LOS ANGELES COUNTY
COMMISSION ON HIV

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Transgender Caucus Virtual Meeting

TRANSform the HIV Movement

Tuesday, January 24, 2022
10:00AM-11:30AM (PST)

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

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Meeting password: TRANSGENDER

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Access Code/Event #: 2599 108 4161

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TRANSGENDER CAUCUS (TG)
VIRTUAL MEETING AGENDA

TUESDAY, JANUARY 24, 2022

10:00 AM – 11:30 AM

TO JOIN BY COMPUTER

https://lacountyboardofsupervisors.webex.com/lacountyboardofsupervisors/j.php?MTID=mc2ba7387500e5d35cfe517822f96367e

MEETING PASSWORD: TRANSGENDER

TO JOIN BY PHONE: +1-213-306-3065 **MEETING #/ACCESS CODE:** 2599 108 4161

1. Welcome and Introductions 10:00-10:10
2. Co-Chairs Report 10:10-10:20
   a. Last Meeting Recap (November 22, 2022)
3. Executive Director/Staff Report 10:20-10:40
   a. Co-chair Nominations/Elections
   b. "A Needs Assessment of Transgender and Gender Nonconforming Community Members Age 50+ in San Francisco"
   c. 2023 Meeting schedule
4. DISCUSSION: Plan for 2023 10:40-11:15
   a. 2023 Workplan development
5. Meeting Confirmation and Agenda Development for Next Meeting 11:15-11:20
6. Public Comments and Announcements 11:20-11:30
7. Adjournment 11:30

LOS ANGELES COUNTY
COMMISSION ON HIV

VIRTUAL MEETING—TRANSGENDER (TG) CAUCUS
Tuesday, November 22, 2022 | 10:00am to 12:00noon
MEETING SUMMARY

In attendance:

Xelestiál Moreno-Luz (Co-Chair)	**Isabella Rodriguez (Co-Chair)**	Dalia Cisneros
Triana Maldonado	Ilish Perez	Mia Perez
Lene Reynolds	Juliana Rojas	Cheryl Barrit (COH Staff)
Catherine Lapointe (COH Staff)	Jose Rangel-Garibay (COH Staff)	

1. **Welcome and Introductions**
   Xelestiál Moreno-Luz, Co-Chair, called the meeting to order, welcomed attendees, and led introductions.

2. **Co-Chairs Report**
   a. **Last Meeting Recap**
      X. Moreno-Luz began the meeting by acknowledging the recent shooting at Club Q, an LGBTQ+ nightclub in Colorado Springs, Colorado and shared that she is open to discussing this heavy topic with anyone who needs to talk. Cheryl Barrit shared that the Transgender Caucus is a safe space for free-flowing conversation and openness.

3. **Executive Director/Staff Report**
   a. **Comprehensive HIV Plan 2022-2026**
      C. Barrit informed the Caucus that the public comment period for the Comprehensive HIV Plan (CHP) ended on November 21, 2022. AJ King, CHP Consultant, and C. Barrit are finalizing the CHP and will send the revised draft to the Division of HIV and STD Programs (DHSP) by December 1, 2022 for review. The final document will be submitted the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) by December 8, 2022.

   b. **Refresher on Purpose of Caucuses as Part of the Commission**
      C. Barrit provided an overview of the purpose of caucuses as part of the Commission on HIV (COH); see meeting packet for details.

   c. **Co-Chair Nominations/Elections**
      Co-Chair nominations for the 2023 Transgender Caucus co-chair positions are now open. X. Moreno-Luz nominated Lene Reynolds and Yara Tapia. Elections will take place at the January Transgender Caucus meeting.

4. **DISCUSSION: Recap 2022 and Plan for 2023**

a. Annual Meeting Debrief: "Transgender Empathy" Training

The Caucus discussed feedback on the Transgender Empathy Training provided by Mallery Robinson at the Annual Meeting. Highlights from the discussion were as follows:

- X. Moreno-Luz commented that this was a good training for the full-body COH. She was glad that M. Robinson was able to provide a voice for the transgender community.
- Isabella Rodriguez commented that M. Robinson did a great job carrying an engaging conversation.
- Jose Rangel-Garibay commented that he was impressed with the amount of conversation, interest, and engagement that occurred during the training and wished that there was more time.
- C. Barrit commented that the training received positive feedback on the Annual Meeting evaluation surveys.

b. Brainstorm Learning Sessions for 2023

The Caucus discussed potential learning sessions for 2023, including:

- Decriminalization of sex work, specifically among transgender sex workers
- Older transgender individuals
- A National Women and Girls HIV/AIDS Awareness Day (NWGHAAD) event
- "Real Talk" on PrEP fatigue
- The intersection of stigma on HIV, drug use, and being transgender

5. Meeting Confirmation and Agenda Development for Next Meeting

The Caucus decided to cancel their December meeting. Their next meeting will take place on Tuesday, January 24, 2022.

6. Public Comments and Announcements

- X. Moreno-Luz announced that REACH LA will be hosting an event titled "PrEP 4 a Pageant" on December 10, 2022 at 4:00 PM at the Village at Ed Gould Plaza – Renberg Theater.
- I. Rodriguez announced that the Harm Reduction Steering Committee will be meeting on December 7, 2022.
- L. Reynolds announced that TransinLA is conducting a monkeypox (MPX) vaccine campaign and requested if anyone who has received the MPX vaccine would like to speak about their experience to share on social media.

7. Adjournment

The meeting was adjourned by X. Moreno-Luz.

LOS ANGELES COUNTY
COMMISSION ON HIV

DUTY STATEMENT

COMMITTEE CO-CHAIR

(APPROVED 3-28-17)

In order to provide effective direction and guidance for the Commission on HIV, Committee Co-Chairs must meet the following demands of their office, representation and leadership:

COMMITTEE LEADERSHIP:

① Serves as Co-Chair of a standing Commission Committee, and leads those monthly meetings
② Leads Committee decision-making processes, as needed
③ Meets monthly with Executive Director, or his/her designee, to prepare the Committee meeting agendas, course of action and assists Commission staff in the preparation of motions, backup materials and information for meetings, as necessary and appropriate
④ Assigns and delegates work to Subcommittees, task forces and work groups
⑤ Serves as a member of the Commission's **Executive Committee**

MEETING MANAGEMENT:

① Serves as the Presiding Officer at the Committee meetings
② In consultation with other Co-Chair and senior Commission staff member(s), leads the Committee meetings,
- conducting business in accordance with Commission actions/interests
- recognizing speakers, stakeholders and the public for comment at the appropriate times
- controlling decorum during discussion and debate and at all times in the meeting;
- imposing meeting rules, requirements and limitations
- calling meetings to order, for recesses and adjournment in a timely fashion and according to schedule, or extending meetings as needed
- determining consensus, objections, votes, and announcing roll call vote results
- ensuring fluid and smooth meeting logistics and progress
- finding resolution when other alternatives are not apparent
- ruling on issues requiring settlement and/or conclusion

③ Ability to put aside personal advocacy interests, when needed, in deference to role as the Committee's Presiding Officer.

