



Center for
Innovation and
Engagement

TIPS FOR WORKING WITH TRANSGENDER AND GENDER NONCONFORMING INDIVIDUALS

Why this Topic?

Transgender and Gender Nonconforming (TGNC) individuals are often an afterthought in health care settings. They are at times labeled “at-risk” without proper consideration for systems that put them at risk. This is specifically true for TGNC community members who are Black, Latinx, or Indigenous.

Relevant Statistics

Research has shown that TGNC populations are disproportionately impacted by the HIV epidemic. It is imperative to address barriers to HIV care services to serve this client population effectively. The following statistics refer to adult and adolescent transgender people in the United States:

- TGNC people have received an HIV diagnosis at three times the national average.¹
- Among TGNC people who received an HIV diagnoses, 50.8 percent were Black/African American transgender women, and 58.4 percent were Black/African American transgender men.²
- Most new HIV diagnoses were among TGNC people ages 25 to 34.³
- Eighty-four percent of TGNC people received some HIV care, 66 percent were retained in care, and 65 percent were virally suppressed.⁴
- Twelve states explicitly ban trans inclusive healthcare access in their Medicaid, disproportionately impacting low-income TGNC individuals.⁵



Assessing Current Capacity

Take into consideration your organization’s internal policies regarding TGNC people. Explore any existing policies that include gender and determine your organization’s capacity to effectively address any gaps.

- Do you have any internal policies regarding TGNC affirming space for staff and clients?
- What processes are in place to deliver training and to roll out new procedures if need be?
- Are your Electronic Medical Records (EMRs) easily able to shift how information is input to ensure TGNC individuals are affirmed in their identity when engaging with providers?
- Are the organizations you refer clients to trans affirming?



Tips to Build Organizational, Systems, and Staff Capacity

Having the capacity to meet the needs of the community is imperative; particularly if you are in an area in which services for the TGNC community are limited.

- Use the language that people use to describe themselves (e.g., name, pronouns, identities, behaviors, etc.).
- Build and maintain a relationship with the partner organizations (e.g., social service agencies addressing interconnected social determinants of health) where you are referring people.
- Conduct ongoing trainings with staff such as cultural responsiveness, barriers and facilitators to care, motivational interviewing approaches, among others.
- Ensure physical spaces are welcoming and affirming of TGNC clients (e.g., gender-neutral bathrooms, signage).
- Ensure EMRs can record a wide range of information about clients (e.g., name the individual uses and not just their legal name).



Centering Health Equity in HIV Service Delivery

When engaging with TGNC individuals it is important to have a clear understanding of the social determinants of health. Recognize that healthcare decisions should be informed by clients, and lack of access to housing or employment can shift priorities in care plans. Additionally, consider the following approaches to improve health outcomes among this client population:

- Ensure the organization has the necessary resources to connect clients to the services they may need, including food, housing, employment, education, and immigration services.
- Have mental health services available that affirm TGNC people's gender, sexual, racial, and ethnic identities, among others.
- Prioritize healthcare access by accepting state-provided insurance or alternative forms of payment (e.g., offering a sliding scale option that is accessible).



How to Provide Intersectional HIV Services to Transgender and Gender Nonconforming Individuals

Comprehensive HIV services for the TGNC community must be intersectional with a racial equity lens. The framework should also be expanded to focus on all TGNC individuals.

- Ensure your organization has a racial equity framework (e.g., incorporates anti-racist practices).
- Create an affirming environment for sex workers and offer services and resources that address their needs.
- Integrate a harm reduction lens to service delivery to not further stigmatize individuals (e.g., syringe service programs, take home naloxone kits, peer support groups).
- Host office hours that fall outside of traditional business hours to ensure clients can access services.
- Prioritize language access for individuals by providing interpreting services and disseminating health information in multiple languages among other methods.
- Discuss interconnected health needs (e.g., birth control options, mammograms or chest exams, hormone replacement therapy).



