TOOLKIT

FOR

PROVIDING

HIV PREVENTION

SERVICES

TO

TRANSGENDER

WOMEN

OF COLOR

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R E S E A R C H

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Acknowledgments

In the United States, it is estimated that 0.6% of adults, or 1.4 million individuals, identify as transgender.[1] Transgender people, in particular transgender women (also referred to as male-to-female transgender persons), are at disproportionately high risk for HIV infection. A 2019 review of 88 studies found an estimated HIV prevalence of laboratory-confirmed HIV among transgender women of 14.2%.[2] There are stark racial/ethnic disparities in HIV infection among transgender women,[3] with a higher prevalence among African-American transgender women (44.2%) and Latina/Hispanic transgender women (25.8%), compared to transgender women from other racial/ethnic groups.[2]

Factors that put transgender women at higher risk for acquiring or transmitting HIV include having multiple unprotected sexual partners,[4] unprotected receptive anal intercourse,[4,5] not being on or having access to medications to prevent or treat HIV,[6,7] and sharing of equipment to inject drugs[4,8] or to administer gender-affirming hormone treatment[11] or silicone.[4,9] Importantly, these behaviors occur within a social framework of stigma, discrimination, and other structural factors that is more intense and complex compared to other populations.[9-11]

There are stark **racial/ethnic disparities in HIV infection** among transgender women.

Transgender women, in particular African-American and Latina/Hispanic transgender women (who, for the purpose of this toolkit, will be considered transgender women of color [WOC]), face high levels of structural stigma, including harassment and discrimination in many areas of their lives. Such treatment has negative consequences for both mental health and basic financial survival.[12] Other social determinants of health that present significant challenges for transgender WOC include violence;[5] poverty;[12] unstable housing and homelessness;[12,13] and lack of social support and

social interactions that are gender affirming.[14,15] Additional important factors that often affect the health and well-being of transgender WOC include substance abuse;[15] psychological, physical, and sexual abuse;[13,16,17] and low self-esteem.[14,18] This intersection of factors increases the risk of acquiring or transmitting HIV among transgender WOC and often decreases their ability or willingness to receive services, including those related to HIV prevention and the HIV care continuum.[17,19]

HIV prevention programs and HIV care services designed for other at-risk groups may not address all the needs of transgender people, particularly transgender WOC.[11] Community-based organizations (CBOs) should work with transgender WOC clients and communities to improve their ability to overcome the HIV risk factors and broad range of social and structural challenges they face, so that they can achieve their right to better health outcomes and fulfilling lives. By addressing the needs of transgender WOC, a population at disproportionate risk of HIV, this toolkit responds to the [U.S. Department of Health and Human Services' Ending the HIV Epidemic: A Plan for America](.).

Developing the Toolkit

The Centers for Disease Control and Prevention (CDC) is committed to expanding HIV prevention services for African-American and Latina/ Hispanic transgender women. As part of its efforts to provide high-quality technical assistance, the Capacity Building Branch (CBB) within CDC's Division of HIV/AIDS Prevention (DHAP) funded the development of this technical assistance toolkit through the Minority HIV/AIDS Fund, which CBOs and similar organizations can use to support their HIV prevention services for transgender WOC.

Sentient Research created this toolkit through a small business contract from CDC (CDC Contract #75D30118C01854). The iterative development process began with site visits to nine CBOs, selected by CDC, that provide HIV prevention services inclusive of transgender WOC. These visits included an investigation of the challenges faced and best practices used by CBOs in providing services to transgender WOC, as well as documentation of the technical assistance and support needs of CBO staff.

This toolkit was created using results from this needs assessment, along with input from multiple subject matter experts (SMEs). In addition to Sentient Research staff, writers for the toolkit included transgender WOC with extensive experience working in HIV prevention. The toolkit was critically reviewed by six transgender WOC stakeholders from across the country who work in HIV prevention and advocate for transgender women's health. They provided written feedback and participated in group discussions about each topic. Two additional SMEs who are highly experienced in transgender WOC health issues also reviewed the toolkit. Feedback from all reviewers was integrated into the final version of the toolkit.

Intended Audience

The intended audience for this toolkit is staff at CBOs, health departments, clinics, and other organizations that currently provide, or are planning to provide, HIV prevention services for transgender WOC. The toolkit may be of use for staff at all levels of an organization, including those at the executive level, program managers, and frontline staff such as those working in HIV testing, linkage, outreach, and programs. It is also intended for clinical providers and staff that provide the range of social support services needed by transgender WOC. A version of this toolkit is available in Spanish.

This toolkit is subdivided into 11 topics, which broadly cover concepts relevant to the health and well-being of transgender WOC.

How to Use This Toolkit

This toolkit is subdivided into 11 topics, which broadly cover concepts relevant to the health and well-being of transgender WOC, and which relate to providing HIV prevention services for this population. Each topic begins with a brief overview, followed by best practices CBOs and other HIV prevention service organizations can follow and adapt for their needs. CBOs can benefit from the entire toolkit. However, topics were created to stand alone, allowing organizations to focus on their specific needs. For example, a CBO may have conducted a successful community needs assessment, but may need support regarding best practices for hiring transgender WOC staff. Additional resources are provided at the end of each topic which may be of use to CBOs in implementing HIV prevention programs for transgender WOC. The toolkit also includes a list of links to government and non-government organizations with information and resources. Finally, the toolkit concludes with a list of elements for model programs that provide HIV prevention services for transgender WOC.

Topic 1: Assessing Community Needs

In order to best serve transgender WOC, CBOs must understand the needs of the community. This section describes how to use both formal and informal assessment methods to determine the needs of clients and the community. It reviews the social determinants of health to take into account when conducting assessments, and explains the necessity of using collected data effectively to design, implement, and revise programs and services.

Topic 2: Providing Client-Centered Care and Services

Client-centered care is key to providing high-quality health and social services to transgender WOC. This means offering respectful care that meets an individual client's needs, values, and priorities while honoring the client's self-identities. This section outlines the requirements for understanding the complex, often competing priorities of transgender WOC and the need to meet clients "where they are." It emphasizes the provision of a comprehensive range of needed services and/or referral of clients to these services at other organizations.

Topic 3: Hiring and Supporting Transgender WOC Staff

Hiring and promoting transgender community members helps build trust and rapport within the community and shows how committed an organization is to serving the needs of transgender women. This section explains the fundamentals of attracting and hiring transgender WOC staff, as well as how to provide support to staff and retain them at an organization.

Topic 4: Creating Transgender-Affirming Environments

Transgender people often experience discrimination when accessing health and social services, with transgender WOC facing even greater barriers. These experiences may result in their avoidance of needed services due to past experiences of mistreatment. CBOs must have gender-affirming environments that make transgender WOC feel safe, respected, and included. This section provides guidance to ensure that a CBO's staff and physical spaces are welcoming to transgender WOC.

Topic 5: Developing Outreach, Recruitment, and Retention Systems and Services

Recruiting and retaining transgender WOC in services is essential for the prevention of HIV transmission in this population, but CBOs that serve them often encounter significant challenges to doing so. This section demonstrates how to train and support staff and design systems and strategies to bring transgender WOC into programs and keep them engaged in services.

Topic 6: Implementing Evidence-Based Interventions and Homegrown Programs

CDC recommends that CBOs implement evidence-based interventions (EBIs), as they have been shown to be effective at reducing HIV risk behavior. This section explains how to select appropriate EBIs for transgender WOC, adapt them as needed, and implement them to meet the needs of transgender WOC. This section also offers guidance on planning and evaluating homegrown programs.

Topic 7: Conducting Program Evaluation and Improvement

In order to improve services and maximize the benefits that organizations can provide to transgender WOC, it is critical that program evaluation activities are carried out before, during, and after implementation. This process can also help establish whether the programs being implemented are culturally reflective and relevant to the needs and lived realities of transgender WOC. This section provides an orientation to a number of methods that can be used to evaluate and improve programs.

Topic 8: Engaging Transgender WOC in HIV Prevention and Testing

HIV testing is key to getting people who test negative into the HIV prevention continuum and people who test positive into the HIV care continuum. This section outlines the challenges and best practices for outreach and engagement in HIV testing, pre-exposure prophylaxis (PrEP), treatment as prevention, and other services for transgender WOC.

Topic 9: Providing Primary Care (Including HIV Care) to Transgender WOC

Providing safe, sensitive, gender-affirming primary care (including care and treatment for HIV) for transgender WOC is essential to ensure they connect with and remain engaged in care. This section describes ways to provide sensitive care that takes the whole person and the full range of transgender WOC health needs into account, including gender-affirming medical and surgical interventions.

Topic 10: Addressing Mental and Behavioral Health Needs of Transgender WOC

Experiences of structural stigma including discrimination and social and economic marginalization shape the lives of transgender WOC and also influence their health-related behaviors. Transgender people face disproportionately high rates of mental health issues, such as anxiety, depression, post-traumatic stress disorder (PTSD), self-harm, and attempted or completed suicide. This section covers best practices for addressing mental and behavioral health among transgender WOC, including approaches to trauma-informed care and harm reduction.

Topic 11: Building Community Partnerships and Referrals

Maintaining strong working relationships with other local health and social service organizations is essential to serving transgender WOC. Even CBOs that offer many different services may need to develop a robust referral process to connect with other organizations for services they cannot provide. This section outlines best practices for use in building partnerships with other organizations and providing effective linkage and referrals for transgender WOC clients.

Links to Additional Resources

This section provides links to selected government and non-government websites that provide resources, policy and advocacy information, and online learning opportunities relevant to transgender women and their health.

Model Programs for Reaching and Engaging Transgender Women of Color

Model programs lay out a core set of elements that, when replicated, can help organizations achieve their programmatic goals as related to transgender WOC. The core elements described in this section are based on successful implementation methods observed in the field during site visits to CBOs, as well as drawn from years of experience working with transgender WOC communities.

Glossary of LGBT Terms

As a provider in a health center or other health care organization, becoming familiar with terms used by lesbian, gay, bisexual, transgender (LGBT) communities can help CBO staff provide clients with high-quality care. This glossary provides some of the terms and concepts most relevant to the health care of LGBT people. When reading this glossary, here are a few things to keep in mind: **1)** Definitions vary across communities; not all transgender WOC will agree with all of these definitions, so please defer to the terms clients use to describe themselves; **2)** There are many terms not included on this list; **3)** Terms and definitions change frequently.

Agender *(adj.)* — Describes a person who identifies as having no gender.

Ally *(noun)* — A person who supports and stands up for the rights of LGBT people.

Aromantic *(adj.)* — An orientation that describes a person who experiences little or no romantic attraction to others and/or a lack of interest in forming romantic relationships.

Asexual *(adj.)* — Describes a person who experiences little or no sexual attraction to others. Asexuality is not the same as celibacy.

Assigned male/female at birth *(noun)* — This phrase refers to the sex that is assigned to a child at birth, most often based on the child's external anatomy.

Assigned sex at birth *(noun)* — The sex (male or female) assigned to a child at birth, most often based on the child's external anatomy. Also referred to as birth sex, natal sex, biological sex, or sex.

Bigender *(adj.)* — Describes a person whose gender identity is a combination of two genders.

Binding *(noun)* — The process of tightly wrapping one's chest in order to minimize the appearance of having breasts. This is achieved through use of constrictive materials such as cloth strips, elastic or nonelastic bandages, or specially designed undergarments.

Biological male/female (see *assigned male/female at birth*) *(noun)* — We avoid using the phrases *biological male* and *biological female*, because they may not accurately describe a person's physical sex characteristics, and more importantly, they may not reflect how a person identifies in regard to their gender.

Biphobia *(noun)* — The fear of, discrimination against, or hatred of bisexual people or those who are perceived as such.

Bisexual *(adj.)* — A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender and people of other genders.

Bottom surgery *(noun)* — Colloquial way of describing gender-affirming genital surgery.

Cisgender *(adj.)* — A person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

Clocking (*or* being clocked) *(verb)* — When a transgender person is recognized as being transgender even if their intent is to be accepted in their presenting gender.

Coming out *(noun)* — The process by which one accepts and/or comes to identify one's own sexual orientation or gender identity (to come out to oneself). Also, the process by which one shares one's sexual orientation or gender identity with others (to come out to friends, etc.).

Disorders of sex development (DSD) *(noun)* — Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some DSDs include Klinefelter Syndrome and Androgen Sensitivity Syndrome. Sometimes called differences of sex development. Some people prefer to use the term *intersex*.

Drag *(noun)* — The performance of one or multiple genders theatrically. Those who perform are called Drag Kings and Drag Queens.

Gay *(adj.)* — A sexual orientation that describes a person who is emotionally and sexually attracted to people of their own gender. It can be used regardless of gender identity, but it is more commonly used to describe men.

Gender *(noun)* — see *gender identity*.

Gender affirmation *(noun)* — The process by which a person receives affirmation of their gender identity through social, medical, legal, or psychological means.

Gender-affirming hormone therapy *(noun)* — The administration of hormones for those who wish to match their physical secondary sex characteristics to their gender identity. Also referred to as cross-sex hormone therapy.

Gender-affirming surgery (GAS) *(noun)* — Surgeries used to modify one's body to be more congruent with one's gender identity. Also referred to as sex reassignment surgery (SRS) or gender confirming surgery (GCS).

Gender binary structure *(noun)* — The idea that there are only two genders, boy/man/male and girl/woman/female, and that a person must strictly fit into one category or the other.

Gender dysphoria *(noun)* — Distress experienced by some individuals whose gender identity does not correspond with their assigned sex at birth. Manifests itself as clinically significant distress or impairment in social, occupational, or other important areas of functioning. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes gender dysphoria as a diagnosis.

Gender expression *(noun)* — This term describes the ways (e.g., feminine, masculine, androgynous) in which a person communicates their gender to the world through their clothing, speech, behavior, etc. Gender expression is fluid and is separate from assigned sex at birth or gender identity.

Gender fluid *(adj.)* — Describes a person whose gender identity is not fixed. A person who is gender fluid may always feel like a mix of the two traditional genders, but may feel more one gender some of the time, and another gender at other times.

Gender identity *(noun)* — A person's inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender.

Gender nonconforming *(adj.)* — Describes a gender expression that differs from a given society's norms for males and females.

Gender role *(noun)* — A set of societal norms that dictate what types of behaviors are generally considered acceptable, appropriate, or desirable for a person based on their actual or perceived sex.

Genderqueer *(adj.)* — Describes a person whose gender identity falls outside of the traditional gender binary structure. Other terms for people whose gender identity falls outside the traditional gender binary include *gender variant*, *gender expansive*, etc. Sometimes written as two words (gender queer).

Heteronormativity *(noun)* — The assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexual orientations.

Heterosexual (straight) *(adj.)* — A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women.

Homophobia *(noun)* — The fear of, discrimination against, or hatred of lesbian or gay people or those who are perceived as such.

House and ball communities *(noun)* — LGBT subcultures that exist in many parts of the country. Houses are formal groups that function as family units and are typically led by a house mother or father. Members of houses often perform and compete at events known as balls.

Intersectionality *(noun)* — The idea that identities are influenced and shaped by race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, etc., as well as by the interconnection of all of these characteristics.

Intersex *(noun)* — Group of rare conditions where the reproductive organs and genitals do not develop as expected. Some prefer to use the term *disorders (or differences) of sex development*. Intersex is also used as an identity term by some community members and advocacy groups.

Lesbian *(adj., noun)* — A sexual orientation that describes a woman who is emotionally and sexually attracted to other women.

Men who have sex with men/women who have sex with women (MSM/WSW) *(noun)* — Categories that are often used in research and public health settings to collectively describe those who engage in same-sex sexual behavior, regardless of their sexual identity. However, people rarely use the terms MSM or WSW to describe themselves.

Minority stress *(noun)* — Chronic stress faced by members of stigmatized minority groups. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation.

Outing *(noun)* — Involuntary or unwanted disclosure of another person's sexual orientation or gender identity.

Nonbinary *(adj.)* — Describes a person whose gender identity falls outside of the traditional gender binary structure. Sometimes abbreviated as NB or "enby." See more at *gender binary structure*.

Pangender *(adj.)* — Describes a person whose gender identity is comprised of many genders.

Pansexual *(adj.)* — A sexual orientation that describes a person who is emotionally and sexually attracted to people of all gender identities.

Passing *(adj.)* — In transgender circles refers to the ability to blend in as the presenting gender. Transgender people who "pass" can obtain forms of passing privileges such as access to employment or social acceptance.

Polyamorous *(adj.)* — Describes a person who has or is open to having more than one romantic or sexual relationship at a time, with the knowledge and consent of all their partners. Sometimes abbreviated as *poly*.

Preferred pronouns (see *pronouns that you use*) *(noun)* — We avoid using the phrase *preferred pronouns*, because it implies that we can choose to respect or not respect a person's gender identity. We should respect the pronouns a person uses.

Pronouns that you use *(noun)* — Pronouns are the words people should use when they are referring to you but not using your name. Examples of pronouns include she/her/hers, he/him/his, and they/them/theirs.

QPOC *(noun)* — An acronym that stands for Queer Person of Color or Queer People of Color.

Queer *(adj.)* — An umbrella term used by some to describe people who think of their sexual orientation or gender identity as outside of societal norms. Some people view the term queer as more fluid and inclusive than traditional categories for sexual orientation and gender identity. Due to its history as a derogatory term, the term queer is not embraced or used by all members of the LGBT community.

Questioning *(adj.)* — Describes an individual who is unsure about or is exploring their own sexual orientation and/or gender identity.