REPRESENTATION:

In consultation with the Executive Director, Committee Co-Chairs:

① May ONLY serve as Committee spokesperson at various events/gatherings, in the public, with public officials and to the media if approved by the Commission Co-Chairs and Executive Director
② Take action on behalf of the Committee, when necessary

③ Generates, signs and submits official documentation and communication on behalf of the Committee
③ Present Committee findings, reports and other information to the full Commission, Executive Committee, and, as appropriate, other entities
⑤ Represent the Committee to the Commission, on the Executive Committee, and to other entities
⑥ Support and promote decisions resolved and made by the Committee when representing it, regardless of personal views

KNOWLEDGE:
① CDC HIV Prevention Program, Ryan White Program (RWP), and HIV/AIDS and STI policy and information
② LA County Comprehensive HIV Plan and Comprehensive HIV Continuum
③ LA County's HIV/AIDS and STI, and other service delivery systems
④ County policies, practices and stakeholders
⑤ Ryan White Program legislation, State Brown Act, applicable conflict of interest laws
⑥ County Ordinance and practices, and Commission Bylaws
⑦ Topical and subject area of Committee's purview
⑧ **Minimum of one year active Committee membership prior to Co-Chair role**

SKILLS/ATTITUDES:
① Sensitivity to the diversity of audiences and able to address varying needs at their levels
② Life and professional background reflecting a commitment to HIV/AIDS and STI-related issues
③ Ability to demonstrate parity, inclusion and representation
④ Take-charge, "doer", action-oriented; ability to recruit involvement and interest
⑤ Unintimidated by conflict/confrontation, but striving for consensus whenever possible
⑥ Firm, decisive and fair decision-making practices

COMMITMENT AND ACCOUNTABILITY TO THE OFFICE:
① Put personal agenda aside and advocate for what's in the best interest of the Commission
② Devote adequate time and availability to the Commission and its business
③ Assure that members' and stakeholders' rights are not abridged
④ Advocate strongly and consistently on behalf of Commission's and people living with and at risk for HIV, interests
⑤ Always consider the views of others with an open mind
⑥ Actively and regularly participate in and lead ongoing, transparent decision-making processes
⑦ Respect the views of other regardless of their race, ethnicity, sexual orientation, HIV status or other factors

LOS ANGELES COUNTY
COMMISSION ON HIV

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TRANSGENDER CAUCUS 2023 MEETING SCHEDULE
PROPOSED/DRAFT FOR REVIEW (created 01.18.22)

Determine if the Caucus will meet monthly or quarterly and if in-person or virtual meeting

DATE	KEY AGENDA ITEMS/TOPICS (subject to change; for planning purposes)
January 24 10am to 11:30 am Virtual	• Elect Co-Chairs for 2023 • Develop meeting schedule and learning session topics for 2023
February 28 10am to 11:30 am Virtual	Plan for March Learning Session
March 28 10am to 11:30 am Virtual or in-person?	Learning Session • International Women's Day collaboration with Women's Caucus • Having a "real-talk" about PrEP fatigue
April 25 10am to 11:30 am Virtual or in-person?	Debrief March Learning Session Plan for June Learning Session
May 23 10am to 11:30 am Virtual or in-person?	Plan for June Learning Session
June 27 10am to 11:30 am Virtual or in-person?	Learning Session • Transgender Youth creating educational spaces for HIV awareness and inclusive sexual health education
July 25 10am to 11:30 am Virtual or in-person?	Debrief June Learning Session Plan for September Learning Session
August 22 10am to 11:30 am Virtual or in-person?	Plan for September Learning Session
September 26 10am to 11:30 am Virtual or in-person?	Learning Session • Aging Transgender People: People living with HIV, use drugs, and how to navigate stigma
October 24 10am to 11:30 am Virtual or in-person?	Debrief September Learning Session
November 28 10am to 11:30 am Virtual or in-person?	Debrief Annual Commission on HIV Meeting Review 2023 events and plan for 2024 Co-Chair nominations
December 26 10am to 11:30 am	Consider cancelling. May have low attendance due to Christmas holiday

A Needs Assessment of Transgender and Gender Nonconforming Community Members Age 50+ in San Francisco

2022

SAN FRANCISCO
COMMUNITY
HEALTH CENTER

I. Introduction

Acknowledgements

Authors and Research

Jam Chen (San Francisco AIDS Foundation)
Jenna Rapues (Gender Health SF)
Karen Aguilar (Gender Health SF)
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Dusty Araujo (San Francisco AIDS Foundation)
Ebony Gordon (San Francisco AIDS Foundation)
Jade Blackthorne (Openhouse)
Jerry Quintana (UCSF)
Kiko Butler (Openhouse)
Sofía Ríos Dorantes (El/La Para Translatinas)
Victoria Castro (El/La Para Translatinas)

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Summary

Key Findings:

1. **TGNC and culturally competent care providers are needed to address complex aging and health care needs.** 52% of respondents said physical health was a major or minor problem, and 63% said the same of mental health. As such, accessing culturally competent care is increasingly important. Some of the barriers to health and wellbeing articulated through this needs assessment included a lack of cultural competency among care providers, mental health professionals who lack shared lived experiences, and isolation exacerbated by the pandemic.
2. **There is a lack of safe, stable, and deeply affordable housing for TGNC 50+ people in San Francisco.** 54% of participants reported housing as a major or minor problem, some citing challenges with navigating transphobia in their housing search. Coupled with the lack of deeply affordable housing in San Francisco, housing was listed as the top overall priority for participants.
3. **Inclusive and supportive community spaces are vital to counter isolation.** While isolation and loneliness were frequently reported issues for respondents (59%), many said this was alleviated by participating in TGNC community spaces including support groups. Participants spoke of a desire for community spaces that are more inclusive of TGNC people across generations, racial and cultural backgrounds, and different genders under the TGNC umbrella, including transmasculine people.
4. **Community members desire collaboration and coordination from service providers.** Participants highlighted a sense of fragmentation among service organizations, and a need for more dialogue and cohesion between them. They felt that intentional dialogues between service providers would help create an effective continuum of services for vulnerable TGNC people, and would form a united front to advocate for resources.

Recommendations:

You can find more details about these recommendations at the end of this report, before the conclusion.

1. **Hire TGNC providers and train all care providers in TGNC cultural competency.**
2. **Leverage TGNC 50+ voices and needs in housing justice campaigns.**
3. **Build inclusive community spaces for TGNC 50+ people.**
4. **Facilitate service provider collaboration and transparency.**
5. **Build relevant educational programming for community members.**

Background

This needs assessment arose from ongoing dialogue between TGNC (transgender and gender nonconforming) 50+ community members and service providers to learn more about community needs and ensure service organizations are building services that are responsive to those needs. We focused on this community as one that faces joint forces of ageism and transphobia, with increased social isolation. Particularly as a group that has a lower estimated life expectancy compared to the overall U.S. population (including those who are long term survivors of HIV/AIDS) it is important to keep a pulse on both the ongoing and emerging needs of this aging community.

Data is far from exact - mortality rates and homicide rates have been used as imprecise measures of life expectancy, though certainly indicate tangible factors towards a lower life expectancy. For example, 375 transgender people were killed in 2021, according to the annual list released for Transgender Day of Remembrance, with 96% of those transfeminine-identified.[1] 53 of the murders occurred in the U.S. and 89% of those in the U.S. were committed against trans people of color. These are inexact statistics, given under-reporting and misgendering of victims. In addition to violence, TGNC people face additional systemic barriers that impact life expectancy and quality of life such as housing discrimination, employment discrimination, documentation barriers, criminalization, and other forms of transphobia. As there are many different service organizations in San Francisco that serve TGNC 50+ people, this needs assessment aims to understand how we can collaborate to provide a continuum of services to TGNC 50+ people at different stages of transition, aging, and more.

Methods

We collected information via (1) a written survey, and (2) three in-person community conversations. The written survey was developed with service providers who work with TGNC age 50+ community members - many who are TGNC and/or age 50+ themselves as well. In the development stages, we also referred to survey instruments used in other needs assessments that included TGNC people of all ages and older adults living with HIV, such as Lavender Phoenix's Community-Led Needs Assessment of Transgender and Gender Non-Conforming Asians and Pacific Islanders in the Bay Area, The ACRIA Center on HIV and Aging at GMHC's HIV & Aging in San Francisco, and San Francisco AIDS Foundation's 2021 Programs Client Satisfaction

[1] Transrespect versus Transphobia Worldwide (TvT) Research Project. (2021, November). *Trans Murder Monitoring Update: Trans Day of Remembrance 2021*.

Survey.[2] The survey had written versions in English and Spanish, with collaborators and reviewers who serve monolingual Spanish-speaking TGNC 50+ people. The survey asked demographic questions as well as questions about utilized services, current issues and challenges, and visions for our aging TGNC community.

Three community conversations were conducted, with two in English (N=6, N=6) and one in Spanish (N=8). The agenda for the community conversations included completing the written survey, and discussing a series of open-ended questions expanding on the same topics included in the written survey.

