.ly/3rvoTEl>
4. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>
5. <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/transgender>
6. <https://bit.ly/39lssqu>
7. <https://www.blendspace.com/lessons/T3S09TIDD6gO3A/gender-non-conforming-transgender>
8. <https://aplahealth.org/services/trans-connections/>
9. <https://lalgbtcenter.org/social-service-and-housing/transgender>
10. <https://invisibletmen.com/>

The Future of Trans Patient Healthcare

Looks like this



And remember
Leading with
EMPATHY is
key

Thank You for your time

Please feel free to reach out to me
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Follow me on IG @MalleryJenna90



#TETTalks