Same gender loving (SGL) *(adj.)* — A term used as an alternative to the terms gay and lesbian. SGL is more commonly, but not exclusively, used by members of the African-American/black community.

Same-sex attraction (SSA) *(noun)* — A term that is used to describe the experience of a person who is emotionally and/or sexually attracted to people of the same gender. Individuals using this term may not feel comfortable using the language of sexual orientation (i.e., gay, lesbian, bisexual) for personal reasons. Use of this term is not indicative of a person's sexual behavior. It is used most commonly in religious communities.

Sex *(noun)* — See *assigned sex at birth*.

Sexual orientation *(noun)* — How a person characterizes their emotional and sexual attraction to others.

Social determinants of health *(noun)* — Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[20]

Social stigma *(noun)* — Negative stereotypes and social status of a person or group based on perceived characteristics that separate that person or group from other members of a society.

Structural stigma *(noun)* — Societal conditions, policies, and institutional practices that restrict the opportunities, resources, and well-being of certain groups of people.

Top surgery *(noun)* — Colloquial way of describing gender-affirming surgery on the chest.

Trans man/ transgender man/ female-to-male (FTM) *(noun)* — A transgender person whose gender identity is male may use these terms to describe themselves. Some will just use the term *man*.

Trans woman/ transgender woman/ male-to-female (MTF) *(noun)* — A transgender person whose gender identity is female may use these terms to describe themselves. Some will just use the term *woman*.

Transfeminine *(adj.)* — Describes a person who was assigned male sex at birth but identifies with femininity to a greater extent than with masculinity.

Transgender *(adj.)* — Describes a person whose gender identity and assigned sex at birth do not correspond. Also used as an umbrella term to include gender identities outside of male and female. Sometimes abbreviated as trans.

Transition *(noun)* — For transgender people, this refers to the process of coming to recognize, accept, and express one's gender identity. Most often, this refers to the period when a person makes social, legal, and/ or medical changes, such as changing their clothing, name, and sex designation and using medical interventions. Sometimes referred to as the gender affirmation process.

Transmasculine *(adj.)* — Describes a person who was assigned female sex at birth but identifies with masculinity to a greater extent than with femininity.

Transphobia *(noun)* — The fear of, discrimination against, or hatred of transgender or gender nonconforming people, or those who are perceived as such.

Transsexual *(adj.)* — Sometimes used in medical literature or by some transgender people to describe those who have transitioned through medical interventions.

Trauma-informed care *(noun)* — An organizational structure and treatment framework that centers on understanding, recognizing, and responding to the effects of all types of trauma.

Tucking *(noun)* —————• The process of hiding one's penis and testes with tape, tight shorts, or specially designed undergarments.

Two-Spirit *(adj.)* —————• Describes a person who embodies both a masculine and a feminine spirit. This is a culture-specific term used among some Native American, American Indian, and First Nations people.

Outdated Terms to Avoid

The following terms may have been used in the past but are now considered outdated and sometimes offensive. We recommend replacing these words with the suggested terms provided.

Berdache—See *two-spirit*.

Hermaphrodite—See *intersex/disorders of sex development*.

Homosexual—See *gay* or *lesbian*.

Sexual preference— See *sexual orientation*.

Transgendered/A transgender/Tranny—See *transgender*.

Sex change—See *gender affirmation surgery*.

A Note About Acronyms

There are many acronyms that are used in the LGBT community. The National LGBT Education Center uses LGBT: Lesbian, Gay, Bisexual, Transgender. When discussing adolescents or youth, we use LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer. Other acronyms may use any combination of the following: LGBTQQIAAP2S: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Ally, Pansexual, Two-Spirit. Some folks may choose to use the acronym LGBTQ+. The plus sign represents the ever-growing list of terms people use to describe their sexual orientation or gender identity. There are many different variations of the LGBTQ+ acronym, and the '+' acknowledges that it is not possible to list every term people currently use.

Sources

Definitions for this glossary were developed and reviewed by the National LGBT Health Education Center and other experts in the field of LGBT health, as well as adapted from glossaries published by the Safe Zone Project and the UCLA LGBT Resource Center. For the most up-to-date version, visit: www.lgbthealtheducation.org.

TOPIC 1: ASSESSING COMMUNITY NEEDS

In order to best serve transgender WOC, CBOs must first understand the needs of the community. CBOs can use a range of methods to assess needs at both the community and individual levels. Information gained through this process can help organizations identify and prioritize issues to address, develop programs and services, plan for the distribution of resources, and develop strong evaluation plans. Understanding community needs is a prerequisite for creating programs and services that are effective and meet the needs and priorities of transgender WOC. This topic includes a range of formal and informal approaches that CBOs can use to assess community needs, as well as a discussion of the social determinants that impact the health and well-being of transgender WOC (see boxed section below for more information about Social Determinants of Health).

> Understanding community needs is an absolute prerequisite for creating programs and services that are effective and meet the needs and priorities of transgender WOC.

Formal Assessment Methods

Needs assessments

A needs assessment is a systematic process to determine needs or gaps in available programs or services. Such assessments can be used by CBOs to gain a broader and deeper understanding of the needs and priorities of transgender WOC. They do not have to be complicated or expensive.

Needs assessments require some planning, and it is important for CBOs to be strategic in their approach. They should decide on the specific focus of the assessment, such as their services, community perceptions of their organization,

and/or their readiness to serve transgender WOC within their organization. The specific data collection methods required will depend on the objective of the needs assessment. By conducting needs assessments regularly (e.g., every two years), an organization can determine how community needs or perceptions change over time.

Transgender communities are often very diverse. One challenge is that jurisdictions may actually have several different transgender WOC communities rather than a cohesive community. It can also be difficult to accurately capture the needs and experiences of the community at large rather than those of a select few individuals. Thus, it is necessary to reach out to a wide range of community members to understand their needs and experiences. These needs and experiences may differ based on age, race/ethnicity, geographic location, language, immigration status, employment status, education, housing status, and gender identity. Using several data collection methods, such as the approaches listed below, can help provide a broader perspective.

Image: National Center for Transgender Equality

Secondary research

Conducting secondary research involves reviewing existing data and findings to gain a better understanding of a community's needs and the context of the issues it faces. Existing data can include national or county surveillance data, reports and guidance documents from local and national organizations, needs assessments conducted by other organizations, evaluations of existing programs, and articles in academic journals. Secondary research can be useful for organizations when developing programs or service delivery models and for understanding potential risk factors and determinants of health.

Observation

Watching and recording how people behave in real-world settings can be a useful assessment strategy. An observer who is stationed in the waiting room or other service environment can study interactions between clients and staff. Another type of observation is "secret shoppers," where transgender WOC utilize services at an organization and record their experience, taking note of what can be improved upon in terms of the waiting room experience, reception area, intake forms, care provision, and other factors. Secret shoppers can be
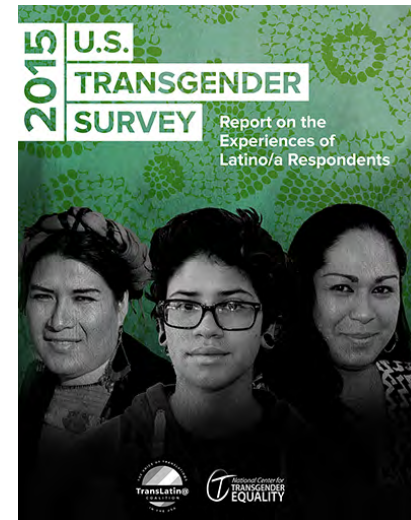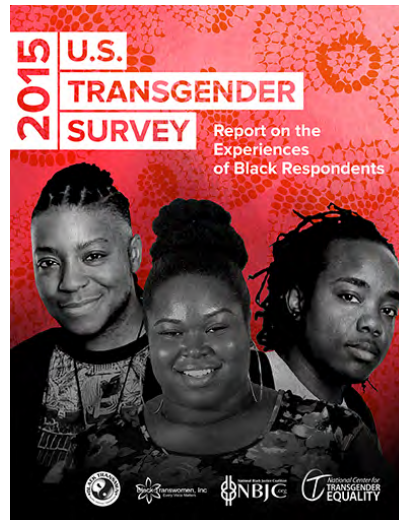
used to gauge whether services at an organization are culturally appropriate before sending clients in for referrals.

Focus groups

A focus group is a qualitative research method that brings together a group of individuals to explore their perspectives and ideas on one or more topics. Focus groups can be useful as part of a needs assessment, for the planning of a specific program or service, or to regularly gauge community service gaps and needs. Focus groups are led by a facilitator, preferably a transgender WOC, and follow a structured or semistructured discussion guide, with questions arranged by topic. It is best to make an audio recording of the group or to use a designated note taker, so that the facilitator can direct their attention toward asking questions. After the focus group, identify themes by reviewing the recording or notes. If resources permit, multiple focus groups may be conducted with the same population (but different participants) to ensure that the themes in participant responses are consistent.

Key informant interviews

Key informant interviews are used to explore the first-hand experiences, perspectives, and knowledge of individuals. These interviews are useful for measuring community needs, evaluating services, and/or planning new programs and services, and they can help identify the issues of greatest importance to transgender WOC. Key informants can be anyone who is able to provide insight into the needs and characteristics of the community: clients, community members and leaders, family or partners of transgender WOC, internal staff, and/or staff at other CBOs that serve transgender WOC. The interviewer, preferably a transgender WOC, creates a comfortable space for participants to share their thoughts and feelings. Making an audio recording of the interview will help capture as much information as possible. Key informant interviews can sometimes be preferable to focus groups if the topics are very sensitive, or if it would not be feasible for participants to meet in a group.

Surveys

Surveys can be used to assess community needs or gauge client satisfaction with programs and services among a larger sample of participants. Surveys can use validated questions, or they can be created from scratch by an organization. To avoid overburdening participants, keep the survey as brief as possible. In addition, pilot testing surveys with several participants will help ensure that the questions are understandable, culturally relevant, and reflect the ways that community members discuss their lived realities. Using the same questions—worded identically—in

Photo: Gwen Park

repeated surveys allows CBOs to compare results over time. Surveys can be implemented in person (e.g., at an event or in a clinic waiting room), or a link to an online survey can be sent by e-mail, text, or through social media.

Community advisory boards

CBOs assemble community advisory boards (CABs) to gather ongoing input and feedback on their programs and services. They can be used to better understand client needs, bring prevention and care issues to the organization's attention, generate new ideas for programs and services, and provide suggestions about where to reach transgender WOC in the community. Ideally, CABs will be comprised primarily of transgender WOC. However, providers who serve transgender women and other stakeholders can be included. CBOs should strive to assemble a diverse group in terms of race/ethnicity, age, language, immigration status, HIV status, and other factors. They may also consider creating a youth advisory board (YAB) of young transgender WOC. CABs and YABs require significant staff time and effort to maintain, but they can be highly valuable and can provide an ongoing link to the community. Some CBOs have used social media to gather feedback from CABs and YABs on a more frequent basis.

Intake forms

Client intake forms can be used to assess individual client needs. Data gathered from intake forms may be useful when creating and updating service plans and developing a comprehensive list of items to discuss with clients during follow up. Because intake forms are generally collected each time a client visits an organization, they may be used to identify changes in needs over time (see *Topic 4: Creating Transgender-Affirming Environments*, for more information about intake forms).

Informal Assessment Methods

Verbal client or community member feedback

CBOs often receive informal feedback from clients regarding services, programs, and staff. Organizations may ask for or receive feedback from clients or community members while providing services, and during outreach or events. This feedback can be useful for organizations to assess how well they are doing from the perspective of clients and the broader community. CBOs can use this information to better understand community issues, add needed services, or continuously improve their programs. To use this information optimally, organizations can develop a system for staff to elicit feedback from clients and other community members and get that feedback to management.

Sample client satisfaction questions

1. *How satisfied are you with the services you received today?*

2. *Are there any services you need that we are not currently providing?*

3. *Will you recommend our services to your friends/partners/ family members? Why or why not?*

Asking for suggestions

Organizations can easily implement a system to gather client suggestions. This can be as simple as having a suggestion box or providing a space to post feedback about services or staff. Once these systems are in place, CBOs can encourage clients to make suggestions. Allowing anonymous feedback may result in responses that are more honest.

Social media

Social media may be useful for gathering feedback to improve programs and services. CBOs can engage on social media and monitor input from both clients and nonclients on the quality of their staff, services, and their organization in general. Organizations with a robust social media presence will likely receive feedback organically. However, outreach staff can also post questions about specific topics.

Communication with other community organizations

CBOs can gain a wider perspective by exchanging information about community needs with other organizations that serve transgender WOC in their area. They may consider participating in county HIV planning council meetings, countywide coalitions that serve transgender people, and national or local conferences focused on transgender health.

Social Determinants of Health

The social, economic, and structural conditions that influence one's health—also known as the social determinants of health—are often extremely broad and complex for transgender WOC. These factors can have a profound impact on behaviors that affect a person's health, as well as their ability and willingness to access health and social services.

> Social, economic, and structural conditions can have a profound impact on behaviors that affect a person's health.

It is vitally important to assess the community's needs broadly, as understanding the full range of intersecting social determinants of health can help CBOs plan programs that meet the needs of transgender WOC and improve their physical, mental, and social health. Often, more urgent needs, such as finding shelter and basic economic survival, are of higher priority than taking part in HIV prevention services. However, addressing urgent needs can facilitate uptake of HIV prevention services.

Some of the key social determinants of health to be incorporated into assessments are discussed below. Several other important health determinants (e.g., mental health, substance use/abuse, and sex work) are also included since they are inextricably linked to social determinants for transgender WOC.

Some Key Social Determinants of Health:

Transphobia — Stigma and discrimination against transgender people, referred to as transphobia, can affect every aspect of transgender people's lives.[15] Transphobia results in social exclusion, marginalization, and chronic stress, and it restricts access to health-protective resources and affects relationships. It also induces chronic stress, which is associated with poor health.

Structural stigma — Structural stigma comprises the conditions, norms, and policies in societies and institutions that limit the opportunities and overall well-being of those stigmatized. There is evidence that structural stigma can moderate the effects of behavioral interventions and contribute to adverse health outcomes.[21]

Structural racism — Structural racism is "a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity."[22] The combined and reinforcing effects of transphobia and structural racism can severely affect the health and well-being of transgender WOC. African-American and Latina transgender women often fare worse than white transgender women with regard to many social determinants of health, including poverty, housing instability and homelessness, incarceration, violence, and harassment.[12] Syndemics theory shows how racism and various other social determinants of health amplify one another and increase negative effects for transgender WOC, including vulnerability to HIV infection.[23]

Violence — Transgender people often experience harassment and childhood, domestic, and other forms of psychological, physical, and sexual abuse.[12] They are also likely to experience community violence. Such violence can cause serious physical and mental health problems.

Family rejection — Social support is important for good mental and physical health, but many transgender WOC face rejection from their families.[12] This can cause additional stress and can result in housing insecurity if the WOC's family kicks them out of the house.

Social isolation — Transgender people are often isolated from families, communities, and institutions due to stigma and discrimination.[12,15] Isolation and lack of social connection are associated with poor physical and mental health, and they make it challenging for people to access the benefits of available health and social services.

Mental health — Transgender WOC are more likely to experience mental health issues such as depression and suicide.[4,10,12] Many transgender WOC experience multiple traumas and chronic stress that can lead to symptoms similar to those found with post-traumatic stress disorder (PTSD).

Substance use/abuse — Given the serious challenges transgender WOC face, they may turn to coping behaviors, such as alcohol consumption and injecting and noninjecting drug use.[4,5] Sharing of injecting equipment greatly increases the risk for HIV, hepatitis C, and other diseases.

Access to health and social services — Transgender people are often explicitly denied medical care. Even when they can access health and social services, they frequently face discrimination and receive low-quality services.[17]

Economic insecurity — Transgender people experience high rates of unemployment and poverty.[12] Social marginalization and workplace stigma, harassment, and discrimination can result in a lack of economic opportunities for transgender people. Some transgender people engage in sex work to meet their basic needs, making them more vulnerable to violence, exploitation, and negative health outcomes, including HIV infection.

Housing insecurity and homelessness — Transgender people face very high rates of housing insecurity and homelessness, with one-third of respondents in the U.S. Transgender Survey reporting experiencing homelessness during their lives.[24] These high rates may be a result of economic insecurity; housing discrimination, including denial and eviction; and other factors.

Lack of educational opportunities — Transgender students are often mistreated in school, resulting in lower educational achievement or leaving school altogether.[24] This contributes to economic and housing insecurity.

Legal barriers — There is currently no comprehensive federal legal protection against discrimination on the basis of gender identity. Only 20 states and the District of Columbia have laws explicitly protecting transgender employees from discrimination in the workplace. In many states, a transgender person can be criminalized for using a bathroom that does not align with their sex assigned at birth. Lack of legal protections further isolate and marginalize transgender people.[12]

Sex work — An estimated 38% of transgender women have participated in sex work,[2] which is trading sex for money or something else of value. Sex work puts transgender women at higher risk for HIV and sexually transmitted disease (STD) infection, as well as at risk for violence. Transgender women may engage in survival sex, in which sex is exchanged for basic needs, such as shelter, food, clothing, or cash. Due to the high levels of structural stigma including transphobia faced by transgender people, compounded with sexism, racism, and family rejection, transgender WOC are often pushed into survival sex to meet their basic needs. Sex work can also be a source of gender affirmation,[18] and the income may be used to pay for gender affirmation procedures.

Criminal justice — In many areas, transgender women experience systematic discrimination from the criminal justice system.[12,24] The criminalization of people living with HIV and sex workers also negatively affects transgender WOC.