After the completion of the community conversations, the survey was circulated online to additional community members. We outreached via the planning team's individual contacts of TGNC 50+ community members. We also had the support of partners at other organizations outreach to their participants/clients, such as Curry Senior Center and Openhouse SF. We received N=23 additional responses, for a total of N=43 survey responses.

Survey and community conversations participants were compensated for offering their time and experiences. Survey respondents were given a $20 Visa gift card, and community conversation participants were given a $50 Visa gift card and lunch.

Qualitative data from the surveys and community conversations were coded to identify emerging themes and findings. Quantitative data was analyzed and visualized via Microsoft Excel. Open-ended questions were asked to allow participants to self-identify with regard to identities such as gender and race. As such, we spent time grouping responses to draw meaningful conclusions, for example, "Mexicana," "Hispana" and "Latina" were all grouped under "Latinx/Hispanic." Mixed race respondents were included under each racial category they listed as their racial background, so as to avoid homogenizing the diversity of mixed race people and the backgrounds they come from. Draft findings were reviewed and edited iteratively with TGNC service providers so that feedback and further questions could help deepen analysis.

There are limitations to our research process. The majority of respondents are transgender women (78%) with little representation of transgender men (2%) and nonbinary/gender nonconforming people (9%). Another limitation is that while the survey welcomed all who identified under the umbrella of transgender, gender non-conforming, and/or intersex, no participants disclosed being intersex. While individuals in this diverse umbrella category may

[2] Erenrich, R., Seidel, L., Brennan-Ing, M., Karpiak, S. (2018). *HIV & Aging in San Francisco*. San Francisco, CA: The ACRIA Center on HIV and Aging at GMHC.; Lavender Phoenix (2020). *Up to Us: A Community-Led Needs Assessment of Transgender and Gender Non-Conforming Asians and Pacific Islanders in the Bay Area.* San Francisco, CA.; San Francisco AIDS Foundation. (2021). *Programs Client Satisfaction Survey.*

face similar oppressions perpetuated by the false biological sex binary and gender binary, it is important to stress the unique experiences of intersex individuals that cannot be spoken for from this needs assessment.

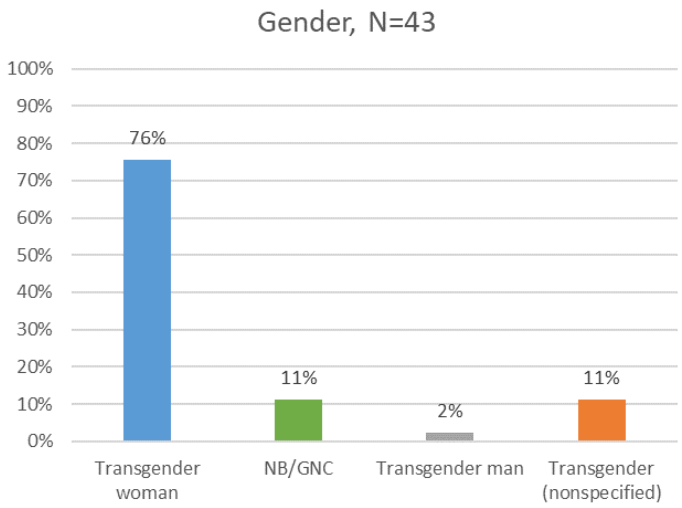
It is notable that 40% (17 of 43) of our respondents chose to complete the survey in Spanish, indicating that they are likely monolingual Spanish speakers, or that Spanish is their first language. 46% (20 of 43) identify as Latinx/Hispanic. Meanwhile, there was a lower response rate from Asian participants (4%) and Black participants (19%). As such, stronger patterns and conclusions may be drawn for Latinx/Hispanic and Spanish speaking participants compared to other subgroups.

II. Findings

Demographics

We share demographic information of our respondents to contextualize the findings. The responses received are diverse but do not encompass the full range of experiences of TGNC 50+ people in San Francisco.

Gender & Sexuality

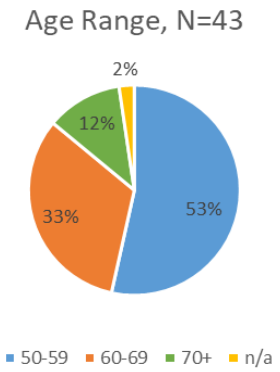


The majority of respondents (76%, or 34 respondents) identify as transgender women. Participants were asked to write-in gender identity to capture the range of identifiers rather than providing limited multiple choice options. 5% provided multiple gender identifiers and were coded in all categories mentioned (ex. Someone who answers “nonbinary trans woman” was coded in both categories). It is notable that only 2% identified as a transgender man; as such, conclusions and patterns cannot be drawn for this subgroup.

Respondents most often described their sexual orientation as straight (56%). Other sexual orientations included bisexual (7%), pansexual (7%), lesbian (7%), gay (5%), asexual (5%), queer (2%). 12% declined to respond.

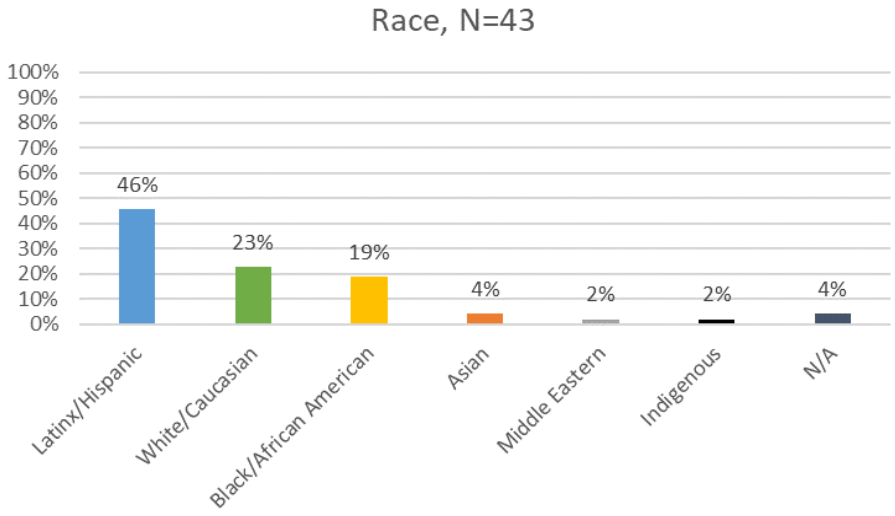
Age

53% of respondents are between the ages of 50 and 59 (23 people), with 33% between 60 and 69. The remaining 12% were aged 70+. One respondent declined to provide their age.



Race

Almost half of the respondents (46%, or 20 people) identify as Latinx/Hispanic. This is a valuable piece of information to compare with the 40% (17 respondents) that chose to fill out the survey in Spanish, likely indicating monolingual Spanish language ability or Spanish as first language. Stronger findings can be drawn from this subgroup compared to others due to greater representation. 14% of respondents indicated mixed-race background. These individuals were coded as all listed identifiers so as to not homogenize mixed race people, and to attribute relevance to their respective backgrounds.



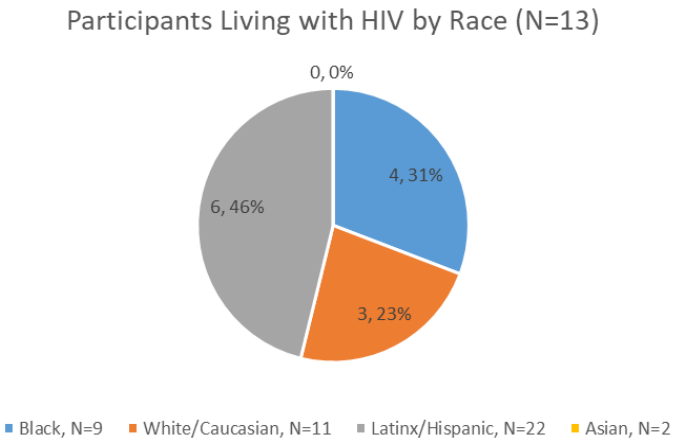
Neighborhood

The most frequently reported zip code of residence was 94103, at 30%, or 13 respondents. This encompasses the South of Market region of San Francisco. The top 3 zip codes of residences are listed in the chart below. This is notable to assess participant proximity to service providers, community spaces, and more - we see that the most utilized services correlate with most reported neighborhoods of residence. This is also relevant given that the most frequently used modes of transportation are public transit (64%), paratransit (13%), and walking (9%).