Stories from the Field

“While working for an LGBTQ health center, I accompanied a patient to a specialist appointment. During that appointment, the patient’s deadname (a transgender person’s birth name) was yelled across the waiting room. I went to the desk and reminded them of the client’s actual name and requested that they stop using their deadname. They did, but the experience already scarred the client’s experience with the provider. As a result, we left to reschedule the appointment elsewhere. I cannot express enough the importance of having community-connected specialists who are as affirming as the agency you are within. Referring clients to transphobic environments may not only impact their ability to engage in much-needed specialist services, but it may also reduce the trust they have with your facility as well.”

– Mateo Belen, Consultant, Transgender Equity Consulting

Conclusion

Organizations must ensure that HIV services for TGNC individuals are affirming, inclusive, and meet their needs. To do so, healthcare providers should continue to identify opportunities for improvement (e.g., obtain ongoing training on terminology and access barriers communities face). To end the HIV epidemic, we must employ an intersectional approach to care efforts and recognize the impact of social determinants of health on TGNC people’s access to healthcare services.



Stakeholder Engagement/ Community Partnerships

Programs for the trans community are overwhelmingly created by cisgender individuals. TGNC community members should be an integral part of program design and development. To facilitate this process, organizations can:

- Conduct a community needs assessment to determine what programs are already available to the community and to determine the community's perception of your agency.
- Hire TGNC community members and ensure they are occupying roles throughout the organization, and not limited to transgender-specific programs.
- Have an inclusive and reciprocal feedback loop that allows the organization to ask for input and to also share how the information is being used.



How to Sustain Efforts

There are various ways to ensure that care programs are sustained into the future. The most effective efforts consider long-term goals around sustainability (e.g., exploring ways to continue the program regardless of shifts in funding). This is particularly important for organizations who are just beginning to serve the transgender and gender nonconforming community to maintain a trusting relationship. Further, organizations should:

- Include services and programs tailored to TGNC clients in future grant applications.
- Engage community throughout the strategic planning process such as by creating space on the board for TGNC community members.
- Integrate TGNC community members into community advisory groups and staffing.

Additional Resources

Callen Lorde Transgender Health
<https://callen-lorde.org/transhealth/>

**Report by The Fenway Institute:
Retaining Transgender Women in HIV
Care: Best Practices in the Field**
https://fenwayhealth.org/wp-content/uploads/TFIR46_RetainingTransgenderWomenInHIVCare_BestPractices_webready.pdf

**Presentation by The Fenway Institute:
Delivering HIV Prevention and Care to
Transgender People**
https://www.lgbtqihealtheducation.org/wp-content/uploads/2018/03/Delivering_HIV_Prevention_Care_Transgender_People.pdf



About CIE

The Empowering to Improve Replication Project is an intervention-based, implementation science pilot program led by NASTAD's Center for Innovation and Engagement (CIE) in collaboration with Northwestern University and Howard Brown Health. CIE is funded by HRSA's HIV/AIDS Bureau (HAB), RWHAP Part F, Special Projects of National Significance (SPNS), under a three-year cooperative agreement entitled Evidence-Informed Approaches to Improving Health Outcomes for People with HIV. The purpose of this initiative is to identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving HIV health care or who are at risk of not continuing to receive HIV health care. Learn more at www.CIEhealth.org and www.TargetHIV.org/CIE.

Acknowledgements

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- ³ Center for Disease Control and Prevention. (2020) *Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated)*. *HIV Surveillance Report 2020*;31. <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf>
- ⁴ Center for Disease Control and Prevention. (n.d). *Selected national HIV prevention and care outcomes* [slides]. <https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-prevention-and-care-outcomes-2018.pdf>
- ⁵ Mallory, C., Tentindo, W. (2019) Medicaid Coverage For Gender-Affirming Care. *Research That Matters*. UCLA School of Law Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Medicaid-Gender-Care-Oct-2019.pdf>