Immigration status — The uncertainty that comes with undocumented immigration status can create chronic stress that causes harm to physical and mental health. Many undocumented transgender WOC enter into informal labor, including sex work, due to fear of engagement with institutions.

Best Practices for **Assessing Community Needs**

1.
Involve transgender WOC in assessment activities

Engaging transgender WOC at all stages of assessment, from planning through sharing of results, can help to achieve buy-in from staff, clients, and community members. Community members can provide feedback on questionnaires and interview guides to ensure they are understandable and culturally appropriate.

2.
Provide appropriate incentives for participation

When transgender WOC serve on CABs or take part in assessment activities such as focus groups, interviews, or surveys, compensate them for their time in a manner that is appropriate for their level of effort. Offering appropriate incentives is an ethical practice and improves participation. The type and amount of incentive should take into account participant preferences and any funder restrictions. Incentives might include gift cards or other desired items, in addition to food and drinks (for longer engagements such as CAB meetings or focus groups).

3.
Make assessment an ongoing, integral part of CBO activities

Organizations can integrate community and client assessments into their regular activities. It is best to measure needs whenever organizations are planning to launch a new program or service, to ensure they are optimally addressing the current needs of transgender WOC. Organizations need to have clear goals about the purpose of assessments, be systematic when conducting assessment activities, and include a plan for using and sharing the results. It can be helpful to work with a skilled evaluator or a local university to develop the needs assessment.

4. **Use multiple assessment strategies**

CBOs can collect assessment data in a variety of ways, as different methods yield different types of data. For example, focus group discussions may help uncover solutions to problems, a survey might provide broader and more quantifiable data about existing services, and a CAB could yield practical information for program implementation from a group of dedicated stakeholders. Sometimes it is easiest to start small and build on the assessment over time.

5. **Cast a wide net when seeking community input**

Recruiting nonclients, in addition to clients, is vital for assessing the full diversity of community needs. Advertise for research opportunities in diverse settings (e.g., online and by posting flyers in local businesses or clubs) and engage CAB members, key stakeholders, and community leaders to assist with recruiting individuals from a wide range of community segments that CBOs might otherwise miss.

6. **Get the staff perspective**

Gather data from staff at all levels to assess their readiness and capacity to competently serve transgender WOC. Frontline staff that serve transgender WOC may have important insights into both the needs of transgender women and the quality and effectiveness of CBO services.

7. **Use the data that are collected**

Assessment data can be used to understand and improve programs and services. Knowledgeable staff or consultants can analyze the data collected. If CBOs do not have appropriate staff in-house, they might collaborate with local universities or other CBOs, or may request capacity building assistance from their local health department. Results should be shared with the organization's staff, transgender WOC, and other key stakeholders. Sharing assessment results demonstrates a commitment to collaboration and can foster lasting relationships between the CBO and the transgender WOC community.

8. **Assess social determinants of health**

Assess the social, economic, and structural conditions that affect the health and well-being of transgender WOC. Social determinants of health, including structural stigma, may present barriers to accessing HIV prevention and care services. Organizations may need to meet urgent priorities of transgender WOC such as housing, mental health, or other needs first, either in-house or through referral, for HIV prevention services to be successful.

Additional Resources for Assessing Community Needs

Resource 1: Community Needs Assessment (2013)

https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf

This workbook from CDC provides guidance on key aspects of community needs assessments, including how to properly plan, record, and summarize data, and create a community action plan. The workbook also includes appendices with sample questions and worksheets.

Resource 2: Conducting Focus Group Interviews (1996)

https://pdf.usaid.gov/pdf_docs/pnaby233.pdf

This monograph from the USAID Center for Development Information and Evaluation offers helpful advice for conducting focus groups, including how to select a team and participants, how to successfully conduct the focus group, and best practices for recording the discussion and analyzing the results.

Resource 3: Conducting Key Informant Interviews (1996)

https://pdf.usaid.gov/pdf_docs/PNABS541.pdf

This monograph from the USAID Center for Development Information and Evaluation provides guidance on how to successfully conduct key informant interviews. Topics include formulating questions, preparing interview guides, selecting key informants, conducting interviews, taking notes, and analyzing data.

Resource 4: CDC Mini-Training: How Do I Develop a Survey? (2011)

https://www.cdc.gov/dhdsp/pubs/docs/february_2011_cb.pdf

This brief training was developed by the Evaluation and Program Effectiveness Team in the Division for Heart Disease and Stroke Prevention at CDC. However, the information is applicable to any organization interested in creating a survey. Topics covered include survey approach, question design, pilot testing, and ways to administer a survey (e.g., online, in-person, by mail).

Resource 5: Q-Bank

https://www.cdc.gov/nchs/CCQDER/products/QBank.htm

Q-Bank is a database of evaluated questions from federal surveys that links each question to the scientific report that evaluated the survey question. Questions are searchable by topic (e.g., transgender, HIV). This resource can be used by organizations when creating survey questionnaires.

Resource 6: Addressing Social Determinants of Health for LGBTQ People Webinar

https://www.lgbthealtheducation.org/courses/addressing-social-determinants-of-health-for-lgbt-people-part-1/

This one-hour webinar from the National LGBT Health Education Center describes, in detail, the various social determinants of health that affect members of the LGBTQ community and offers strategies for addressing them. The webinar is free but requires registration.

TOPIC 2: PROVIDING CLIENT-CENTERED CARE AND SERVICES

Client-centered care is key to providing high-quality health and social services to transgender WOC. This means offering respectful care that meets their needs, reflects their values, and honors their priorities. Such care recognizes that each individual transgender WOC is unique, with their own experiences, knowledge, and priorities. It requires that clients are involved, listened to, informed, valued, and respected throughout the services and care they receive.[25] Client-centered care involves more than simply asking people, "Do you have any questions?" It means making sure that clients are not just recipients of services, but rather are active members of their health care team—leading the discussions, making decisions, and directing their care and services.

HIV prevention and care services for transgender WOC can be challenging due to the mix of individual, social, and structural factors that affect their risk.[12] For example, many transgender WOC have had negative experiences when seeking health care services. Client-centered care services focus on understanding and addressing the factors that affect a client's engagement in HIV prevention (e.g., HIV testing or PrEP) or HIV care (e.g., starting or adhering to treatment and staying in care). Asking clients about their needs and showing genuine concern for the whole person creates trust, which in turn makes it more likely that clients will actively engage in services. Providing high-quality, client-centered, gender-affirming care can also strengthen an organization's reputation in the community, which facilitates recruitment and engagement of transgender WOC into HIV services.

> Asking clients about their needs and showing genuine concern for the whole person creates trust, which in turn makes it more likely that clients will actively engage in services.

Understanding Competing Priorities

Health and social services providers must recognize that HIV prevention or care may not be a priority for every transgender WOC. Each client may be dealing with

a different set of issues that they determine are the most important for them at a given time. For example, a client may be facing homelessness or food insecurity, or they may prioritize accessing hormone therapy over starting PrEP or adhering to HIV medications. Providers of care and services should not make assumptions about clients' past experiences, risk behaviors, or needs. It is better to ask questions than make assumptions. Skilled, client-centered providers can link meeting clients' gender affirmation goals to their HIV treatment goals; clients should not have to choose between these competing needs.

Meeting Transgender WOC Where They Are

Client-centered care means meeting transgender WOC where they are. This approach requires working with transgender WOC to understand their needs and then addressing those needs by providing relevant information and services. It also means assessing any barriers to fully participating in their own care, and helping clients to overcome these barriers. This type of care may require innovative thinking, and allowing the client to guide the plan to achieve their goals.

Social Determinants of Health for Transgender WOC

Health care and social services providers must understand the factors that affect the health of transgender WOC and their ability to engage effectively in HIV prevention and care behaviors. Transgender WOC often face a mix of social and structural factors, also known as social determinants of health, that have a significant impact on their health. These determinants can affect the health of transgender WOC by influencing their health behaviors, causing health-damaging chronic stress, and reducing their uptake of services (see *Topic 1: Assessing Community Needs*, for more information about social determinants of health).

Transgender People and Aging

Many of the challenges facing transgender WOC are compounded among older members of the community. The existing health care and aging systems are poorly prepared to provide sensitive care, services, and residential environments for older transgender people. There is an urgent need to understand the health, mental health, and social and structural challenges this unique transgender population faces.

There is great diversity among transgender women related to race/ethnicity, language, socioeconomic background, age/generation, and other factors. One such variable is the inter-generational differences in the way that trans people view gender. Many transgender elders experienced a time when being transgender was intensely pathologized and stigmatized. While some transitioned and/or came out during those years, others have done so much later in life. Many older transgender women are long-term survivors of HIV and have lost many loved ones to HIV and other life-limiting factors. Thus, some older transgender women may be dealing with a history of trauma and loss and may currently experience social isolation.

Special attention and care are required when addressing the needs of trans elders. The discrimination and violations of physical privacy that transgender people experience throughout their lives are likely to be more common with age, as there is greater reliance on health care institutions. Health care and other providers of services and housing should be trained on the identities, rights, needs, and health concerns of aging transgender people.

Best Practices for **Providing Client-Centered Care and Services**

1. **Assess individual needs of transgender WOC**

To find out what a client's most urgent needs are, providers must ask. A client's needs can change over time, so providers should assess needs at each interaction, and should not assume they already know the needs or experiences of their client. When asking about a client's needs, providers must display cultural humility and be open and sensitive to their client's stated needs. Strategies may include using a structural vulnerability assessment tool that measures needs across a variety of domains, such as financial security, food security, legal status, housing, and other factors.[26]

2. **Address client-identified needs in addition to offering HIV prevention or care services**

Understand that HIV prevention and care is not always a top priority among transgender WOC. Ideally, health care and social services providers will help address the needs that are critical to the immediate well-being of transgender WOC along with offering HIV prevention and care services. Some examples of basic needs are housing displacement, food insecurity, family crisis, mental health, alcohol and/or substance use, and intimate partner violence; as well as gender-affirming transition-related needs such as hormones, makeup, and clothes. However, antiretroviral therapy (ART) is a life-saving treatment, and transgender WOC deserve equal access to it despite the barriers to care that they may be facing.

3. Offer comprehensive services

Whenever possible, organizations should offer a wide range of health and social services to meet the unique needs of transgender WOC. Co-occurring health problems among transgender people intersect and reinforce each other, which calls for bundling HIV prevention and care services along with the other health and social services needed by transgender WOC.[9] Offering a "one-stop shop" with a range of services can help engage and retain clients in HIV prevention and care. Examples of services include housing support, legal support (e.g., help with name change), employment (e.g., job training), gender transition–related medical care (e.g., hormones), case management, social work, alcohol and substance use treatment, peer-health navigation, and mental health services. CBOs may need to find diverse funding sources to pay for specific services, or may collaborate with community partners who may be willing to co-locate services they deliver.

If CBOs are unable to deliver all needed services in-house, they can also be offered by referral and linkage. Organizations can establish partnerships with other agencies that provide culturally appropriate and affirming services, and make warm hand-offs and follow-ups to ensure the best care possible for their clients (see *Topic 11: Building Community Partnerships and Referrals*, for more information). By treating the whole person, providers can build trusting relationships with clients and strengthen relationships with the community.

4. Provide gender-affirming care and services

Providers offer gender-affirming care and services through their interactions and communications with clients. This kind of care includes addressing clients by the name and pronouns they use, avoiding the use of gendered terms and pronouns in the case of uncertainty, asking clients how they would prefer to be addressed, and promptly recognizing and apologizing for any mistakes. Everyone in the organization should receive regular training in providing culturally competent care for transgender people. Physical and system changes that promote a gender-affirming environment include:

- Offering gender-neutral bathrooms whenever possible
- Collecting gender identity, name, and pronouns used on intake forms, badges, and name tags, and in electronic health records (EHRs)
- Including "gender identity and expression" in organizational nondiscrimination policies (see *Topic 4: Creating Transgender-Affirming Environments*, for more information)

Additional Resources for Providing Client-Centered Care and Services

Resource 1: Patient-Centered Care for Transgender People: Recommended Practices for Health Care Settings (2018)
https://www.cdc.gov/actagainstaids/campaigns/transforminghealth/healthcareproviders/affirmative-care.html

CDC's Act Against AIDS initiative offers guidance for health care providers to deliver client-centered care for transgender people. It provides background on the needs of transgender people in medicine and offers strategies to improve the quality of services delivered to transgender clients. It focuses on strategies to improve communication and create a gender-affirming environment.

Resource 2: Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff (2016)
https://www.lgbthealtheducation.org/wp-content/uploads/2016/12/Affirmative-Care-for-Transgender-and-Gender-Non-conforming-People-Best-Practices-for-Front-line-Health-Care-Staff.pdf

The National LGBT Health Education Center published this tool to provide frontline health care staff with the knowledge and skills they need to offer gender-affirming care. The document is for training both existing and new staff to improve the environment of an organization. It includes background on the health needs of transgender and gender nonconforming people and offers strategies to improve communication and create a gender-affirming environment. There is a glossary of terms and a best practices overview sheet.

Resource 3: Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, Second Edition (2016)
https://transcare.ucsf.edu/guidelines

This resource, published by the Center of Excellence for Transgender Health at UCSF, provides comprehensive guidelines to improve the primary care services offered to transgender and nonbinary people. It is designed to equip providers with knowledge and tools to improve their practices. It covers a wide range of relevant topics, including gender-affirming treatments and environments, hormone therapy, chronic diseases, HIV, STDs, mental health, legal issues, and more. This guidance document can help primary care providers learn about the specific needs of transgender clients and how these may differ from the needs of cisgender clients.

Resource 4: Acknowledging Gender and Sex (2018)
https://prevention.ucsf.edu/transhealth/education/acknowledging-gender-sex

This free, interactive online course from the Center of Excellence for Transgender Health at UCSF is designed to help health care providers improve the overall health and well-being of transgender people. It covers cultural competence and appropriate care for transgender patients, including collecting the two-step gender and sex differentiation questions, and how cultural competence in transgender care affects health outcomes for this population.

Resource 5: Trans 101: Transgender People in Everyday Work and Life!
https://prevention.ucsf.edu/transhealth/education/trans101

This free online course from the Center of Excellence for Transgender Health at UCSF includes seven interactive, multi-media modules covering core concepts related to transgender people and communities. Modules include: 1) Who Are Transgender People?; 2) Words That Matter, Part 1; 3) What's in a Pronoun?; 4) Words That Matter, Part 2; 5) Facing Down Stigma; 6) Words That Matter, Part 3 and; 7) How To Be an Ally.

Resource 6: Improving the Lives of Transgender Older Adults: Recommendations for Policy and Practice (2012)
https://transequality.org/sites/default/files/docs/resources/TransAgingPolicyReportFull.pdf

These policy and practice guidelines were developed by SAGE (Services and Advocacy for GLBT Elders) and the National Center for Transgender Equality (NCTE) as part of their Transgender Aging Advocacy Initiative. The report identifies the social, economic, and service barriers facing transgender elders and includes a literature review, profiles of the experiences of transgender seniors, and 63 recommendations for policymakers and service providers.

Resource 7: Trans Aging: We're Still Here! (2016)
http://www.lambdalegal.org/sites/default/files/transgender_booklet_-_seniors.pdf

Chapter XI of Lambda Legal's *Transgender Rights Toolkit: A Legal Guide for Trans People and Their Advocates*, this section provides answers to frequently asked questions from transgender seniors related to aging. It also summarizes some of the key federally protected rights of people in nursing homes and lists resources for transgender and gender nonconforming seniors.

TOPIC 3. HIRING AND SUPPORTING TRANSGENDER WOC

CBOs that serve transgender WOC should make every effort to hire transgender WOC staff. Hiring and promoting transgender community members helps build trust and rapport with the community and shows how committed an organization is to serving the needs of transgender women. Transgender community members will feel more welcome when they see that other transgender women are employed in an organization. Ideally, organizations will have transgender WOC staff at all levels, from support staff through senior management, who work on many different kinds of projects—not just trans-focused ones.

Transgender WOC working at CBOs face the same complex mix of issues as transgender community members, including but not limited to racial discrimination, transphobia, and gender-based violence. Hiring staff members who are also members of transgender communities of color will bring a level of understanding regarding how these issues affect the social, mental, and physical health of transgender women, which cannot be fully understood or replaced by cisgender staff. When it comes to the lived realities and narratives of transgender WOC, it is important to remember that this knowledge, as well as knowledge of local community networks and gatekeepers, contributes a high level of subject matter expertise that will enhance a CBO's HIV prevention and care services. Organizations with transgender-affirming institutional policies, workplace culture, and environments will have a much easier time recruiting

> **Hiring and promoting transgender community members helps build trust and rapport with the community and shows how committed an organization is to serving the needs of transgender women.**

and retaining transgender WOC staff (see *Topic 4: Creating Transgender-Affirming Environments*, for more information).

Transgender WOC working in the helping professions, such as social work, HIV service delivery, mental health services, and community outreach, are particularly vulnerable to burnout. The World Health Organization has classified burnout as a syndrome "resulting from chronic workplace stress that has not been successfully managed."[27] Transgender WOC who work in these roles may also prioritize community needs over their own personal health, without realizing that this can jeopardize the longevity of their career and compromise their own mental and physical health. Outreach staff working with underserved communities may also have difficulties finding a time and place for respite when a considerable amount of their time is spent working during hours when, and in locations where, they would usually be socializing. Additionally, transgender WOC may be triggered by events discussed by their clients that they have also faced in the past.