Zip Code	Count (N=43)	Most Utilized Services (see Service Utilization)
94103 (South of Market)	13	St. James Infirmary, SF AIDS Foundation, El/La Para Translatinas, PRC, AIDS Legal Referral Panel
94102 (Tenderloin/Hayes)	7	Openhouse SF, SF LGBT Center, Curry Senior Center
94109 (Polk Gulch/Nob Hill)	6	Project Open Hand, SF Community Health Center, Shanti Project

Disability and Health

51% of respondents (22 people) identify as disabled/having a disability. Some specified disabilities included disabling AIDS and PTSD. Around a third of respondents disclosed positive HIV status (30%, or 13 of 43 people). The graph to the right shows the breakdown of those who disclosed positive HIV status by race, with 46% Latinx, 31% Black, 23% white. Data from San Francisco's 2021 HIV Epidemiology Report shows that of trans women living with HIV in San Francisco, 36% were Latinx, 30% Black, 18% white, 10% Asian/Pacific Islander, and 7% unknown.[3] Our data generally mirrors trends in disparity for San Francisco, with slightly greater representation of Latinx people who are HIV-positive.



Employment Status

19% of respondents (8 individuals) are unemployed but looking for employment. The others are retired (28%), working part time (23%), unemployed but not looking for work (14%), working full time (9%) or decline to respond (7%).

[3] San Francisco Department of Public Health Population Health Division (2022). *HIV Epidemiology Annual Report 2021.* San Francisco, CA.

Public Assistance

Around half of respondents (47%, 19 people) are receiving some form of public assistance. This could include Medi-Cal, CalFresh (food stamp program), or others.

Service Utilization

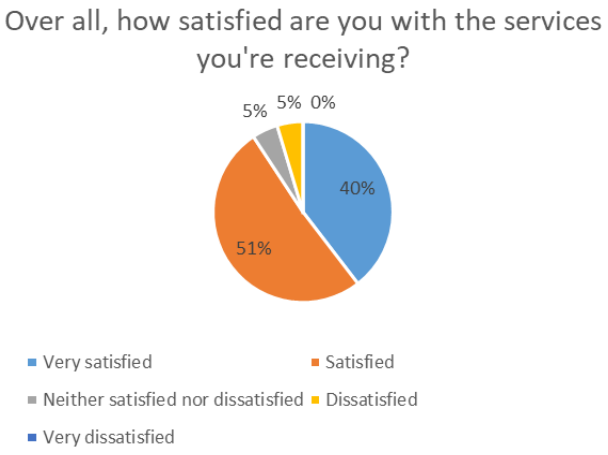
In the written survey and during community conversations, we wanted to gauge the current state of service access for TGNC 50+ community members. We asked participants which services they have personally used, with the option to check all that apply and/or write in services not listed. The top utilized service for all respondents (N=42) was Healthy San Francisco, a program that supports uninsured San Francisco residents in accessing health care services (38% of respondents, 16 people). It is notable that Healthy San Francisco is primarily used by undocumented individuals to access care.

A larger percent of the Latinx/Hispanic respondents listed documentation as a major or minor problem relative to the overall percentage (39% vs. 25%). Accordingly, 69% of those who said they are using Healthy San Francisco are Latinx/Hispanic (11 of the 16). The next most overall utilized services were St. James Infirmary (33%) and Openhouse (30%). A limitation is that we did not gauge documentation status from participants, nor did we gauge percent of respondents who are current or former sex workers. However, some conclusions may be drawn based on eligibility for different services. For example, St. James Infirmary serves current or former sex workers, their current partner(s) and children.

Some write-in responses provided in the written survey and during community conversations included Community United Against Violence (CUAV) for social support, and Tom Waddell Urban Clinic and Lyon-Martin Community Health Services for gender-affirming care. For Latinx/Hispanic respondents (N=22), the top utilized services included El/La Para Translatinas (50%), Healthy San Francisco (45%), and St. James Infirmary (32%). This trend is likely biased towards partnering organizations - for example, we worked closely with El/La Para Translatinas for needs assessment development and participant outreach.

Which of the following services have you personally used? Check all that apply.	Count (N=42)	Percent
Healthy San Francisco	16	38%
St. James Infirmary	14	33%
Openhouse	13	31%
El/La Para Translatinas	12	29%
San Francisco LGBT Center	11	26%
Project Open Hand	11	26%
San Francisco AIDS Foundation (SFAF)	11	26%
San Francisco Community Health Center (SFCHC)	10	24%
PRC	10	24%
AIDS Legal Referral Panel (ALRP)	9	21%
Curry Senior Center	8	19%
Shanti Project	7	17%
Heart of the City Farmer's Market	6	14%
UCSF Alliance Health Project (AHP)	6	14%
Mission Neighborhood Health Center	5	12%
Meals on Wheels	5	12%

We asked participants how satisfied they were with the services they were receiving in the question above. The overwhelming majority said very satisfied or satisfied (91% total). For respondents who said dissatisfied or very dissatisfied, they were given an option to elaborate. Two respondents elaborated, one saying they felt alone in their challenges

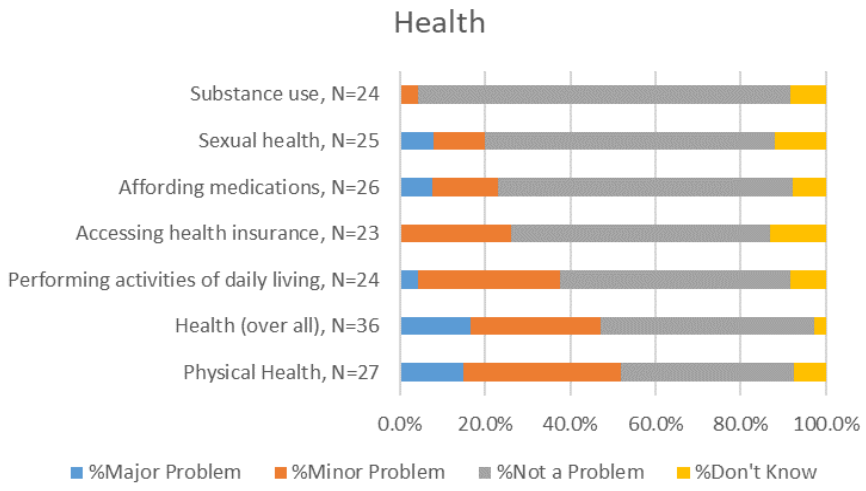


navigating services. The other spoke to feeling a lack of supportiveness from organization staff.

Participants were also asked how they learn of and consequently access services. Most respondents learn of services, programming and events from the community - for example, from friends and word of mouth. The second main source of information was the Internet, including social media. These findings are notable to understand how to best reach community members and ensure available services are accessible to them. Word of mouth and through existing friendships are clearly effective ways to spread information about services; however, this raises the question about who is not reached via this outreach method, such as those in isolation.

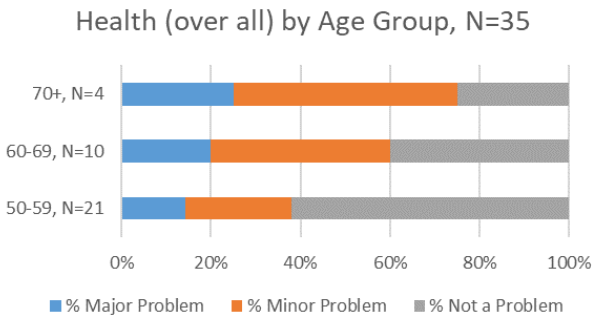
Where do you get your information?	Count (N=37)	Percent
Community (ex. friend, word of mouth)	15	41%
Internet (ex. social media)	14	38%
Clinic/organization (ex. Tom Waddell, Openhouse)	8	22%
Care team (ex. case manager, social worker, doctor)	5	14%
Print materials	2	5%

Health & Mental Health



Physical health and overall health were ranked relatively high on the problems list indicating they were major or minor problems (52% and 47%, respectively).

Upon looking at a breakdown by age range, we see a positive correlation among our respondents between older age and likelihood to rank overall health as a major or minor problem in their daily life. This is expected as the 50+ age category is broad and diverse, and older age may pose more challenges around health decline.



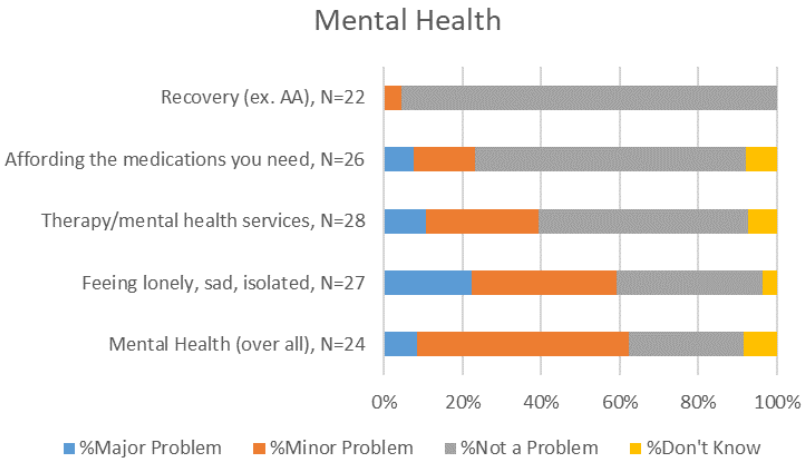
During community conversations, participants highlighted barriers to accessing TGNC-competent care. Some participants spoke to health needs related to medical and social transition, emphasizing the importance of gender-affirming TGNC-competent postoperative healthcare. One said, “I’ve had post-op challenges with care access. I don’t have access to mammograms or an endocrinologist because I was assigned male at birth. There’s a severe lack of trans competency.” This emphasizes the importance of a culturally competent continuum of care throughout transition, including post-op preventive care for people who are ages 50 and over.

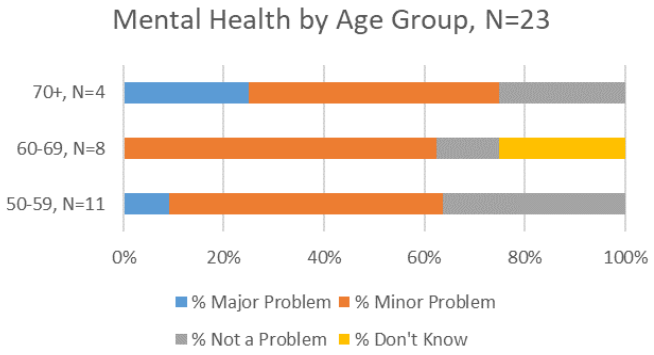
Another participant highlighted the need for gender-affirming health education pre- and post-op that would equip TGNC people with tools to advocate for their own health needs. One participant said, “We need education around things like mammograms, gyno issues, and self-checks, which many who get breast augmentations may not know about.” And all-around, participants spoke to the need for culturally competent providers and “trans doctors, therapists, and psychiatrists who have lived experience and know how to work with my anatomy.”

“[I need] trans doctors, therapists, and psychiatrists who have lived experience and know how to work with my anatomy.”

There is a need for TGNC competence among providers who work with patients around medical transition, but also a broader need for all care providers (ex. Geriatrics care providers) to be equipped to understand and advocate for the health needs of a TGNC aging population. Just as urgent is the importance of equipping community members with knowledge around their own prevention and care needs throughout transition and as they age.

Of all listed problems, the combined percentage of major and minor problem indications was highest for mental health (overall) and feeling lonely, sad, isolated, at 63% and 59%, respectively. In response to the question disability, 5 individuals specified mental health disability, with conditions such as CPTSD, PTSD, depression. This is likely an under-report as we did not ask participants to specify their disability, but these 5 participants self-elected to specify.





It is notable that aging in general presents issues that limit peoples' ability to engage with others, particularly for those who are low income, physically or mentally ill, those with limited social support networks, and those who are estranged from family. Compounded with stigma and internalized TGNC ageism, it is unsurprising that isolation and mental health is such a salient issue for TGNC 50+ community members. Among our participants, we saw a higher percentage of people in the 70+ age category denote mental health as a major or minor issue, perhaps more susceptible to the factors listed above that may limit relational engagement.

On top of the aforementioned factors, we are still in the midst of the COVID-19 pandemic, which has exacerbated mental health issues and isolation for many vulnerable communities. For this generation of TGNC 50+ elders, this is the second pandemic of their lifetime, as many lived through the AIDS epidemic onset of the 1980's, and 32% of our respondents disclosed positive HIV status. COVID-19 may have had additional impacts on mental health with retraumatizing parallels of government inaction, high mortality rates, stigma and barriers to care access for TGNC communities, and more.

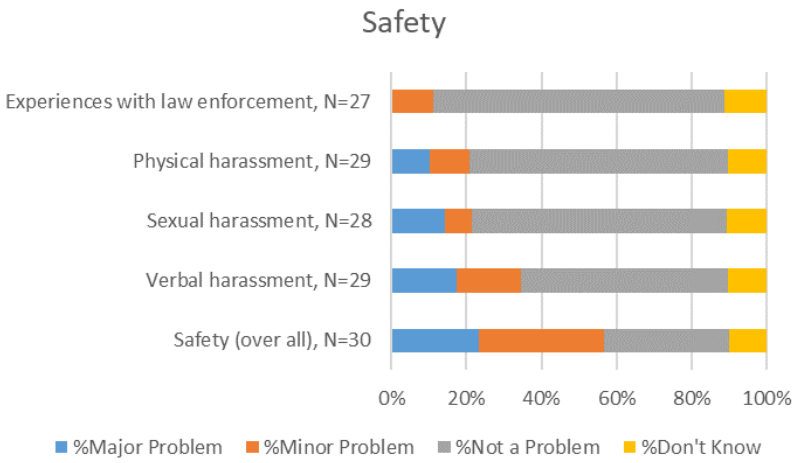
"[Support groups] are an opportunity to connect and interact with others instead of staying isolated."

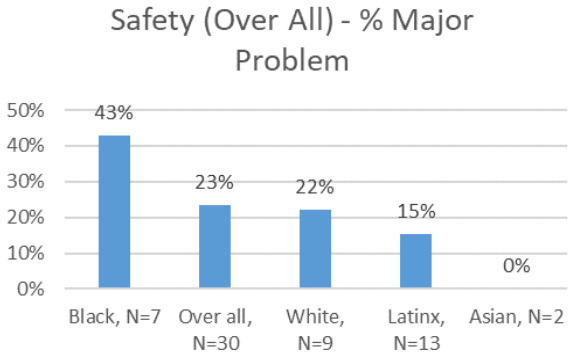
Many spoke with gratitude to the sense of community found in support groups - "it's an opportunity to connect and interact with others instead of staying isolated." Others found the digital adaptation of support groups (ex. Zoom rooms) during the pandemic "dry" or "impersonal." When asked about currently utilized services, one participant said, "Having a therapist to work with me through this pandemic has been THE most helpful thing, though social groups have been helpful too." Others spoke to the value of therapy, but worried about being able to sustain care due to cost or insurance concerns.

Food security is an issue that 41% of respondents noted was a major or minor problem. 26% of respondents go to Project Open Hand, which provides nutritious meals to older adults in San Francisco.