Transgender WOC have also made valuable contributions to organizations as volunteers. For some individuals, this can be an important first step in their professional development, and it can also serve as an effective pipeline for CBOs hiring transgender WOC as staff. There have been concerns among some community members that this unpaid labor and expertise may be exploited to the benefit of CBOs, even when small stipends or incentives are provided in exchange. Recognizing and nurturing talented volunteers and bringing them on as fully paid staff is an important way to demonstrate a commitment to equity and allow transgender WOC to contribute more fully to the organization.

Failure to employ transgender WOC staff can hinder efforts to conduct outreach and provide services to the most marginalized members of the community. Transgender WOC are the experts on what strategies are most effective in engaging these yet-to-be-reached community members. They also play a role as trusted individuals who know the issues facing the community and help create an affirming and welcoming environment for all. By following the best practices in this topic, CBO staff can learn how to recruit and retain transgender WOC employees and create an environment where transgender community members will feel seen, heard, affirmed, and celebrated when they use programs and services.

Best Practices for Hiring and Supporting Transgender WOC

1. **Recruit and hire transgender WOC staff**

1.A. create inclusive, welcoming job postings

In order to recruit transgender WOC for open positions, include language in job postings that indicates all gender identities and forms of gender expression are sought. Job postings should state that transgender WOC are especially encouraged to apply. Focus more on the skills and subject matter knowledge that are necessary for the job, and less on formal education and work history; this will allow transgender WOC to more easily determine whether they are a good fit for the position. This recommendation is particularly relevant for those who have yet to attain certain levels of education but whose experiential knowledge would be a valuable asset to the organization.

1.B. use existing networks to advertise open positions

Circulate information about job opportunities within the community via social media or word of mouth. Ask clients and volunteers if they are interested or if they know someone who might be a good fit for the open position. Consider previously identified gatekeepers in the transgender community, as they may be great candidates themselves or be helpful in spreading the word about employment opportunities.

1.C. emphasize life experiences and subject matter expertise

Provide opportunities for transgender WOC job applicants to show how their life experiences and subject matter expertise make them a great fit for the organization. Ask candidates about their hopes and aspirations for the future, and consider how their strengths can be balanced with on-the-job training and professional development to fulfill the needs of the organization. An equitable approach to transgender inclusion in the workplace will help address the historical effects of structural stigma, including discrimination, marginalization, and incarceration faced by transgender WOC by creating a fairer playing field for applicants who have experienced a lifetime of multiple oppressions. While it may seem to make sense to mention degree requirements when looking for a specific skill-set and assume that a candidate with a specific degree is prepared for the position, when working with hard-to-reach marginalized communities, often life experience matters more than knowledge gained via formal education.

1.D. consider prior experience in the community

Look at any previous paid or unpaid work within the transgender community, including activism, advocacy, or community organizing, when considering applicants. Individuals who perform in nightclubs or are members of the house and ball communities may be ideal candidates for outreach positions, and may be accustomed to the locations and hours required for this type of work. Potential candidates who may have more limited work experience can be given the opportunity to describe their motivation to serve the transgender WOC community and share their knowledge of issues and concerns facing their local community. Candidates should, of course, also be assessed on their ability to perform the major responsibilities of the position.

1.E. conduct friendly, transparent interviews

When interviewing candidates, establish a safe environment by sharing pronouns during introductions, regardless of the candidate's gender identity or expression. Doing so creates a welcoming space for the candidate to share the name and pronouns they use, especially when these differ from any documentation that was provided in the application process. Explain the format of the interview beforehand, as well as the types of questions that will be asked, as some individuals may be unfamiliar with the interview process. Include questions that give the candidate the opportunity to show their commitment to working with transgender WOC and to share their subject matter expertise on issues facing the local community. Explain the timeline for the hiring process to manage expectations and minimize the risk of misunderstandings. Let all candidates know the outcome of the interview process—even if they are not selected for the job. If possible, allow current transgender WOC staff to suggest interview questions and to take part in interviews.

2. Support and retain staff

2.A. implement trauma-informed systems

Put trauma-informed systems into practice in the workplace. Transgender staff members often experience the same systems of oppression and trauma as the community members they will be serving. Recognize the needs of transgender employees and prioritize workforce wellness for all employees; doing so helps organizations meet the complex needs of this community, retain a healthy workforce, and cut down on absenteeism.

2.B. make check-ins a regular part of meetings

Add regular check-ins at the beginning of staff meetings to help address issues before they become too difficult to handle. Transgender WOC staff members need the space to be heard and trusted. Checking in prior to staff meetings is an intentional way to allow each person to share what mindset or attitudes are affecting them before discussions about work processes and priorities. This strategy encourages self-awareness, fosters understanding, and decreases judgmental attitudes within the team. Things that happen to staff may not fit neatly within the work/life boundaries, especially when they are members of the same marginalized communities that they serve. Once team members are able to set these issues aside, it is much easier to focus on the tasks of the meeting.

2.C. emphasize self-care and enact supportive policies

Create a workplace culture that prioritizes self-care to prevent burnout, improves employee quality of life, and helps employees remain compassionate and empathetic with community members. Organization managers can help to prevent burnout by creating a schedule for staff working in the community so there are no surprises, and by offering flexible working hours as well as comp time to protect the work-life balance of staff. If someone is conducting outreach from 11 p.m. to 2 a.m., do not expect them in the office at 9 a.m.

2.D. provide professional development

Offer ongoing professional development to support transgender WOC staff members' education and career goals, and to prepare them for upward mobility within the organization. This support and training helps to ensure that transgender WOC staff feel valued, thrive in their job, and continue to meet the job requirements. Consider having more experienced transgender WOC staff mentor new staff. Providing professional development and offering promotions help organizations retain staff. Ensure that all staff have access to professional development opportunities, so that transgender WOC staff are not stigmatized as needing extra help.

3. Set professional boundaries

3.A. offer guidance and support to staff

Provide ongoing guidance and support in setting and maintaining professional boundaries, particularly for those serving transgender WOC in peer support roles and in doing community outreach work. This support is especially important in instances where staff members have prior social connections and shared networks with community members. Discussing personal and professional boundaries allows for clear expectations about how to behave with the community to ensure safety and build trust. Devote regularly scheduled time to one-on-one supervision meetings, with open discussions of issues that transgender personnel may face when providing services to community members before they become unmanageable problems.

3.B. respond sensitively when boundaries are crossed

Issues of boundary crossing and boundary violations can and will occur. When this happens, take note of whether a boundary has been crossed but the action made sense within the context and contributed to completing a task, or whether a boundary violation has occurred that is potentially harmful to the employee or client. Violation of work boundaries may involve issues of power and control, professional distance, self-disclosure, or after-hours involvement. When these incidents occur, offer guidance and support in a nonjudgmental manner to remind employees of professional expectations and build positive relationships with both coworkers and clients. Ensure that clearly defined policies exist and are consistently communicated and adhered to so that staff are confident that they will be treated fairly when any boundaries are crossed.

4. Provide health benefits appropriate for transgender personnel

Employee benefits packages play an important role in recruiting and shaping job satisfaction and quality of life. Look at the benefits offered under insurance plan options to verify whether they have adequate coverage for gender-affirming health care needs. Access to medically necessary gender-affirming care via public and private insurance coverage is supported by the American Medical Association.[28] The treatment options addressed in the Standards of Care for Gender Dysphoria,[29] as defined by the World Professional Association for Transgender Health, should be included in health care insurance options and any short-term disability coverage. Let employees know what health insurance coverage options are offered within the organization, as well as any changes to policies. Check state regulations in the area for any legal requirements.

Additional Resources for Hiring and Supporting Transgender WOC

Resource 1: Model Transgender Employment Policy: Negotiating for Inclusive Workplaces

https://transgenderlawcenter.org/resources/employment

This guide from the Transgender Law Center was designed to clarify the law and provide sample policies that organizations and companies can use as the basis for creating inclusive policies to ensure transgender, gender nonconforming, and transitioning employees feel safe and welcome in the workplace. Guidance is given on a range of specific topics, including privacy, discrimination, harassment, and restroom accessibility.

Resource 2: Burn-Out an "Occupational Phenomenon": International Classification of Diseases (2019)

https://www.who.int/mental_health/evidence/burn-out/en/

This is an outline of the definition of burnout as an occupational phenomenon in the 11th Revision of the International Classification of Diseases (ICD-11) by the World Health Organization (WHO). It is described in the chapter titled "Factors influencing health status or contact with health services," which includes reasons people contact health services that are not classified as illnesses or health conditions.

Resource 3: Self-Care—Taking Care of Ourselves So We Can Take Care of Others (2017)

https://outreach-partners.org/wp-content/uploads/2017/03/Self-Care-Resource.pdf

This monograph, published by Health Outreach Partners, describes the benefits of self-care and makes the case for why outreach workers need to develop a self-care practice. It outlines the benefits of self-care at the organizational level and provides strategies for both individuals and organizations to build self-care practices and cultures, respectively. It concludes with a set of self-care resources.

RESTROOM

TOPIC 4. CREATING TRANSGENDER-AFFIRMING ENVIRONMENTS

Transgender people often experience discrimination when accessing health and social services. Transgender WOC face even greater challenges, often avoiding services due to past experiences of mistreatment. This history has a negative effect on their health and well-being.

CBOs with gender-affirming environments make transgender WOC feel safe, respected, and included, and they also encourage open dialogue regarding any gender identity needs or concerns. Such environments play an essential role in recruiting and retaining transgender WOC in HIV prevention and other services. Creating such environments means having trained staff that provide gender-affirming services and physical spaces that are friendly and make transgender WOC feel safe and welcomed.

Training is a crucial part of creating a gender-affirming environment. Training should be provided to all staff, volunteers, and interns; not only those providing direct services for transgender people. Trainings should be given to all new hires and repeated at least annually. Organizations should ensure that trainers are competent and skilled in the subject matter.

> Creating transgender-affirming environments means having trained staff that provide gender-affirming services and physical spaces that are friendly and make transgender WOC feel safe and welcomed.

Train all staff in cultural competency for working with transgender WOC, including on issues related to gender identity, sexual orientation, and race/ethnicity. All staff members need to have a basic understanding of the terminology used by transgender-identified individuals. Terminology varies from place to place and changes over time, so each training curriculum must be situated for that

place and updated as needed. Other essential trainings include:

- Cultural humility, to help staff approach every encounter with an open mind and without preconceptions

- Social determinants of health that affect transgender WOC, their HIV risk, and utilization of services

- Training on implicit bias (i.e., thoughts or feelings unconsciously held by individuals that can affect the way that they interact with others)

- Specific topics around providing comprehensive services for transgender WOC (e.g., HIV testing or gender-affirming hormones)

Ensuring that both the client experience and physical space are safe and welcoming is also essential for providing services to transgender WOC. Make sure transgender WOC are well represented in a CBO's materials and images. Intake forms need to be consistent and include clients' assigned sex at birth, gender identity, name and pronouns used, and sexual orientation. Periodically check with clients to confirm that their information is current. Providing gender-neutral restrooms is also a critically important element of any affirming space. Clients and staff should never be made to feel uncomfortable while engaging in the most basic of human functions.

Developing Affirming Materials

Materials that are affirming and inclusive of transgender WOC are beneficial for both clients and CBOs. These materials, when used throughout the CBO, can help to create an environment that is affirming for clients, and that helps them feel welcome and safe. Creating promotional materials that are tailored for clients and the community can be especially useful for engaging transgender WOC during outreach and recruitment into programs and services. They can also be used to promote events. Here are some best practices for creating affirming materials (*see the following pages for examples*):

- **Involve transgender WOC** (e.g., CAB members and/or clients) in the creation and review of materials to make sure they are appropriate, engaging, and understandable.

- **Create a range of materials**: flyers, palm cards, brochures, posters, and packages for condoms and lubricant.

- **Use materials throughout the organization in safe spaces, offices, hallways, and clinics**—anywhere where clients or community members might see them. They can also be used on the organization's website and for social media posts.

- **Use materials to promote the organization** as well as to promote specific programs or services, or to advertise for events or assessment opportunities.

- **Include imagery of transgender WOC that is reflective of the community.** This may include displaying photos of individuals who are well known in the community (with their permission, of course), recruiting clients and volunteers for photo shoots, or even using carefully chosen stock photos.

- **Include affirming statements and imagery** such as the transgender flag.

- **Ensure that the imagery reflects the diversity of the local transgender community** (e.g., in terms of race/ethnicity, age, and other factors). Consider including family members or partners in imagery, when appropriate.

- **Create materials in languages in addition to English** that are used in the local community.

> **"** Girls like us are embracing our identity and taking charge of our own lives. That's why HIV testing is an important part of my routine. **"**
>
> — Prada

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Creating a Safe Space

Providing a safe space is an important part of service delivery for transgender WOC. Safe spaces are locations where clients can feel secure as they socialize, discuss issues that matter to them, share some food, and receive social support and other services.[30] They allow transgender women to drop in and be themselves in a secure and affirming environment. They may be one of the only places where transgender people can express themselves freely.

Safe spaces can foster strong social networks, which are important for health and well-being. Additionally, having a safe space shows that the organization cares about the well-being of transgender WOC. When clients are at the safe space, they may be open to engaging in HIV prevention and other services. Here are some best practices for creating a safe space:

- **Locate the safe space in an area where transgender WOC live, work, and/or socialize.** Have convenient drop-in hours (e.g., in the evening). Making the space as accessible as possible will maximize its use.

- **Staff the safe space with transgender WOC employees or volunteers.**

- **Involve transgender clients and community members in decisions** about the safe space. This includes developing and posting ground rules for people using the space. Involving transgender WOC in the creation of the safe space will help make it feel like the space is truly theirs. Ideally, the space should just be for transgender people.

TRANS:THRIVE drop-in, API Wellness. Photo: Isabella Ventura

- **Offer other services** at the safe space, such as HIV prevention (including condoms and lubricant), legal services, housing, employment, and referrals to vetted partner organizations. However, it is important to allow for simply hanging out.

- **Include comfortable places** to lounge and socialize, with couches, chairs, and tables.

- **Offer food and drinks.**

- **Provide computers** for resume building, looking for housing, and/or checking social media and e-mail. Include a television for entertainment.

- **Decorate the space** with imagery that is affirming and represents the diversity of local transgender communities.

- **Promote the safe space** widely throughout the community through outreach, flyers, social media, and word of mouth.

Best Practices for Creating Transgender-Affirming Environments

| **1.** | **Staff should be champions of the community** | Having transgender representative staff who reflect the community and non-transgender staff allies helps clients feel comfortable, safe, and welcome and shows a commitment to helping the community. |

| **2.** | **Provide safe spaces** | Provide safe spaces for transgender WOC, with drop-in hours that are convenient for them. While using the safe space, transgender WOC can be engaged in HIV prevention and other needed services. |

| **3.** | **Train staff and create an affirming organizational culture** | Integrate staff training into the onboarding process for all new employees. Staff members need training on the issues facing the local community, social determinants of health, cultural competency, cultural humility, and implicit bias. Trainings should be repeated at least annually. |

| **4.** | **Use transgender-inclusive imagery and materials** | Having transgender-inclusive imagery is one of the easiest ways to make an environment more gender-affirming. Use transgender-inclusive images and transgender flags on walls in waiting rooms, hallways, offices, exam rooms, and other spaces around the organization. Include images of transgender WOC in HIV and STD and other health education materials in order to increase interest in and receptivity to the information. |

5.

Create inclusive and consistent data collection forms

Use sexual orientation and gender identity (SOGI) measures properly and consistently in data collection forms across the organization. Ensure that all forms reflect the names and pronouns clients use and that staff are able to access this and other client information easily.

6.

Provide gender-neutral restrooms

Either define all restrooms as gender-neutral, or explicitly state that clients may choose either the women's or men's restroom, whichever they prefer. Having at least one gender-neutral bathroom is ideal so that nonbinary clients or those in transition feel comfortable.

Additional Resources for Creating Transgender-Affirming Environments

Resource 1: Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016)
https://transcare.ucsf.edu/guidelines
This resource, published by the Center of Excellence for Transgender Health at UCSF, provides comprehensive guidelines to improve the primary care services offered to transgender and nonbinary people. It is designed to equip providers with knowledge and tools to improve their practices. It covers a wide range of relevant topics, including gender-affirming treatments and environments, hormone therapy, chronic diseases, HIV, STDs, mental health, legal issues, and more. This guidance document can help primary care providers learn about the specific needs of transgender clients and how these may differ from the needs of cisgender clients.

Resource 2: Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff (2016)
https://www.lgbthealtheducation.org/wp-content/uploads/2016/12/Affirmative-Care-for-Transgender-and-Gender-Non-conforming-People-Best-Practices-for-Front-line-Health-Care-Staff.pdf
The National LGBT Health Education Center published this tool to provide frontline health care staff with the knowledge and skills they need to provide gender-affirming care. The document's intended use is for training both existing

and new staff to improve the environment of an organization. It includes background on the health needs of transgender and gender nonconforming people and offers strategies to improve communication and create a gender-affirming environment.

Resource 3: Acknowledging Gender and Sex (2018)
https://prevention.ucsf.edu/transhealth/education/acknowledging-gender-sex

This free, interactive online course from the Center of Excellence for Transgender Health at UCSF is designed to help health care providers improve the overall health and well-being of transgender people. It covers cultural competence and appropriate care for transgender patients, including collecting two-step gender and sex differentiation questions, and how cultural competence in transgender care affects health outcomes for this population.

Resource 4: "Safe Spaces" Section in Chapter 4 of Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions (2016)
https://www.unfpa.org/sites/default/files/pub-pdf/TRANSIT_report_UNFPA.pdf

This tool from the United Nations Development Programme (UNDP) describes how to design and implement service programs so that they are acceptable and accessible to transgender women. The guidance document includes recommendations for community empowerment, program management, and service delivery, including provision of safe spaces.

Resource 5: Ready, Set, Go! Guidelines and Tips for Collecting Patient Data on Sexual Orientation and Gender Identity (SO/GI)
https://www.lgbthealtheducation.org/wp-content/uploads/2018/03/Ready-Set-Go-publication-Updated-April-2018.pdf

This guide from the National LGBT Health Education Center is designed to help organizations successfully collect SO/GI data, whether they are just beginning the process or whether they already have a system in place. It includes resources and recommendations to help CBOs move to the next level of data collection and analysis.

TOPIC 5. DEVELOPING OUTREACH, RECRUITMENT, AND RETENTION SYSTEMS AND SERVICES
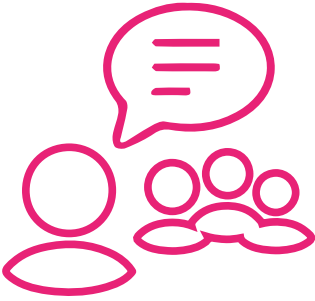
Effective outreach, recruitment, and retention are all essential elements of HIV prevention and care. Each of these elements poses unique challenges for CBOs working with transgender WOC. Understanding these and employing best practices can help organizations successfully reach, engage, and retain transgender WOC in care and services.

Successful outreach begins with a comprehensive outreach plan. The plan should include locations and times where different segments of the transgender community can be reached (such as bars, clubs, or other venues; community organizations; parks; sex work strolls; homeless encampments; at events; or on social media). Locating certain segments of the transgender WOC community can sometimes be difficult, and it may be necessary to use different strategies to reach diverse segments of the community. Transgender WOC staff or other community members may be able to provide helpful information about where to conduct outreach. It is important to record which locations are most (and least) effective and update the outreach plan to optimize staff efforts.

> To be effective, outreach must be ongoing and consistent. CBOs may have to engage with people many times before they come in the door.

To be effective, outreach must be ongoing and consistent. CBOs may have to engage with people many times before they come in the door. Once located, transgender WOC may not be receptive to outreach or services offered. Some transgender WOC may mistrust medical and social services agencies due to fear and past negative experiences with such institutions. Building trust by consistently showing up and demonstrating a commitment to the community can help to overcome this challenge.

Staff burnout at CBOs can also contribute to difficulties with outreach. The work can be tough, often testing the limits of personal-professional boundaries, taking place during off hours and late at night, and in settings that can sometimes present safety concerns. CBOs need to take steps to prevent and address burnout (see *Topic 3: Hiring and Supporting Transgender WOC*, for more information on burnout).

Transgender WOC may also have numerous competing priorities, such as basic economic survival and housing, that keep them from accessing and remaining in services. Offering comprehensive, needed services (e.g., housing, legal assistance, gender-affirming hormone treatment) can help attract clients, who can then be offered other services such as HIV prevention. Lack of transportation can present another barrier. Providing transportation support to and from the CBO, or bringing services to places where transgender WOC live, work, and socialize, can help overcome transportation barriers.

Many transgender WOC may be transient or difficult to locate. They may often switch phone numbers or run out of plan minutes, which can make it difficult to stay in contact with them and retain them in services. Collecting multiple forms of contact information, including social media usernames, can help CBOs keep track of clients.

Photo: Gwen Park

Providing appropriate incentives can help ensure that clients take advantage of services. It is important to ask clients what incentives they want. Sometimes practical items such as food, coffee, clothing, makeup, or hygiene kits are preferred over monetary gift cards. Incentives can also keep clients coming back, thus facilitating retention in services.

CBOs with a positive reputation that have built trust in the community are more likely to attract and retain transgender WOC clients and to receive word-of-mouth referrals. Having well-trained, sensitive staff members that reflect the community being served is key to building trust. Having staff that transgender WOC can relate to is often more effective than incentives for engaging clients.

Social Media Outreach

Many organizations use social media as part of their efforts to engage transgender WOC. Social media offers another way to connect with individuals who might otherwise be difficult to reach. Posting on various social media platforms, such as Instagram, Facebook, Twitter, and YouTube, can help transgender WOC get to know an organization, and it also provides an efficient way to promote the organization's services. Be sure to promote the full range of services available, not just HIV prevention and care services. Just as with other types of outreach, social media outreach takes time, effort, and expertise to be successful.

Organizations can use social media for more than outreach. They can set up a Facebook group for their CAB to keep in touch and to gather feedback quickly. Social media can also be a way to help retain clients in programs and services, and it can be used to recruit transgender WOC candidates for open job or volunteer positions. Social media can be a good way to keep in touch with clients who may run out of minutes on their mobile phones or who switch numbers frequently, as posts and direct messages can be accessed through free wi-fi.

Here are some best practices for social media outreach:

- **Start by creating a social media strategy.** It should incorporate the organization's policies and procedures and ensure that posts are professional, culturally competent, and affirming. The strategy should include guidelines for keeping social media interactions confidential.

- **Hire transgender WOC staff who are familiar** with both social media and the local community to handle social media efforts.

- **Consider posting at least daily.** Make a schedule for posting and stick to it.

- **Keep posts short and simple.** Posts can include the organization's own content like events, flyers, videos, and short surveys; content from community partners; or anything that would be of interest or value to transgender WOC.

- **Including photos of transgender WOC staff** (if possible) can help to personalize posts and make them more engaging.

- **Be respectful of people's privacy.** Let people engage with posts rather than reaching out to them directly.

- **Stay on top of trends** by asking clients and community members where they are on social media.

- **Experiment!** Try different approaches and build on what works. Different social media platforms may be best for reaching different segments or communities of transgender women.

- **Use the platforms' analytics** (which track metrics such as likes, shares, and profile visits) to measure the effectiveness of each post, and use this information to continually improve social media outreach efforts.

- **Keep an archive of all posts.**

Best Practices for **Developing Outreach, Recruitment, and Retention Systems and Services**

1. Outreach

1.A. have effective outreach staff

Employ well-trained, trusted, engaging, and personable outreach staff that reflects the community and has the specific skills and the right temperament to be effective. When conducting street outreach, it is important that CBO staff are connected to the transgender WOC community they are working with and approach people respectfully. Staff must meet every individual where they are, respect their needs and priorities, and work with them to identify the steps needed to improve their health.

1.B. use multiple outreach methods

Use multiple outreach methods to access a broad range of community members. Outreach practices must be tailored to the demographics of the community.

1.C. maintain a visible presence in the community

Ensure an ongoing presence in the community by holding community events, attending other organizations' events, and engaging in frequent street, venue-based, and social media outreach. Having a visible presence in the community fosters familiarity and trust and facilitates effective outreach.

1.D. collect and analyze data to plan and evaluate outreach efforts

Ask stakeholders, clients, and CAB members about the venues, days, and times where different community segments can be found. Collect data from outreach events to ensure that intended audiences are being reached, and adjust outreach efforts accordingly.

1.E. address staff safety concerns and burnout

Always include staff safety strategies in outreach planning efforts. Have a safety protocol and ensure that all staff members adhere to it. Require that staff members work in pairs, have ready access to an on-call supervisor, stay within sight of one another at all times, and, if driving, park near the outreach location.

Recognize the potential for burnout among outreach staff and take ongoing steps to prevent and address it—encourage regular communication, offer flexible hours and comp time, and maintain regular staff communication about conflicts and problems as they arise.

2. Recruitment

2.A. build trust and rapport in the community

Build and maintain trust in the community to recruit transgender WOC into services. Provide competent, honest services; be present in the community in a positive and respectful way; and demonstrate a firm commitment to serving transgender WOC. Make every effort to hire staff that is from the community. If it is challenging to do so, be sure that, at a minimum, staff have knowledge about and compassion for the particular needs of transgender WOC. Create materials for recruitment, such as fliers and forms, that are respectful of gender identity and free of assumptions about gender and sexuality.

2.B. be persistent

Recognize that transgender WOC may need to be engaged multiple times before they accept HIV prevention services. Be persistent without being a nuisance. Respect people who do not want to talk with you. Be mindful that you are coming into someone else's space, and approach them with humility and respect.

2.C. provide diverse, comprehensive services

Offering multilayered services can help engage transgender WOC in the HIV prevention or care continuum. For example, offer HIV testing or PrEP services to transgender WOC who come in for hormone therapy or assistance with legal issues. Collaborating with local transgender WOC–led organizations can be a powerful way to recruit new clients, particularly if a CBO can offer high-quality gender-affirming services that transgender WOC cannot access elsewhere.

2.D. offer appropriate incentives

Provide transgender WOC with incentives that they want and need to facilitate effective recruitment (and retention) in services. Ask clients about their preferences, and experiment to find out what works best.

3. Retention

3.A. address the complex needs of transgender WOC

Offer services that address the complex and competing health and social challenges faced by transgender WOC that can impede their ability to stay in HIV prevention programs. Addressing urgent needs (e.g., housing, mental health) can also improve the chances that transgender WOC will follow though with PrEP or HIV care.

3.B. provide sensitive care

Offering client-centered services in a gender-affirming environment is key to retaining clients. Hiring and training competent, connected staff, especially transgender WOC staff, is one of the best ways to keep clients engaged. Helping clients feel not just respected but celebrated can go a long way toward retention.

3.C. collect multiple types of contact information

Collect multiple sources of contact information, including mobile numbers, addresses, and social media usernames, to help locate clients who may not have reliable phone service or who are otherwise difficult to reach.

3.D. create and maintain a safe space

Having a physical safe space for transgender WOC, where they are accepted and respected, and where they can relax, socialize, eat something, or use a computer, shows that the organization cares about the community. Providing a safe space will make transgender WOC more likely to visit the organization, connect to staff, receive services, and stay in programs (see *Topic 4: Creating Transgender-Affirming Environments*, for more information about safe spaces).

Additional Resources for Developing Outreach, Recruitment, and Retention Systems and Services

Resource 1: Outreach Safety (2016)

https://capacity4health.org/wp-content/uploads/2020/12/6.-Outreach-Safety-Check-List-final.pdf

This overview of community-based outreach safety was produced by the Asian & Pacific Islander American Health Forum's national Capacity for Health program. It consists of a concise list of recommended training topics, policies, and procedures for safe and effective outreach to communities, as well as an outreach safety checklist.

Resource 2: Retaining Transgender Women in HIV Care: Best Practices in the Field

https://fenwayhealth.org/wp-content/uploads/TFIR46_RetainingTransgenderWomenInHIVCare_BestPractices_webready.pdf

This best practices document, developed by The Fenway Institute, identifies the barriers to HIV care for transgender women and offers innovative strategies for providing transgender health care and supportive services. It also includes several current initiatives designed to engage transgender women and keep them in care.
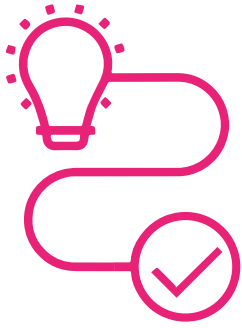
TOPIC 6. IMPLEMENTING EVIDENCE-BASED INTERVENTIONS AND HOMEGROWN PROGRAMS

Evidence-Based Interventions

CDC recommends that CBOs implement evidence-based interventions (EBIs). EBIs recognized in CDC's "Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention"[31] have been evaluated against explicit criteria and have demonstrated sufficient evidence that they work to improve behaviors that affect HIV risk. EBIs need to be implemented with fidelity in order to maintain a high likelihood of being effective.

Careful planning is required in order to implement an EBI. CBOs must first identify the needs of the community, consider the outcomes they wish to achieve, and decide whether an EBI is a suitable and feasible solution. The CBO must determine if it has the time, staff, and resources to implement an EBI. It must then be careful to select an EBI that is right for the population it serves. Prior to actual implementation, CBOs should study the core elements of the intervention, customize the delivery of program elements, gain input from community members, train staff members for program delivery, and if necessary, access technical assistance.

Even when an EBI has been designed for transgender women, it may not be effective with or accepted by the local community. When implementing programs for transgender WOC, CBOs can benefit by developing partnerships with transgender WOC in the community, as well as with other organizations. CBOs can work with potential clients and CABs to review and refine the curriculum, sessions, and instruments within the allowable parameters defined in the EBI package. When the CBO partners with the community, the program is more likely to be accepted, appropriate, and relevant to transgender WOC.

Recruitment to and retention in EBIs can sometimes be challenging for CBOs. Issues may include lack of interest among transgender WOC, competing priorities, lack of motivating incentives, lack of transgender WOC program facilitators, low

participant literacy levels, and low participant attention span. These issues are more likely to arise when an EBI is not tailored to the specific location or population that the organization is trying to serve. Having well-trained staff who are reflective of the community can also facilitate recruitment and retention into EBIs.

Current EBIs for Transgender Women

Couples HIV Intervention Program (CHIP)

CHIP is an EBI that focuses on transgender women and their primary cisgender male partners. The goals of the intervention are to reduce HIV risk behaviors, improve relationship communication, and improve interpersonal dynamics among partners. The intervention involves three counseling sessions, each 60 to 90 minutes in length, that cover topics such as condom use, HIV testing, HIV risk, HIV prevention goals, STDs, experiences of stigma, active listening, conflict resolution, and mutual support. Role-play is used to complement the counseling. After each session, participants are given homework to help solidify knowledge and skills, and in the final session, participants identify both personal and couple-level HIV prevention goals. The intervention is delivered by a staff person in a private office space. An evaluation of the program found decreased condomless vaginal or anal sex with primary partners, and fewer casual partners.

Project Lifeskills

This EBI seeks to reduce sexual risk among young transgender women. The intervention includes six two-hour group sessions over three weeks. Using an empowerment approach, the sessions focus on HIV risk and transmission, self-efficacy and motivation, and behavioral skills such as condom use, assertive communication, and advocating for oneself regarding health care and housing. It also includes goal-setting around HIV prevention. The sessions use audiovisuals, games, and role-plays. The intervention is delivered by a peer in a community-based venue. An evaluation of Project Lifeskills found a significant reduction in condomless sex acts and number of sex partners among participants.

Transgender Women Involved in Strategies for Transformation (TWIST)

TWIST is an intervention for transgender women with HIV that was extensively adapted from the WILLOW EBI. It includes four small-group sessions, each four hours in length, ideally led by a transgender woman who is living with HIV. The objectives of TWIST are to reduce HIV transmission risk behaviors and STDs. It focuses on reducing sexual risk behaviors and stress while increasing social support, gender affirmation, HIV/STD knowledge, healthy relationships, and skill-building around HIV status and gender identity disclosure.

Possible Future EBIs for Transgender WOC

An initiative is underway by TargetHIV (a technical assistance program of HRSA's Ryan White HIV/AIDS Program) called E2i that seeks to identify and support implementation of EBIs to reduce HIV-related health disparities.[32] This initiative is investigating 11 EBIs, two of which seek to improve HIV outcomes for transgender women. The outcome evaluation results of these programs are forthcoming.

Healthy Divas

Healthy Divas is the first intervention that focuses on barriers to and optimal engagement in HIV care for transgender women living with HIV. It is a research project of the Center of Excellence for Transgender Health at UCSF that is grounded in the models of Health Care Empowerment and Gender Affirmation. The Healthy Divas intervention consists of six individual sessions with a peer counselor and a peer-led group workshop with other transgender women, an HIV primary care provider, and a transgender health care provider. The primary outcome of the intervention is viral suppression.

Entry to Care Project (TWEET)

Transgender Women Engagement and Entry to Care (TWEET) is a group-level program that was designed for transgender WOC living with HIV with the aim of improving engagement and retention in HIV care outcomes. The intervention includes: identifying newly diagnosed transgender WOC and linking them to care, identifying transgender WOC with HIV who are out of care and linking them to care, identifying transgender WOC currently in care but at risk of falling out of care, enrolling clients in the Transgender Leaders Teach-Back Intervention, and identifying peer leaders who then lead the TWEET intervention groups.

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EBIs Adapted for Transgender Women

The EBIs highlighted above were designed specifically for transgender women. Existing EBIs on the Compendium, which were created for use with other populations, may be suitable for adaptation. The EBIs below have already been adapted for use with transgender WOC.

Personalized Cognitive Counseling (PCC) Program

PCC was originally designed for HIV-negative MSM to reduce high-risk behaviors. The intervention uses a single 30-to-50-minute counseling session for individuals at an HIV testing site. The counseling process works to overcome the justifications and rationalizations used by participants to minimize known risk when engaging in risky sexual behaviors. Two evaluations of PCC found that intervention participants had fewer unprotected anal intercourse incidents with nonprimary partners. The Center of Excellence for Transgender Health at UCSF led the development of the adaptation guidance for PCC.

T-SISTA

Some EBIs previously diffused by CDC are no longer supported. This does not necessarily mean the programs are any less beneficial, but rather that CDC will no longer provide capacity building assistance for their implementation. One such intervention is Sisters Informing Sisters on Topics about AIDS (SISTA), which had been adapted for transgender women. SISTA sought to prevent HIV infection through a peer-led intervention for African-American women. An evaluation of the program found that participants had increased condom use, behavior control, communication, and assertiveness skills. The Center of Excellence for Transgender Health at UCSF led the development of a guide for practitioners to adapt the SISTA program for transgender WOC, called T-SISTA. The guidance includes transgender cultural concepts, suggestions for adapting SISTA, T-SISTA session outlines, and a "Sheroes" spotlight.
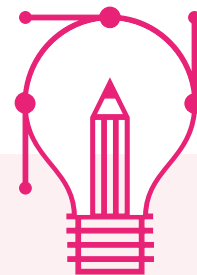
Adapting EBIs for Transgender WOC

1. **Decide whether the EBI is right for the community**. Consider the power relationships in the community, as well as the risk behaviors and social determinants in the population, to determine if the EBI is appropriate for that population and location.