Safety

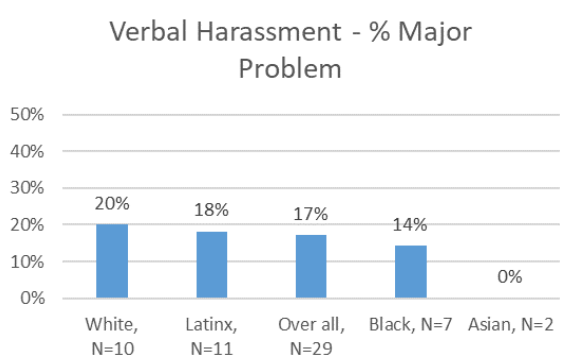
Safety was ranked relatively high as a major or minor problem faced by participants - 57%. While specific threats to safety were not discussed at length during community conversations, the disaggregated data does provide some insight into the experiences of participants.

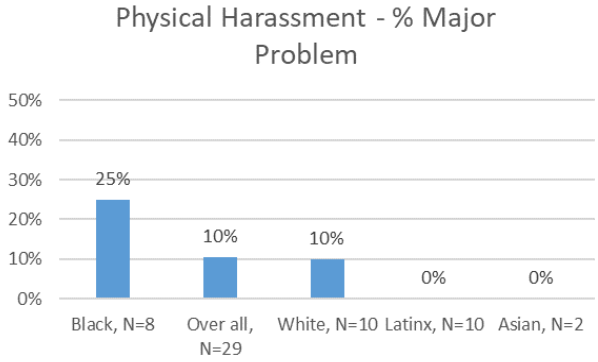


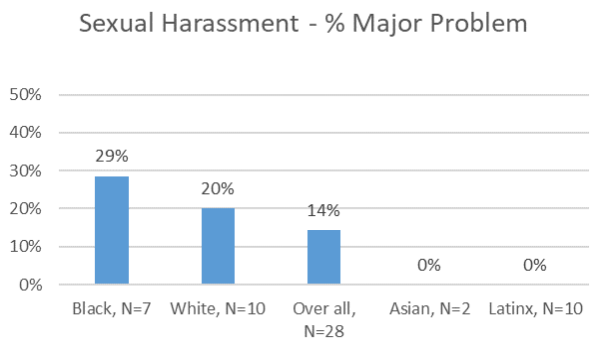


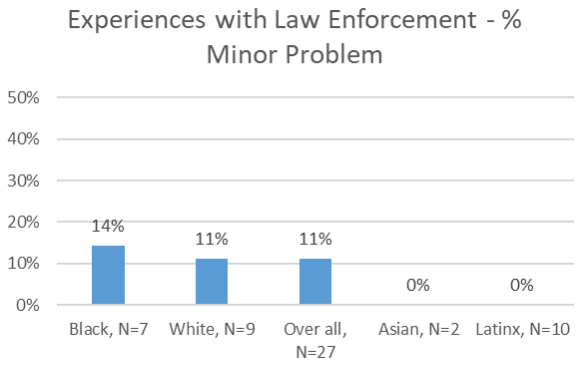
The percentage of Black participants who listed safety as a major concern was 43%, almost double the overall respondents' 23%. This speaks to the joint effects of transphobia, anti-Blackness and racism, and ageism on the safety of our Black respondents, and the importance of services that mind this intersectionality. This is also unsurprising to hear when violence rates and homicide rates of Black transfeminine people are higher than overall rates.

Black participants consistently ranked sub-category safety issues as major problems more frequently compared to their white, Latinx, and Asian counterparts. Note that this was true for the measures of overall safety, physical harassment, sexual harassment. For experiences with law enforcement, no respondents listed it as a major problem, but some did denote it was a minor problem. 14% of Black respondents listed experiences with law enforcement as a minor problem compared to 11% of the total.



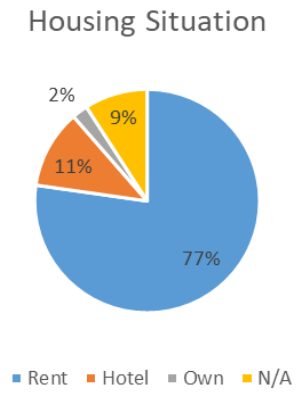


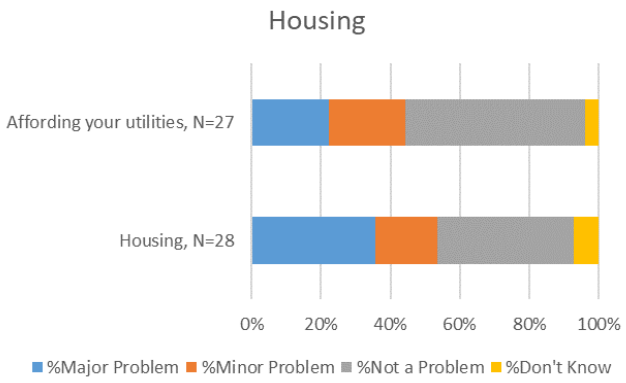




Housing

The vast majority of respondents rent (77%, 33 people). Others are staying in hotels (11%) and 2% own their home. When asked about issues and challenges respondents faced in the past year, 36% of respondents indicated that housing was a major problem. This was the highest percent reported major problem of all the problem areas listed. Another 18% listed housing as a minor problem.





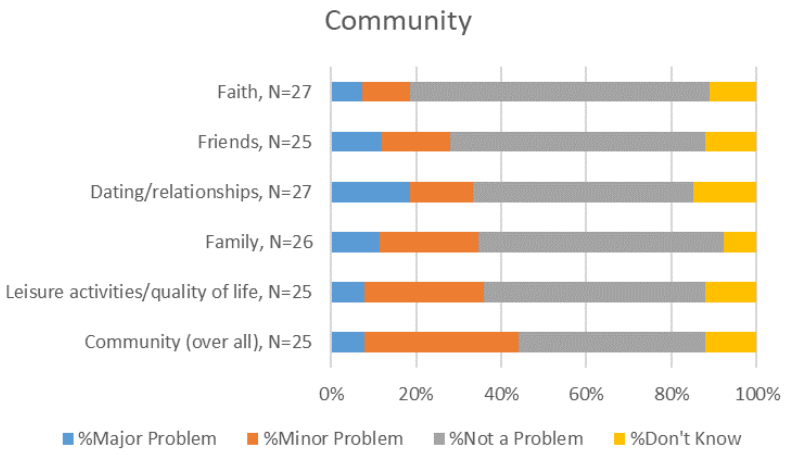
Participants mentioned challenges with searching for safe, stable, affordable housing. One said, "It's hard to navigate the housing search, and any kind of system for that matter, because of my gender. I'm looked down on or looked at funny." This reflects a nation-wide trend of housing deprivation for TGNC people compared to cisgender people. Factors such as transphobia, employment discrimination, job loss and rental burden all create compounding barriers to safe, stable housing for many TGNC people.

"It's hard to navigate the housing search, and any kind of system for that matter, because of my gender. I'm looked down on or looked at funny."

Others spoke to the dire housing crisis in San Francisco and the need for sustainable, deeply affordable housing for trans people, who have largely been relegated to SROs. Others yet mentioned transphobia from their building managers at their places of residence, experiences with people calling the police, and other harassment based on gender. It is important that community members have housing options that are safe, affordable, proximal to community and services, and meet different accessibility needs as they age.

Community

Community was a topic of focus during the community conversations. When asked during the survey, "What is a place that feels supportive and accepting of you as a TGNC 50+ person," many respondents listed community organizations such as El/La Para Translatinas, St. James Infirmary, Openhouse, SF AIDS Foundation - TransLife, BBE, and more. Many of these organizations host support groups that our participants attend. 14% of respondents said they could not name one, elaborating that "I have no social life," "I am in isolation," and more.



Some participants said it was challenging to find community in support groups, speaking to interpersonal dynamics. One participant said, “There’s cross-talking, racism, and cattiness - this sense of ‘I look more female than you.’” Others echoed this sentiment as a barrier to feeling empowered in community, saying “It’s a shame that we have to fight against society and then still fight amongst ourselves.” Furthermore, participants reflected on the lack of representation or inclusion of certain groups - for example, the lack of spaces for trans men/transmasculine people, and a feeling of ageism against older TGNC people in group spaces.