2. **Identify what is missing from the original intervention.** The needs of transgender WOC in an organization's community may be unique. Identify the elements of the intervention that are relevant to the local community and any areas that might need to be adapted. Doing so requires an in-depth understanding of the characteristics and needs of the local community from sources such as epidemiologic data and community needs assessments. Potential areas for inclusion in programs with transgender WOC include: gender affirmation, transphobia, harm reduction and safer transitioning, access to appropriate medical care, sex work, and coping with police harassment.[33]

3. **Identify the theoretical framework and theory of change guiding the intervention.** Organizations need to understand the theory behind the intervention's intended behavior change. Any adaptations to an intervention must be guided by the same theoretical framework if they are to achieve the desired outcomes of the EBI.

4. **Identify the core elements of the EBI.** In order to achieve intervention fidelity, the adapted program must include the core elements of the EBI. Although core elements should be maintained, they can be adjusted to fit the needs of the population.

5. **Create an implementation plan.** Elements such as recruitment, staffing, venue, and timeline may need to be adapted to best address the needs of transgender WOC.

6. **Adapt the program for the local community.** The process of adapting EBIs should include transgender WOC (e.g., clients, CAB members, and/or community members) at every stage, from identifying needed changes to creating new content or assessment questions.

7. **Pilot test programs.** The selected EBI can be tested with a small number of transgender WOC to identify and remedy any issues with the adaptation before implementing the full program.

Homegrown Programs

Many CBOs have created their own homegrown HIV prevention programs to address specific community needs that other EBIs and established programs do not address. These programs can be innovative and engaging for clients, but they require planning and evaluation to optimize their effectiveness.

Behavior change programs are more likely to be successful if they are built on an understanding of the mechanisms of behavior change and the environmental context in which these changes take place. Health behavior change theories provide models for program planning, allowing for continuous improvement and meaningful evaluation. While creating a theory-based program can seem daunting, it is very helpful to understand how the program is expected to result in the desired behavior change outcomes.

When creating a homegrown program, the organization must have a clear idea of the problem(s) they wish to address. This should come from an understanding of the community (see *Topic 1: Assessing Community Needs*, for more information). Formative research can be conducted in the planning phase to ensure that gaps and needs are integrated into the program design. Identify specific, realistic goals and objectives, and include plans for evaluation, sharing of evaluation results with the community and other stakeholders, and sustainability.

Homegrown programs that are developed in close collaboration with transgender WOC clients and community members are more likely to be successful. Ideally, transgender WOC can help identify both the problem to be addressed and the solutions. They should help to develop the desired outcomes for the program—the program elements, activities, and implementation—as well as how the program will be evaluated and improved over time. Homegrown interventions can be pilot tested with transgender WOC before implementation and refined as needed.

Evaluation

Whether the program is an EBI, an adaptation of an EBI, or a homegrown program, evaluation by CBOs is critical. Funders frequently require that programs demonstrate evidence of effectiveness. Evaluation is also crucial for program improvement, as it can identify both areas where changes need to be made and promising practices in the current program that should be continued (see *Topic 7: Conducting Program Evaluation and Improvement*, for more information).

Best Practices for **Implementing Evidence-Based Interventions and Homegrown Programs**

1. **Involve transgender WOC in EBI planning**

Involve transgender WOC program staff, volunteers, CAB/YAB members, and clients in all stages of program development and adaptation, including choosing an EBI, formative research, adaptation of written and visual materials, and pilot testing.

2. **Adapt EBIs to meet the needs of transgender WOC**

After finding an EBI that seems right for the community, work with community members to identify what may be missing or needs to be altered from the original program. If necessary, adapt the topics, activities, and curricula, but take care not to modify the core elements of the EBI. Create an implementation plan that meets the needs of the community in terms of staff, time, and location.

3. **Consider homegrown programs**

Carefully planned homegrown programs using input from transgender WOC can be successful and engaging for clients. Use behavior change theory to plan the program. Clearly define program goals and objectives, and evaluate homegrown programs to ensure objectives are being met.

4. **Use tailored recruitment and retention strategies**

Effective program recruitment and retention typically requires multiple strategies. Using appropriate incentives is helpful to recruit and retain transgender WOC in programs. However, having well-trained and sensitive staff that are from or are connected to the community is just as important. CBOs can also try incentivizing chain referrals (paying community members to

Use tailored recruitment and retention strategies
(continued)

refer peers) and encouraging word-of-mouth recommendations from past and current program participants. In some instances, social media can be a good tool for promoting programs. CBOs may need to experiment to find what works best with their local community. Offering other desired services and a safe and accessible space alongside EBI sessions can also help get participants in the door (see *Topic 4: Creating Transgender-Affirming Environments*, for more information).

5.

Evaluate programs

EBIs and homegrown programs should be evaluated to ensure they are meeting their objectives. Process measures can be collected to gauge whether programs are meeting their immediate recruitment and retention targets. Measures of participant satisfaction and behavior outcomes can be used for program improvement. Share findings to help improve programs for transgender WOC in the field and to show respect for the community.

Additional Resources for Implementing Evidence-Based Interventions and Homegrown Programs

Resource 1: Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention (2019)

https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html

CDC's Compendium of Evidence-Based Interventions is a resource that compiles the most up-to-date list of EBIs for HIV prevention. It includes structural interventions; linkage to, retention in, and re-engagement in HIV care (LRC); medication adherence; and risk reduction. The interventions listed in the compendium have been implemented and rigorously evaluated to show that they are capable of achieving desired outcomes. Each entry in the compendium includes the intended audience of the program, the location of the pilot project, and the strength of evidence. CDC provides details about each EBI and tools or contact information for organizations to use if they are interested in implementing an intervention. CDC provides capacity building assistance to organizations interested in implementing EBIs for HIV prevention. The compendium also includes an archive of EBIs that may still be promising but are no longer covered by CDC's capacity building assistance program.

Resource 2: Theory at a Glance: A Guide for Health Promotion Practice, 2nd ed. (2012)

https://cancercontrol.cancer.gov/brp/research/theories_project/theory.pdf

This guide by DHHS and NIH provides a practical introduction to theory for health promotion practice. It includes a section on foundations of theory in health promotion and health behavior, theories and applications, and putting theory and practice together. It is designed as a resource for public health and health care practitioners to inform program planning, implementation, and evaluation. For each theory, the guide highlights key concepts that can be used as a checklist to aid planning and evaluation.

Resource 3: Additional Information and Materials on Specific EBIs

The following are additional resources for several of the interventions described in this section.

3.A. Couples HIV Intervention Program (CHIP)

https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/cdc-hiv-chip-good-rr.pdf

Intervention summary from CDC's Compendium of Evidence-Based Intervention and Best Practices for HIV Prevention.

3.B. Project Lifeskills

https://www.cdc.gov/hiv/pdf/research/interventionresearch/compendium/rr/cdc-hiv-Project-LifeSkills-RR-BEST.pdf

Intervention summary from CDC's Compendium of Evidence-Based Intervention and Best Practices for HIV Prevention.

3.C. Entry to Care Project (TWEET)

https://targethiv.org/sites/default/files/supporting-files/ihip_508_Webinar%201_TrnsWmnColr_LuisMolano_SLIDES.pdf

This slide set provides an overview of the Entry to Care Project (TWEET), including lessons learned.

3.D. Personalized Cognitive Counseling (PCC) Program

https://www.cdc.gov/hiv/research/interventionresearch/rep/packages/pcc.html

A one-page overview of the intervention on the CDC website.

3.E. Personalized Cognitive Counseling: An Adaptation for Working with Trans Women (2013)

https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/CoE_PCCAdaptation_3R.pdf

The Center of Excellence for Transgender Health at UCSF created this adaptation guidance document for PCC. It is designed to assist organizations in adapting the program to be used with transgender women. The guidance includes a PCC questionnaire adapted for transgender clients, PCC interviewing tips, and the basic requirements for implementation of PCC with transgender women.

3.F. T-SISTA: A Resource Guide for Adapting SISTA for Transwomen of Color (2010)

https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/TSISTAResourceGuide.pdf

The Center of Excellence for Transgender Health at UCSF created this guide to assist organizations in adapting their own version of the EBI Sisters Informing Sisters about Topics on AIDS (SISTA) for transgender WOC. The guide includes a review of transgender cultural concepts, best practice for adapting SISTA, T-SISTA session outlines, and a section to highlight the "Sheroes" Trans Pride campaign. It provides session-by-session suggestions based on expertise from the field, and session alternatives to help organizations design a program that fits the specific needs of their community.

Resource 4: CDC Effective Interventions Classroom and eLearning Trainings
EBIs typically require specific staff skills for implementation. Most EBIs come with training guides. However, they may also require facilitators to receive in-person or online training. CDC's Capacity Building Branch has online resources that provide general information on EBIs that are currently supported, and lists available trainings and information on obtaining assistance with implementation. Use the following links to obtain general information, training, or capacity building assistance.
For more information: https://effectiveinterventions.cdc.gov
To request training: https://www.train.org/cdctrain/welcome
To request capacity building assistance: https://wwwn.cdc.gov/cts

Resource 5: A Framework for Program Evaluation (1999)
https://www.cdc.gov/eval/framework/index.htm
This CDC framework is intended to guide public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool designed to summarize and organize essential elements of program evaluation. The emphasis is on practical, ongoing evaluation strategies that involve all program stakeholders, not just evaluation experts.

TOPIC 7: CONDUCTING PROGRAM EVALUATION AND IMPROVEMENT

Program evaluation conducted during the formative phase, during implementation, and at the conclusion of an intervention provides a significant opportunity for organizations to improve their services and maximize benefits for transgender WOC. This process of assessment can also help establish whether the programs being implemented are culturally competent and relevant to the needs and lived realities of transgender WOC.

Collecting Sensitive Data from Transgender WOC

Building and maintaining trust with transgender community members is an important first step for both service delivery and program evaluation. Sharing information about sexual orientation and gender identity can be very sensitive, especially for communities that have historically experienced stigma and discrimination related to these identities. Therefore, it is important to have clear and transparent policies about how collected data are protected, including the identities of evaluation participants, what information is shared and with whom, and how sensitive information is stored. Whenever collecting data from community members, emphasize privacy and confidentiality and provide a printed copy of relevant organizational policies.

Formative Evaluation

Formative evaluation takes place before a program is fully implemented and is usually conducted in the initial phases of program development, or when changes to an existing program are being designed. Formative evaluation is intended to optimize a program's appropriateness, feasibility, and acceptability prior to implementation. Formative evaluation can utilize various data collection methods:

- Interviews with clients, community members, or stakeholders

- Focus groups

- Surveys (e.g., client satisfaction surveys)

- Observations

- Informal client or community feedback (e.g., from service encounters, outreach, or social media)

- Feedback from CABs

- Local health department data

- Internal needs assessments

- Staff meetings

(See *Topic 1: Assessing Community Needs*, for more information on data collection methods.)

Process Evaluation/Measurement

Process evaluation starts at the beginning of program implementation and continues throughout the remaining phases of the program. This evaluation process helps to determine whether activities are being implemented as planned, and whether the intended audience is being reached. Examples of process measures include the number of services delivered to transgender WOC, the number of transgender WOC tested for HIV, participant demographics, and information on the venues where HIV testing takes place. Additional process measures may be identified by the funder. By monitoring process measures on a continuous basis, problems and service gaps can be identified early and addressed.

Collecting Baseline Data

In order to measure the impact of HIV prevention services in the intended population, baseline indicators must be established. Gathering baseline data can help CBOs set realistic, measurable program goals. Obtaining local baseline data for transgender WOC may be difficult, as there is a dearth of information available on both national and local levels. It may be useful to work with the local health department to improve the quality of public health data collection and reporting, especially regarding sexual orientation and gender identity. CBOs may also be able to collect their own baseline data (by using a survey of clients, for example) prior to beginning program implementation.

Collecting Outcome Measures

Outcome measures allow for assessing the degree to which a program is having the intended effect on the health and behaviors of transgender WOC. Outcome measures are based on indicators that are established during the program planning process and can include social, mental, and physical health outcomes. Some examples of possible outcomes are the percentage of transgender WOC who adhere to PrEP consistently for one year, the proportion of transgender WOC who are linked to HIV care after testing positive, or self-efficacy in negotiating condoms with partners.

Analyzing Data

Results from baseline and outcome monitoring can be analyzed to draw conclusions about how well a program is meeting its objectives. If resources allow, it may be very helpful to hire dedicated staff or evaluation consultants to analyze data and present evaluation findings to fellow staff, governing bodies, CABs, and funders. When hiring dedicated evaluation staff is not feasible, reaching out to local health departments and universities for expertise in evaluation and data analysis can build a mutually beneficial partnership that meets an organization's program evaluation needs as well as those of the partnering institution.

Data Collection and Forms

Building a robust, complete dataset greatly improves an organization's ability to identify the health disparities faced by transgender WOC participants. It is important to collect information on sexual orientation and gender identity for every participant. These questions must be revisited periodically, as both sexual orientation and gender identity may change over time.

The "two-step method" (also referred to as SOGI measures) for capturing and measuring gender identity is widely accepted as a best practice for data collection in many settings. In this method, a participant is first asked about their current gender identity, including options such as man, woman, transgender woman, transgender man, genderfluid, nonbinary, and other options. An opportunity should also be provided for participants to self-identify and write in their own gender identity. The second question in the process asks about the individual's sex assigned at birth. Adding these questions to data collection forms greatly enhances an organization's ability to identify participants who identify as gender minorities.

Forms must also be reviewed for cultural appropriateness and relevance. Often, forms and other participant materials contain "gendered" language that is unnecessary. For example, a form that contains language stating, "this applies

to both men and women" can be revised with language that is more gender-neutral, such as, "this applies to everyone." Many of these changes can be identified, with community input, during the formative evaluation process.

Data Collection Challenges

Many organizations experience challenges with consistent data collection. For example, sometimes staff may fail to consistently collect data (e.g., in an effort to save time). CBOs can begin to address challenges by discussing how changes to data collection might affect day-to-day operations and how each staff member's role is vital. Transparency is key, and staff need to know what the data are being used for in order to develop motivation for collecting it. In team discussions, and on an individual basis, be very clear about how staff members will be held accountable, while also being receptive to feedback about how data collection fits into their daily responsibilities.

Occasionally, clients may express discomfort when asked questions about sexual orientation and gender identity, resulting in staff discomfort and/or failure to follow the two-step gender collection method. Encourage staff to be consistent and to ask these questions of every participant—not only the participants they believe to be transgender. As organizations normalize collecting this information from every participant, they will not only create a welcoming environment for transgender clients but will also ensure they are identifying all individuals whose current gender identity differs from their sex assigned at birth. In cases where staff are uncomfortable asking certain questions, encourage the use of role-play and additional practice to improve their comfort level.

Using Data to Improve Programs and Services

During any phase of program implementation and evaluation, new information may arise that offers the opportunity to make changes to a program or service. For instance, focus groups may reveal that an organization is offering HIV testing services to transgender WOC at a time or location that is not optimal for them, negatively impacting testing utilization. In addition to adjusting service delivery, programs can be improved by adding new services that are important to the transgender community, such as legal name change navigation or gender-affirming procedures such as hormone therapy and electrolysis. Offering services that are important to transgender WOC sends a message that meeting the needs of the community is an organizational priority.

By consistently asking questions about sexual orientation and gender identity, health status, and other social factors affecting transgender WOC who are seeking

services at an organization, service gaps or disparities may be identified that can be addressed with tailored interventions. Analyzing this information and seeking community input before, during, and at the conclusion of program implementation will strengthen an organization's ability to provide affirming, culturally competent services and improve the lives of transgender WOC.

Best Practices for Conducting Program Evaluation and Improvement

1. **Build and maintain trust with transgender WOC**

Trust is an essential first step for both service delivery and program evaluation. For example, a participant misgendered during their first interaction may never return. Data collection processes must include ways to assess and capture these negative experiences, as they can have an impact on a program's effectiveness and community reputation. Organizations can further build trust by having clear privacy and confidentiality policies and providing printed copies of these policies, when appropriate.

2. **Consult transgender WOC during formative evaluation**

Involve community members to identify local barriers to accessing HIV services and gain knowledge on the intersecting issues that may affect their health and well-being. Feedback for this process can be solicited from transgender CAB members, staff, and clients. It is important for organizations to seek out representation of transgender WOC during the formative evaluation phase that is diverse in terms of socioeconomic status, sexual orientation, and disability status, as many individuals may belong to multiple marginalized communities in addition to being transgender.

3. **Partner with the local health department**

When possible, collaborate with the local health department to improve the quality of public health data collection and reporting, especially regarding sexual orientation and gender identity. This data can be highly useful for gauging community needs and as baseline data for program evaluation.

4. **Analyze and disseminate data**

It may be very helpful to hire dedicated staff or evaluation consultants to analyze data and disseminate findings. If this is not possible, reach out to local universities for expertise in evaluation and data analysis. Local or state health departments may also be able to provide technical assistance to help build capacity and evaluation skills.

5. **Develop a system of ongoing program evaluation and improvement**

One of the most important reasons to collect data is to facilitate program improvement. Process data can be used to gauge whether timelines and targets for recruitment and retention are being met. Outcome data can be used to understand whether the program is having the desired effect. Satisfaction surveys can uncover important clues as to why a program does or does not succeed. Understand that program improvement is an ongoing process.

Additional Resources for Conducting Program Evaluation and Improvement

Resource 1: A Framework for Program Evaluation (1999)
https://www.cdc.gov/eval/framework/index.htm
This CDC framework is intended to guide public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool designed to summarize and organize essential elements of program evaluation. The emphasis is on practical, ongoing evaluation strategies that involve all program stakeholders, not just evaluation experts.

Resource 2: Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care and Services Data

https://prevention.ucsf.edu/transhealth/education/data-recs-long

This guidance from the Center of Excellence for Transgender Health at UCSF offers recommendations on how best to collect data on transgender clients, including updating data collection methods, training staff, educating funders, and improving programs.

Resource 3: HIV Prevention Indicators

http://www.treatmentactiongroup.org/sites/default/files/Indicators_0.pdf

This monograph from Treatment Action Group defines and describes the current HIV prevention indicators used in the United States, including a section on indicators for transgender populations. This resource provides information to allow readers to become more data literate, ask the right questions, and advocate for their communities.

TOPIC 8. ENGAGING TRANSGENDER WOC IN HIV PREVENTION AND TESTING

Many transgender women are living with HIV or are at a high risk of becoming infected with HIV. It is estimated that 14.2% of transgender women in the United States are diagnosed with laboratory-confirmed HIV, compared to an estimated 0.3% HIV prevalence among the general U.S. population 13 years of age or older.[2,34] HIV infection disparities are even more stark for transgender WOC, with African-American transgender women having an estimated HIV prevalence of 44.2% and Latina transgender women having an estimated prevalence of 25.8%, compared to 6.7% for white transgender women.[2] Experiences of racism, transphobia, and other social determinants can increase the risk for HIV among transgender WOC.[4,9,14–19]

In offering HIV prevention and testing services to transgender WOC, it is essential to recognize an individual client's hierarchy of needs, many of which may be higher for the client than HIV prevention and care. By focusing on providing social services and recognizing the priorities of the whole person, CBOs build trust that may then make HIV prevention services more likely to be accepted. Addressing clients' most pressing needs often facilitates HIV prevention in other ways as well. For instance, having stable housing makes it easier for clients to adhere to PrEP or HIV medication.

> By focusing on providing social services and recognizing the priorities of the whole person, CBOs build trust that may then make HIV prevention services more likely to be accepted.

There are multiple HIV prevention strategies that can be offered to transgender WOC. These include risk reduction strategies, including those promoted through

EBIs (see *Topic 6: Implementing Evidence-Based Interventions and Homegrown Programs*, for more information). STD testing and treatment are also important both for overall health and for HIV prevention.[35] A discussion of other important HIV prevention strategies follows.

HIV Testing

HIV testing is key to getting people who test negative into the HIV prevention continuum and people who test positive into the HIV care continuum.

The prevention continuum includes connecting clients to services such as post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP), risk reduction counseling, repeat testing, HIV prevention EBIs, and other clinical or social services as needed. The care continuum includes linkage to care, HIV treatment and care, engagement/retention in care, and virologic suppression (the latter of which is important for avoiding both medication resistance and disease progression, as well as reducing population-level HIV incidence by decreasing HIV transmission).

All transgender WOC should be screened for HIV, as per guidelines from CDC and the U.S. Preventive Services Task Force.[36,37] Repeat screening decisions should be based on HIV risk assessments; some transgender WOC may benefit from HIV testing every 3–6 months. Regular sexual risk assessments should be conducted using language that clients feel comfortable with when describing their bodies, in order to determine the need for repeat HIV testing (for more information on sexual risk assessments, see *Additional Resources* below: *Trans HIV Testing Toolkit*). Transgender WOC who test negative but who may be at risk for acquiring HIV should be provided counseling and linked to PrEP and other HIV prevention services. Those who test positive should be linked into care so they may benefit from antiretroviral treatment (See *Topic 9: Providing Primary Care (Including HIV Care) to Transgender WOC*, for more information on linkage to care).

Barriers to HIV Testing and Prevention

HIV prevention efforts should be designed specifically for transgender WOC. When doing this, it is essential to recognize the significant barriers that transgender WOC may face, including:

- Lack of high-quality primary care (specifically designed to meet the needs of transgender WOC).
- Lack of providers who are knowledgeable about and sensitive to transgender issues.

- Issues with health insurance coverage. Historically, transgender people were denied services, and a transgender identity was labeled as an excluded or pre-existing condition. Barriers remain, including issues with billing systems and lack of insurance or under-insurance.

- Fear of accessing health services due to past negative experiences or concerns about encountering discrimination and stigma.

- Other health or social priorities or circumstances making it difficult to prioritize HIV testing, such as economic instability, housing insecurity and homelessness, mental health issues, and alcohol and substance use.

- Lack of accessible locations and hours that are convenient for transgender WOC.

Outreach for HIV Prevention Services

Sustained outreach efforts are required to engage transgender WOC into HIV prevention and testing services. Having trusted, competent staff is key to successful transgender WOC outreach. Staff members who themselves are transgender WOC are more likely to be successful in engaging potential clients. It is important to use multiple, tailored types of outreach (e.g., street-based, event-based, online) to reach different segments of the transgender WOC population, including transgender WOC sex workers, homeless transgender WOC, and young transgender WOC. Continuously evaluate which outreach practices are successfully reaching transgender WOC at high risk for HIV infection, and adjust practices as needed (see *Topic 5: Developing Outreach, Recruitment, and Retention Systems and Services*, for more information).

Condom Distribution

Condoms are still fundamental to preventing HIV, as well as many other STDs. It is important to distribute a variety of condoms and lubricant to transgender WOC, along with transgender-inclusive safer sex educational materials and information about services. Understand the local police practices and possible consequences for carrying condoms with regard to sex work.[38]

PrEP and PEP

Transgender WOC who are HIV-negative should be offered interventions to prevent acquisition of HIV, including PrEP and PEP provision or referrals to vetted organizations. There may be significant challenges associated with promoting PrEP/PEP among transgender WOC, including negative attitudes toward PrEP/PEP, fears among transgender WOC about possible negative interactions between PrEP/PEP and hormones, and a general lack of education about PrEP/PEP (among both community members and providers).

CBOs can take steps to dispel these misperceptions by educating clients and providers about PrEP and PEP. CBOs can also ensure that PrEP and PEP are available for clients who want them, as well as for their partners. Information on how CBOs and other agencies can ensure that PrEP and PEP are available for clients, including the U.S. Department of Health and Human Services' Ready, Set, PrEP program, can be found in the Additional Resources below. Facilitation of PrEP for transgender WOC can be increased through linkage to PrEP navigation programs, which can increase coordination of care across settings and provide access to PrEP medication assistance programs.
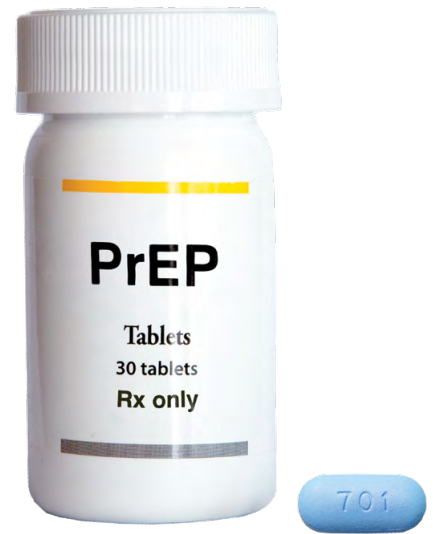
HIV Treatment and Treatment as Prevention

The U.S. Department of Health and Human Services' (DHHS) Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV[39] recommends antiretroviral therapy (ART) for all individuals with HIV, regardless of $CD4^+$ T-cell count, including transgender women. ART is recommended to reduce morbidity and mortality from HIV, and also as a way to prevent people with HIV from transmitting the virus to others. ART, when taken regularly and as directed, can drive HIV below the limits of detection in the blood. This ensures that transgender women with HIV have effectively no risk of transmitting the virus to their HIV-negative sexual partners. The importance of treatment as prevention (TasP) has recently been emphasized via the U = U (undetectable equals untransmittable) initiative.[40]

Adherence and Retention

In order to benefit from the effective HIV prevention and care interventions available, a fairly high degree of adherence and retention in care are required. Providers should stress the importance of regular laboratory testing to measure CD4 cell count and viral load. The social determinants of health that act as deterrents to engaging in services for many transgender WOC often make it challenging to maintain adherence to ART and PrEP, and to stay engaged in care. CBOs should address barriers to adherence and retention by offering a range of individual support strategies tailored to a client's specific situation and needs. For example, combining quarterly health care visits required for PrEP (for HIV and STD tests) with regular hormone therapy appointments may decrease the burden on transgender women to whom this applies. In general, offering comprehensive services facilitates retention in care, as does having a transgender-affirming staff and environment. (See *Topic 9: Providing Primary Care (Including HIV Care) to Transgender WOC*, for more information on laboratory tests for HIV and viral suppression).

Best Practices for **Engaging Transgender WOC in HIV Prevention and Testing**

1. Regularly assess sexual risk

Conduct regular, accurate sexual risk assessments to measure the need for repeat HIV testing. Ask questions that capture anatomy-specific sexual behavior while using language that clients feel comfortable with when describing their bodies. Be sensitive and ask open-ended questions about sexual behaviors. Never make assumptions about transgender WOC's sexual partners or behaviors.

2. Screen transgender WOC for HIV

Screen all transgender WOC for HIV, as per guidelines from CDC and the U.S. Preventive Services Task Force. Base repeat screening decisions on HIV risk assessments. Depending on risk behavior, some transgender WOC may benefit from HIV testing every 3–6 months.

3. Engage transgender WOC in PrEP and other HIV prevention methods

PrEP and PEP should be promoted using marketing materials that are tailored to transgender WOC, specifically addressing known barriers such as fears about interactions with gender-affirming hormones. Organizations that do not provide PrEP and PEP in-house can make referrals to vetted CBOs, clinical practices, Federally Qualified Health Clinics (FQHCs), health department clinics, and family planning clinics. Condoms and lubricant should be distributed to clients and community members as frequently as possible (e.g., during outreach and events). Additional HIV prevention methods, such as risk reduction and STD testing, should also be offered.

4.

**Support TasP
for people living
with HIV**

TasP means that, by taking antiretroviral medications to keep their virus at undetectable levels, people living with HIV can prevent transmitting HIV to others. Provide high-quality, sensitive services and build trust to ensure that transgender WOC clients are engaged in, adherent to, and retained in care. Address barriers to adherence for HIV treatment and care by offering a range of individual support strategies tailored to a client's specific situation and needs. Follow up regularly to monitor shifting needs over time and adjust strategies accordingly.

Additional Resources for Engaging Transgender WOC in HIV Prevention and Testing

Resource 1: HIV and Transgender Communities (2019)

https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf

This brief from CDC summarizes available data on HIV and transgender people, as well as CDC efforts to deliver high-impact prevention for this population.

Resource 2: Trans HIV Testing Toolkit

https://prevention.ucsf.edu/sites/prevention.ucsf.edu/files/inline-files/NTHTD_Toolkit.pdf

The Center of Excellence for Transgender Health at UCSF developed a comprehensive HIV testing toolkit that covers the best practices for providing services to transgender and nonbinary people. Toolkit topics include: facts about trans people and HIV; communication approaches for working with trans people; capacity building areas for organizations to increase their HIV testing programs for trans people; strategies to engage the community and steps for hosting a National Transgender HIV Testing Day event; as well as other resources for service providers and CBOs. Each of the five modules included was designed to improve cultural competency, HIV testing, counseling, and services by CBOs, local health jurisdictions, and HIV testing providers.

Resource 3: Implementing HIV Testing in Nonclinical Settings: A Guide for HIV Testing Providers (2016)

https://www.cdc.gov/hiv/pdf/testing/cdc_hiv_implementing_hiv_testing_in_nonclinical_settings.pdf

This CDC implementation guide is designed to make HIV testing providers working in CDC-funded nonclinical settings familiar with key programmatic issues relevant to delivering HIV testing services. This includes language for recruitment for HIV testing, advances in HIV testing technologies and algorithms, new protocols for conducting HIV testing without prevention counseling, and the inclusion of couples HIV testing. HIV testing providers who are aware of these issues are more likely to provide high-quality HIV testing services to their clients.

Resource 4: PrEP Action Kit (2020)
https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/06/PrEPActionKit_Updated-Spring-2020.pdf
The PrEP Action Kit was created by the National LGBT Health Education Center. It includes frequently asked questions about PrEP, tips for taking comprehensive sexual histories, information on PrEP in special populations, and advice for making clinical environments more welcoming for LGBT people.

Resource 5: Undetectable = Untransmittable (U = U)
https://www.preventionaccess.org/
"U = U" is a global initiative of HIV advocates, activists, researchers, and over 800 community partner organizations in nearly 100 countries working together to promote the fact that people living with HIV who have achieved viral suppression through effective treatment do not sexually transmit HIV. The goals of disseminating the effectiveness of "treatment as prevention" are to undo HIV stigma, improve the lives of people living with HIV, and work toward ending the epidemic.

Resource 6: CDC. HIV Prevention and Care for the Transgender Population
https://www.cdc.gov/actagainstaids/campaigns/transforminghealth/transgenderwomen/prep-pep.html
This site includes information on providing care specific to transgender populations. This site includes information on patient-centered care, taking sexual histories, collecting information from transgender women of color, and offers online training. This site also includes linkage to the Ready, Set, PrEP program (Resource 7 below).

Resource 7: Ready, Set, PrEP
https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program
Ready, Set, PrEP, is a nationwide program led by the U.S. Department of Health and Human Services that makes PrEP medications available at no cost to individuals who do not have prescription drug coverage. Ready, Set, PrEP is a key component of the Ending the HIV Epidemic initiative.

TOPIC 9. PROVIDING PRIMARY CARE (INCLUDING HIV CARE) TO TRANSGENDER WOC
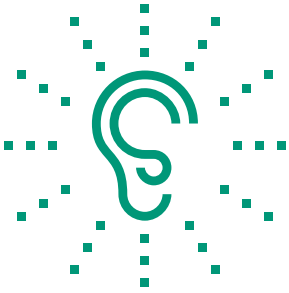
Transgender WOC have unique health needs that require multiple services throughout their lives. Providing safe, sensitive, gender-affirming primary care (including care and treatment for HIV) for transgender WOC is essential to ensuring they connect with and remain engaged in care. Primary care providers must consider all of the prior experiences that transgender WOC may have faced in the health care system, including rejection, discrimination, and even emotional or physical abuse, as well as the complex trauma histories they may have experienced outside of the care setting.

Transgender WOC may seek gender-affirming medical or surgical interventions. Denial of gender-affirming services is associated with high-risk behaviors and increased rates of HIV infection.[18] It should never be assumed, however, that transgender WOC are only seeking gender-affirming interventions, as not all transgender people seek all of the possible interventions, or even any at all.

Providers must be vigilant when delivering comprehensive primary care services and screenings, and must confirm that they are appropriate for transgender WOC.[29] Although based on limited studies, there is currently no evidence that feminizing hormones negatively interact with HIV antiretroviral treatment (ART), with a few exceptions.[41] Coupling hormone therapy and HIV care together may improve engagement and retention in care for transgender WOC.[41] (See Additional Resources below: *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People*, for more information on medical and surgical interventions.)

> Primary care providers must consider all of the prior experiences that transgender WOC may have faced in the health care system.

Health and Mental Health Screening and Assessment

Clinicians and mental health providers should receive training on best practices for medical and mental health screening for transgender people. This includes following transgender-specific screening guidelines when they are available, and not determining what assessment or care is needed based solely on a client's gender expression. Client-centered and gender-sensitive screenings should be regularly conducted to assess substance use, mental health, physical health, and appropriate treatment options.

Client-Centered Care

Providers must recognize that primary care or HIV care may not be a priority for every transgender person. Each client may be dealing with a different set of issues that they determine are the most important for them at a given time. For example, a client may be facing homelessness or may prioritize accessing gender-affirming hormone treatment over adhering to HIV medications. Providers should not make assumptions about clients' experiences, risk behaviors, or needs, and should instead simply ask and actively listen.

Client-centered care means meeting people where they are. This approach requires working with clients to understand their needs and then providing relevant information and services. It also means gauging the barriers they may be experiencing to fully participate in their own care and helping them to overcome these barriers. This may require that providers let go of their attachments to a particular outcome and let the client guide the plan to achieve their own goals. Providers must understand the social factors that have an impact on the health of transgender WOC and their ability to engage effectively in HIV prevention and care behaviors. Providers can then work with clients to overcome barriers to achieve optimal health, including helping them engage in HIV prevention and care.

Trauma-Informed Care

Trauma-informed care requires understanding the prevalence of trauma and how it affects both clients and staff, and developing strategies to address these effects. Given the high levels of stigma, discrimination, and other adverse experiences often faced by transgender WOC, trauma-informed care is essential. Providing trauma-informed care can improve health outcomes and engagement in care.[42] (See *Topic 10: Addressing Mental and Behavioral Health Needs of Transgender WOC*, for more information on trauma-informed care).

Harm Reduction

The goal of harm reduction is to reduce the negative consequences of substance use and other risk behaviors. Organizations that serve transgender WOC should provide client-centered services using harm reduction strategies; such approaches work with the client to maximize their health given where they are in their lives (see *Topic 10: Addressing Mental and Behavioral Health Needs of Transgender WOC*, for more information on harm reduction).