Many participants voiced a need for intergenerational TGNC connection and community and a desire to better support TGNC youth. One participant said, “The younger generation fought for a respect for nonbinary and expansive genders, gender-neutral bathrooms. When are we gonna jump on their bandwagon and work together, make space for connection, while owning what we fought for?” Others voiced a fear of being “left behind” by the younger generations if they continue to “refuse to get onboard,” stressing the importance of education for TGNC elders around language and cultural changes to stay up-to-date and affirming of TGNC youth. Overarching this discussion was a vision to empower youth, repair ruptures in cross-generational ties, and build TGNC power.

Organizational Needs

Participants discussed organizational needs during the community conversations. One major theme that arose was a feeling of fragmentation between service-providing organizations. One participant said, “We need some dialogue between the two dozen or so organizations to discuss discrepancies, areas of focus, and how to better serve the community.” Another stressed the importance of having a united front of organizations to advocate for community resources.

“We need some dialogue between the two dozen or so organizations to discuss discrepancies, areas of focus, and how to better serve the community.”

A few participants suggested that organizations create a resource guide spanning the menu of services available, allowing community members to easily obtain up-to-date information about available resources.

Participants highlighted the need for TGNC-led services and programs, emphasizing the difference from cisgender queer leadership. One said, “The T started the movement but is always silent in gay and lesbian spaces.” Especially as there is a history of TGNC exclusion from cisgender queer spaces, participants emphasized the importance of TGNC power and leadership.

Participants spoke to the importance of organizational accountability given that many resources for TGNC communities are often overseen by nonprofits. They asked for transparency and data showing how each service organization impacts TGNC people, with follow-up to ensure resources are tangibly benefitting community members.

Participants also pointed to community politics and organizational competition for limited resources that have resulted in fragmented, siloed services. As such, there is a non-cohesive continuum of community services for vulnerable TGNC people, which compounds with other access barriers for older community members.

III. Closing

Recommendations

The following are our recommendations to help meet community needs.

1. **Hire TGNC providers and train all care providers in TGNC cultural competency.** Participants spoke extensively towards the need for TGNC and TGNC-competent care providers. This could look like clinical staff who are culturally competent in navigating TGNC physical health needs (particularly for an aging population), TGNC therapists and mental health providers who share some lived experience, and organizational programming and services that center TGNC 50+ people.

2. **Leverage TGNC 50+ voices and needs in housing justice campaigns.** The top two priority areas for survey participants included affordable housing (47%) and financial support for rent/utilities (45%). The lack of deeply affordable housing in San Francisco, coupled with transphobia and increased access needs for an aging community, means housing is often a large barrier for TGNC 50+ people. We must leverage TGNC 50+ voices and experiences to advocate for deeply affordable, safe housing.

3. **Build inclusive community spaces for TGNC 50+ people.** Participants emphasized isolation as a significant challenge for themselves and TGNC 50+ community, which has been alleviated by participating in community spaces. They spoke to the need for a supportive, caring culture in groups, and the importance of racial, gender, and age-inclusive TGNC spaces. Many participants desired intergenerational connection with the TGNC community - 27% of participants listed this as a top service/programming

priority. Participants stressed the importance of listening to, learning from, and providing support for TGNC youth.

4. **Facilitate service provider collaboration and transparency.** During community conversations, participants spoke at length towards their need for stronger organizational collaboration. Many desired a centralized resource guide, where they could learn about and consequently access relevant and culturally competent resources for TGNC 50+ people. Community members emphasized the desire for greater dialogue between service organizations to leverage collective resources to serve community needs, and act as a unified voice advocating for more community resources.

5. **Build relevant educational programming for community members.** Participants voiced a need for educational programming to equip themselves and their community members with important knowledge pertaining to health, aging, and more. A few ideas included TGNC-competent health education for an aging population (ex. preventive care), education around accessing available services, and political education around TGNC organizing efforts.

The following are the top 5 service priorities for survey participants overall, then disaggregated by race. A caveat is that depending on the individual's intersecting identities, all of these could be held as interconnected top priorities at the same time. These issues can certainly be compounding; for example, someone's lack of access to stable housing will likely affect their mental health, or someone who lacks a stable source of income would likely struggle concurrently with food security and paying rent/utilities.

For the following data breakdowns, we only included the racial groups that had N>2.

Overall (N=38):

1. Affordable housing
2. Financial support for rent/utilities
3. Expand existing programming for TGI age 50+ (ex. Social support groups)
4. Mental health care, therapy that is sensitive and culturally competent
5. Financial support for food security

Latinx/Hispanic (N=21):

1. Affordable housing
2. Financial support for rent/utilities
3. Mental health care, therapy that is sensitive and culturally competent

4. Financial support for food security
5. Expand existing programming for TGI age 50+ (ex. Social support groups)

White/Caucasian (N=11):

1. Financial support for rent/utilities
2. Affordable housing
3. More cross-generational programming for TGI community
4. Expand existing programming for TGI age 50+ (ex. Social support groups)
5. Financial support for food security

Black/African American (N=8):

1. Affordable housing
2. Mental health care, therapy that is sensitive and culturally competent
3. More cross-generational programming for TGI community
4. Financial support for rent/utilities
5. Expand existing programming for TGI age 50+ (ex. Social support groups)

Conclusion

This needs assessment lends specificity and importance to understanding the needs of TGNC people ages 50+. Over 40 TGNC 50+ voices in this report confirm that this community in San Francisco experiences challenges associated with isolation, housing instability, health problems, transphobia, aging and more. There are many needs articulated in this report that span from interpersonal priorities (relationships, community) to institutional priorities (needing deeply affordable and safe housing, organizational collaboration). These findings are relevant to us as service providers who work with TGNC older populations, as we hold organizational resources to address these needs. The needs voiced here are especially important as aging considerations will affect all generations of TGNC people, and as we address the harmful and isolating impacts of joint ageism and transphobia. In collaboration with our community, we as service providers can collaboratively take on the role of amplifying and addressing the needs of our valued TGNC 50+ community members.

The TGNC 50+ community is more diverse than the information we captured here, and the limitations of this needs assessment point to future directions that necessitate deeper understanding. A similar process could be undertaken to better understand the experiences of transmasculine and intersex people age 50+ in San Francisco, who lack meaningful representation of in this project. While experiencing similar oppressions enacted by the false sex binary and gender binary, there are nuances to their experiences that cannot be spoken for from this report. Among those who took our survey, a fuller picture could be painted of

respondents and their needs by gauging documentation status, engagement in sex work, and health insurance coverage.

COMMISSION ON HIV (COH) ORDINANCE: INTEGRATED HIV/STD PREVENTION & CARE PLANNING COUNCIL (PC)

- Formally became an integrated PC in 2013
- PC is federally required in order to receive Ryan White funds for HIV/AIDS services
- Housed as an independent commission within the Executive Office of the BOS in the organizational structure of the County of Los Angeles.
- Advise Division of HIV and STD Programs (DHSP) on how to prevent and reduce HIV infections via the integrated HIV plan (aka Comprehensive HIV Plan or CHP)
- 51 voting members; 1/3 must be unaffiliated consumers (UC)
- UC: PLWH and currently using a Ryan White (RW) Part A – funded service(s) and not employed by an agency receiving RW Part A funds.

LOS ANGELES COUNTY
COMMISSION ON HIV

ORGANIZATIONAL STRUCTURE

The Commission on HIV is housed as an independent commission within the Executive Office of the Board of Supervisors (BOS) in the organizational structure of the County of Los Angeles.

The COH is NOT under DHSP/Dept. of Public Health. The COH is under the Board of Supervisors. Staff report to the Executive Office of the Board.

LOS ANGELES COUNTY
COMMISSION ON HIV

LOS ANGELES COUNTY
COMMISSION ON HIV

http://hiv.lacounty.gov

EXECUTIVE OFFICE
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

The Commission on HIV (COH) serves as the local planning council for the planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Diseases (STD)

MEMBERS

51

Nominated by the Commission on HIV.

APPOINTMENT

By Board of Supervisors.

TERM OF OFFICE*

2 years

Serve at the pleasure of the Board.

FORM 700

May be subject to file.

QUALIFICATIONS*

Recommended entities shall forward candidates to the Commission for membership consideration.

Recommending entities and the nominating body are strongly encouraged to nominate candidates living with HIV disease or members of populations disproportionately affected by HIV/ STDs.

INCENTIVES*

Gift cards or stipends, and reimbursements for mileage, transportation, childcare are available only to unaffiliated consumers.

No more than $150 per month as determined by the Commission policy.

DUTIES*

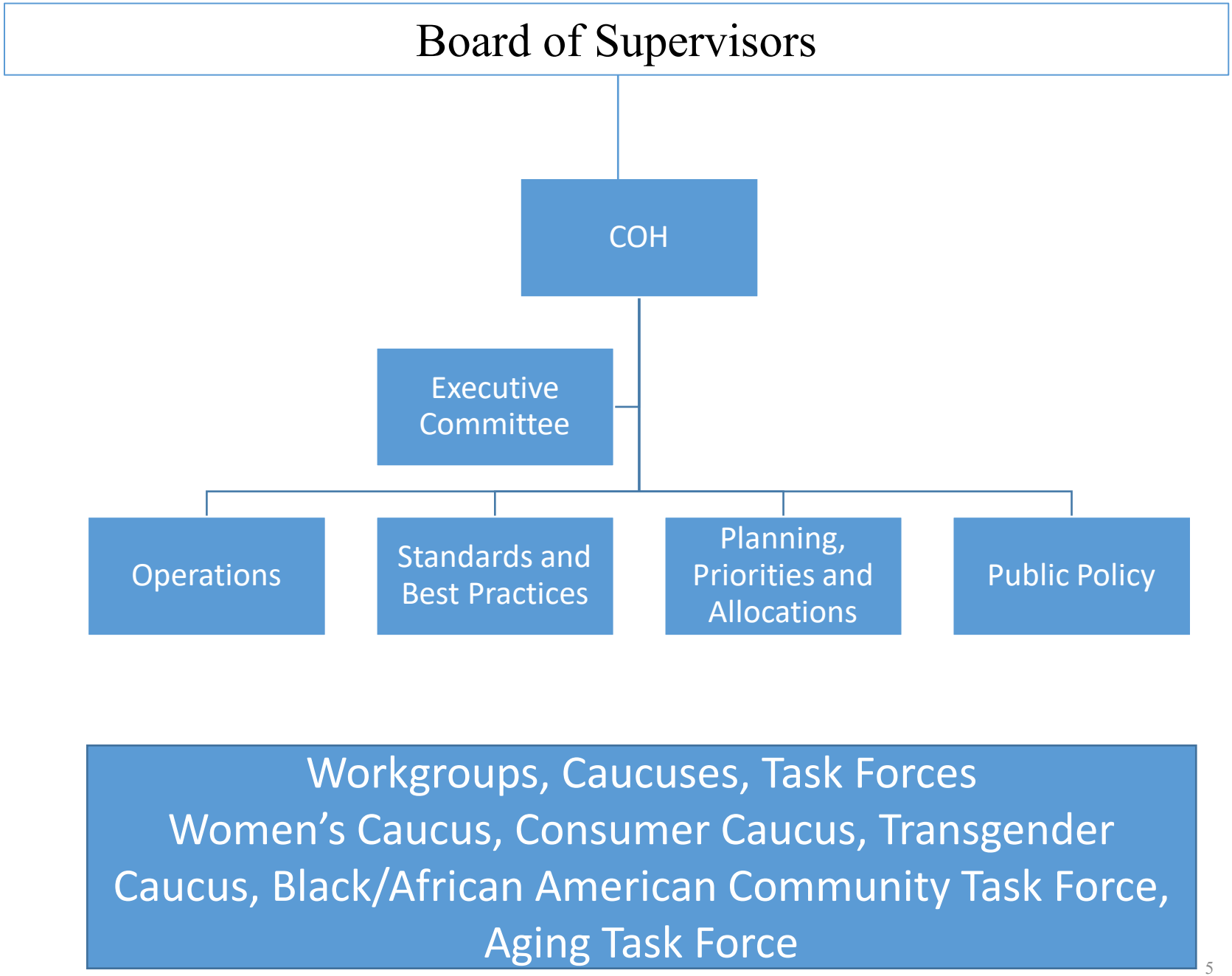
The Commission on HIV is tasked with planning, allocation, coordination and delivery of HIV/AIDS and Sexually Transmitted Disease(s) (STDs) services in Los Angeles County.

Consistent with Section 2602(b)(4) (42 U.S.C. § 300ff-12) of Ryan White legislation, HRSA guidance, and requirements of the CDC HIV Planning Guidance.

MEETINGS*

At least ten (10) times per year, plus monthly Committee meetings.

Additional time commitment may be required.


Board of Supervisors
COH
Executive Committee
Operations
Standards and Best Practices
Planning, Priorities and Allocations
Public Policy
Workgroups, Caucuses, Task Forces
Women's Caucus, Consumer Caucus, Transgender Caucus, Black/African American Community Task Force, Aging Task Force

CAUCUSES

- Established by the COH as needed
- Provide a forum for Commission members of designated "special populations" to discuss their Commission-related experiences and to strengthen that population's voice in Commission deliberations.
- With Commission consent, caucuses determine their membership, meeting conduct and timelines, work plans, and activities.

LOS ANGELES COUNTY
COMMISSION ON HIV

CAUCUSES

- A vehicle to provide a safe and judgement-free setting where the Commission's caucus members can easily and freely discuss their reactions and experiences, share their insights, and exchange perceptions of issues addressed by the Commission among other Commission members who are more likely to share/ understand those perspectives.

- Intended to develop a more organized voice to ensure that the caucus population's perspective is effectively heard when relevant issues are raised and discussed at the Commission.

LOS ANGELES COUNTY
COMMISSION ON HIV

CAUCUSES

Primary responsibilities:

1. Facilitating a forum for a dialogue among the caucus members
2. Developing the caucus voice at the Commission and in the community
3. Providing the caucus perspective on various Commission issues
4. Cultivating leadership in the caucus membership and population

LOS ANGELES COUNTY
COMMISSION ON HIV

DHSP and COH Roles and Responsibilities

- DHSP and COH = two independent entities, both with legislative authority and roles
- Some roles belong to one entity and some are shared
- Effectiveness requires clear understanding of the roles and responsibilities of each entity, *plus:*
  - Communications, information sharing, and collaboration between the recipient, COH, and COH support staff
  - Ongoing consumer and community involvement

COH, DHSP, Roles & Responsibilities

Task	Committee	DHSP	COH
Carry Out Needs Assessment	PP&A	X	X
Do Comprehensive Planning	PP&A	X	X
Set Priorities*	PP&A		X
Allocate Resources*	PP&A		X
Manage Procurement		X	
Monitor Contracts		X	
Evaluate Effectiveness of Planning Activities	PP&A	X	X
Evaluate Effectiveness of Care Strategies	SBP	X	X
Do Quality Management		X	[Care Standards & Committee Involvement]
Assess the Efficiency of the Administrative Mechanism*	Operations		X
Member Recruitment, Retention and Training	Operations		X

* Sole responsibility of RWHAP Part A Planning Councils

Governing Documents

- **Los Angeles County, California, Code of Ordinances >> Title 3 - ADVISORY COMMISSIONS AND COMMITTEES >> Chapter 3.29 COMMISSION ON HIV >>** http://lacounty-ca.elaws.us/code/coor_title3_ch3.29
- **Bylaws** http://hiv.lacounty.gov/LinkClick.aspx?fileticket=_7kBeDauzx4%3d&portalid=22


Q&A

HIV CONNECT
CONNECTING COMMUNITIES TO RESOURCES

https://hivconnect.org/

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HIVCommissionLA

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COMMISSION ON HIV