Cultural Competence

Regular staff training is essential for providing culturally competent care. Training should be provided to all clinicians and staff, not just those providing direct services to transgender people. Essential trainings include cultural competency; how to display cultural humility (a mindset that ensures every client encounter is done with an open mind and without preconceptions); and the effects of structural stigma on the lived experience of transgender WOC. Additionally, training should be provided on how to recognize and address implicit biases, which may be unconsciously held by individuals and can affect the way that they interact with others. Training should include an emphasis on using the names and pronouns that clients use, the particular importance of confidentiality for transgender people, and the need to create safe, gender-affirming, welcoming environments (see *Topic 4: Creating Transgender-Affirming Environments*, for more information).

Photos: Tiffany Woods

Linkage to Care

Transgender WOC who test positive for HIV should be linked into care as quickly as possible, ideally on the same day as diagnosis. Linkage staff should begin by assessing any barriers to engaging in care that exist for the client, and then make a plan to address these barriers. Facilitators to effective linkage include having supportive staff who are trusted by the community (preferably transgender WOC peers), warm hand-offs to clinics that provide gender-affirming care, and consistent follow up to ensure that linkage to care has been successful. The ARTAS intervention can been used with transgender WOC to support effective

linkage into care (see *Topic 6: Implementing Evidence-Based Interventions and Homegrown Programs*, for more information about ARTAS).

Retention in Care

The key element to retaining transgender WOC in care is having sensitive, competent clinicians and staff members who can work with them to address their complex and immediate needs. Transgender WOC clients often have basic priorities that are more pressing for them than engaging in care. Social determinants of health that create barriers for retention in services include stigma, violence, and lack of employment, education, transportation, housing, and social support systems. Due to difficulties with stable housing, many transgender WOC can be difficult to locate, especially those who experience homelessness. This, coupled with the fact that clients may not consistently have a phone, can make keeping in contact with them and retaining them in services particularly difficult.

CD4 Cell Count, Viral Load, and Viral Suppression

Providers should help clients living with HIV understand the importance of regular laboratory blood tests, and what test results mean. Inform clients that CD4 cell count is used to monitor the health of the immune system, and the importance of maintaining a CD4 cell count that is as high as possible. Viral load should also be discussed, including what levels indicate, and that becoming undetectable prevents sexual transmission of HIV to partners. Understanding the health benefits of viral suppression for both clients and their partners can be very empowering and destigmatizing. The importance of adherence to HIV medications and retention in care should be emphasized as ways to maintain a healthy CD4 cell count and undetectable viral load. (See *Additional Resources in Topic 8: Undetectable = Untransmittable (U = U)*, for more information on preventing HIV transmission through viral suppression.)

HIV Treatment Adherence and Barriers

A fairly high level of adherence to HIV therapy is required to achieve the benefits of treatment, including maintaining an undetectable viral load to keep people living with HIV healthy and make it highly unlikely to transmit the virus. It is important to work closely with transgender clients to identify barriers to adherence and develop plans to overcome them. Commercially available mobile phone apps may also help with adherence.

Best Practices for **Providing Primary Care (Including HIV Care) to Transgender WOC**

1. Provide sensitive, gender-affirming primary care for transgender WOC

Ongoing training of clinicians and staff regarding gender-affirming terminology, cultural competency, cultural humility, and implicit bias is essential. Create and maintain gender-affirming environments that include gender-neutral bathrooms and use transgender WOC–friendly images and language in signage and materials. Collect data consistently on the names and gender pronouns clients use and their gender identity (see *Topic 4: Creating Transgender-Affirming Environments*, for more information).

2. Provide trauma-informed care and prevention

Ensure that primary (including HIV) care and prevention services are based on trauma-informed approaches. These include promoting safety, trust, and transparency; providing peer support; and creating a collaborative and empowering environment. Train all providers and staff on trauma-informed care. Doing so can improve clients' health outcomes and engagement in care. Offer confidential spaces to conduct client history screening, including histories of trauma.

3. Follow guidelines and best practices for physical and mental health screening and assessment

Follow health screening guidelines specific to transgender people where possible (see *Additional Resources* at the end of this section and in Topic 10: Addressing Mental and Behavioral Health Needs of Transgender WOC). Base screening decisions on sexual histories and risk assessments that are transgender-sensitive, and avoid value judgments or assumptions about sexual activities. Train providers on how to assess nicotine, alcohol, and drug use; substance use disorders; self-acceptance; mental health (including suicidality); and treatment options. Integrate mental health and substance use care with primary care.

4. **Address barriers to HIV treatment adherence**

Work closely with transgender clients to identify barriers to adherence and develop plans to overcome them. Assess current mental health status and provide mental health services or referrals, as appropriate. Work with clients to educate them and help them overcome doubts to improve adherence self-efficacy. Provide client-centered and gender-affirming care to facilitate a positive client-provider relationship. Pay special attention to talking with transgender WOC about their concerns related to side effects and drug interactions.

5. **Maximize retention in care**

Offer services that help address the complex and competing health and social challenges of transgender WOC and support their ability to engage in HIV care services. Provide gender-affirming, client-centered care. Hiring and training competent, connected staff (transgender WOC when possible) is essential for retaining transgender WOC in services. Provide incentives that are appropriate, incremental, and motivating to help keep transgender WOC engaged in programs. Collect multiple types of contact information, including social media usernames, to help locate clients who may not have reliable phone service or who are otherwise difficult to reach. To ensure linkage to care with coordination and communication across health service settings, make retention a team effort, involving clinicians, case managers, social workers, and peer navigators.

Additional Resources for Providing Primary Care (Including HIV Care) to Transgender WOC

Resource 1: Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016)
https://transcare.ucsf.edu/guidelines
This resource, published by the Center of Excellence for Transgender Health at UCSF, provides comprehensive guidelines to improve the primary care services offered to transgender and nonbinary people. It is designed to equip providers with knowledge and tools to improve their practices. It covers a wide range of relevant topics, including gender-affirming treatments and environments, hormone therapy, chronic diseases, HIV, STDs, mental health, legal issues, and more. This guidance document can help primary care providers learn about the specific needs of transgender clients and how these may differ from the needs of cisgender clients.

Resource 2: Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. 7th ed. (2012)

https://www.wpath.org/publications/soc

The goal of this document, produced by the World Professional Association for Transgender Health (WPATH) is to share the highest standards of care for transgender people based on the best existing evidence and professional consensus. It was primarily written for health care providers, but it can also be used by individuals and their families to educate and empower themselves to advocate for appropriate services. Topics covered include primary care, gynecologic and urologic care, mental health care, and transgender-specific topics such as reproductive options, voice therapy, and gender-affirming treatment.

Resource 3: Transgender HIV/AIDS Health Services Best Practices (2015)

http://sfhivcare.com/PDFs/SFDPH%20-%20HHS%20Revised%20Best%20Practices%20Transgender%20Services.pdf

This set of best practices was developed by the San Francisco Department of Public Health. It is organized around 11 best practices standards, including creating safe, welcoming environments; building trusting relationships; ensuring staff diversity and education; and promoting collaboration among providers.

Resource 4: Project Implicit: Implicit Biases/Associations Tests

https://implicit.harvard.edu/implicit/takeatest.html

This site from an international, nonprofit collaboration of researchers on implicit social cognition offers a variety of free tests to measure implicit associations. Featured tests include race, age, disability, sexuality, and weight.

Resource 5: Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV (Updated 2019)

https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/0

These DHHS guidelines are regularly updated by a panel of experts on HIV treatment and cover when to start HIV therapy, which medications to start with, management of heavily treatment-experienced patients, and other cornerstones of HIV treatment and care. This newly updated version of the guidelines includes a section on transgender people with HIV.

Resource 6: 2015 Sexually Transmitted Diseases Treatment Guidelines

https://www.cdc.gov/std/tg2015/toc.htm

This guidance document from CDC includes detailed recommendations on screening and clinical prevention and management of viral, bacterial, and other STDs. It includes a section on transgender people.

Resource 7: Trauma-Informed Approaches Toolkit (Updated 2019)
https://www.nastad.org/trauma-informed-approaches

NASTAD developed this toolkit to assist HIV service organizations and other organizations in providing trauma-informed services. It includes an overview of the impact of trauma in people living with HIV, describes trauma-informed approaches and strategies, and provides practical advice for organizations to develop and implement trauma-informed prevention and care services to people with HIV.

Resource 8: Living With HIV (Updated 2019)
https://www.cdc.gov/hiv/basics/livingwithhiv/index.html

This CDC resource for people living with HIV includes information on a range of important topics. Sections cover: new diagnosis, HIV treatment, opportunistic infections, HIV disclosure, protecting partners, dealing with stigma and discrimination, mental health, and more. The "Understanding Care" section describes the blood tests needed to monitor HIV infection, including CD4 cell count and viral load. The "HIV Treatment" section describes steps to becoming undetectable (i.e., viral suppression) as well as the benefits of staying undetectable.

Resource 9: Agency for Healthcare Research and Quality (AHRQ) Playbook
https://integrationacademy.ahrq.gov/products/playbook/about-playbook

The AHRQ Academy's Playbook is a guide to integrating behavioral health in primary care and other ambulatory care settings. The guide aims to help improve health care delivery to achieve better patient health outcomes.

TOPIC 10. ADDRESSING MENTAL AND BEHAVIORAL HEALTH NEEDS OF TRANSGENDER WOC
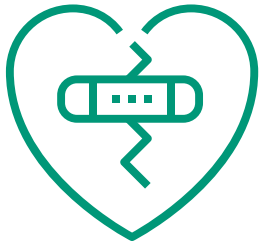
Experiences of structural stigma, which includes discrimination and social and economic marginalization, shape the lives of many transgender WOC and also influence their behavioral health. The stigma and discrimination faced by transgender people in all areas of life are associated with increased risk behaviors and poorer mental health outcomes. Chronic minority stress, stigma, and discrimination can become internalized and drive increased rates of substance use and mental health issues.[42] These and other vulnerabilities require specialized, attentive behavioral health care for transgender WOC.

Although there is still no national population-based health survey of transgender people in the United States, the data that do exist show that transgender people have higher rates of alcohol and other substance use than the U.S. population as a whole.[12] Transphobia, genderism, employment discrimination, housing discrimination and homelessness, and discrimination in recovery programs are among the risk factors that contribute to substance use among transgender WOC.[43]

> Chronic minority stress, stigma, and discrimination can become internalized and drive increased rates of substance use and mental health issues.

Studies also show that transgender people face disproportionately high rates of mental health issues such as anxiety, depression, post-traumatic stress disorder (PTSD), self-harm, and attempted or completed suicide. Studies have found rates of depression among transgender people are as high as 62%.[4] The rate for attempted suicide is as high as 40% for transgender people, which is nine times the rate of the general U.S. population.[10,24,44]

Behavioral and mental health issues for transgender WOC generally fall into one of three main categories:

- Exploration of gender identity

- Coming out and social transition

- General mental health issues

Transgender WOC may seek mental health services if they are experiencing distress due to a disconnect between their gender identity and their sex assigned at birth.[42] They may be seeking support in determining what their gender identity is, coming to terms with it, and accepting and actualizing that identity, as well as exploring options for social and medical gender transition. They may seek support during the process of coming out to family, friends, coworkers, and others. Finally, transgender WOC may seek mental health services for issues unrelated to their gender identity.

Behavioral health providers must show patience and acceptance when supporting transgender WOC as they navigate their gender identity and expression,[44] and they should normalize any feelings of grief and loss the client

may be experiencing.[42] Providers should take caution when using psychological assessment tools that were not explicitly designed for use with transgender people, as they may not be affirming or appropriate for their needs.[42] Providers should never assume that the services a transgender person seeks are related only to their gender identity.

Counseling can be an essential part of care for transgender people. When serving transgender clients, it is important for counselors to consider the coming out process, including physical, psychological, social, sexual, reproductive, economic, and legal implications. Effective gender-affirming psychotherapy for transgender clients working through gender dysphoria or exploring their gender identity may focus on:[44]

• Gender identity, expression, and role

• Adverse effects of minority stress and stigma on psychological health

• Reducing internalized transphobia

• Building peer and social supports

• Improving body image

• Enhancing resilience

CBOs should try to meet the behavioral needs of transgender WOC clients. This includes screening clients for substance use and mental health needs at each encounter. It may not, however, be feasible to provide for all of the behavioral health services needs of clients. For example, some organizations might provide mental health or substance use counseling or support groups, but not more intensive services like in-patient care. Thus, it is imperative that CBOs develop relationships with other community organizations that can provide any needed services CBOs cannot provide in-house. It is also important that these organizations be carefully vetted before referring clients to ensure that they are capable of providing transgender-affirming services. Further, CBOs should use warm hand-offs and follow up with clients to make sure they receive quality, affirming care (see *Topic 11: Building Community Partnerships and Referrals*, for more information).

Trauma-Informed Care

Experiences of discrimination, marginalization, and trauma profoundly impact the lives of many transgender WOC. From an early age, too many have been subject to stigma; transphobia; racism; rejection; harassment; violence; and physical, psychological, and sexual abuse, including at home and at school. This trauma can have persistent effects throughout life and can cause symptoms consistent with post-traumatic stress disorder (PTSD).

Other intersecting structural factors, some arising from the consequences of prior traumas, such as lack of access to educational, employment, economic, and housing opportunities, create difficulties throughout life that can further increase social isolation, compound trauma, and have negative physical and mental health implications.

Due to the high levels of trauma that many transgender WOC have experienced and continue to face, organizations that serve them must provide trauma-informed care. Trauma-informed care is an institutional approach that takes into consideration how trauma may affect one's life and responses to care and services.[45]

Trauma-informed service environments recognize that a history of trauma can result in a mistrust of caretakers. Thus, it is vital that organizations prioritize a sense of safety and work toward trust, transparency, and collaboration with clients to retain them in care.[46] The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-informed service organization as one that:[45]

1. **Realizes the widespread impact of trauma and understands potential paths for recovery**

2. **Recognizes signs and symptoms of trauma in clients, staff, and others involved with the system**

3. **Responds by fully integrating knowledge about trauma into policies, procedures, and practices**

4. **Seeks to actively resist retraumatization**

Aside from creating a trauma-informed environment, organizations should screen transgender WOC clients and patients for a history of trauma. This can be done using standardized primary care PTSD screening tools, intimate partner violence tools, and other tools. If trauma is identified, specific assessments for PTSD symptoms should be administered, followed by provision and/or referral to appropriate mental health services.

Harm Reduction

Harm reduction encompasses a variety of strategies to reduce the negative consequences of substance use and other behaviors. The goal is to alleviate harms and improve outcomes and quality of life, even when an individual may not desire or be able to stop the risk behaviors altogether. One example of a harm reduction strategy for people who cannot or will not completely curtail injecting drug use is needle exchange programs, which reduce sharing of needles and associated infectious disease risks.

It is important that organizations serving transgender WOC provide them with client-centered, compassionate services, meet them where they are, and prioritize the needs identified by the client. These strategies can be used to reduce potential harms from substance use and other behaviors and help keep clients engaged in care, as they may become ready to make more substantial changes at some point in time.

Transgender Resilience and Wellness

Many transgender WOC have experiences that negatively impact their quality of life and overall wellness. However, it is important to recognize the incredible strength and resilience of transgender WOC and to offer the health, social, emotional, and practical support they need to achieve optimal wellness.

Transgender people know who they are; they typically participate in services to enhance their overall well-being and their journey toward optimal health in multiple areas of their lives. Providers can work with transgender clients within a framework that focuses on celebrating and affirming their resilience, encourages their efforts in finding joy and optimism after trauma, and helps them achieve gender affirmation within themselves. Transgender people can find pride in being transgender, even in a landscape that often fails to support them either socially or legislatively. They can strive to maintain high morale and optimism, and to find happiness.

CBOs can offer services that promote the physical, mental, social, and spiritual health of transgender WOC in an effort to help them truly flourish. They can make concerted efforts to foster resilience and empowerment in their transgender WOC community. Providers can engage with their clients holistically and discuss various parts of their lives; their experience as transgender women need not be the focal point of every interaction. It is important that providers consider the complexity of transgender people's daily lives—that gender affirmation can be a daily journey of highs and lows due to a myriad of contributing factors. Wellness exists on a spectrum, and people may experience temporary setbacks even as they move toward greater well-being. Providers can help by offering support and encouragement during setbacks and tapping into the inherent strength and perseverance of transgender WOC.

Best Practices for **Addressing Mental and Behavioral Health Needs of Transgender WOC**

1. Screen for mental health and substance use issues

Include mental health and substance use screening at every encounter. The assessment should capture both primary and co-occurring mental health problems, history of mental health issues and treatments, history of self-harm, symptoms of PTSD, environmental and social stressors, current substance use and treatment history, and needs related to the client's gender identity.

2. Train all staff on needs of transgender WOC and provide sensitive services

Mental health and substance use treatment programs must understand and support the unique needs of transgender WOC. It is crucial that programs make concerted efforts to provide culturally sensitive services (see *Topic 4: Creating Transgender-Affirming Environments*, for more information). Counselors and other program staff must receive training on the unique issues facing transgender WOC. CBOs not offering these services in-house should provide referrals to known and trusted providers of transgender-affirming mental health and substance use services. CBOs serving transgender WOC may need to facilitate this training for referral organizations.

3. Provide safe, gender-affirming spaces and services

Offer client-centered mental health and substance use treatment in safe, gender-affirming environments and housing, and using transgender WOC providers whenever possible. Consider offering peer counseling using transgender WOC, when appropriate. Providing opportunities for transgender WOC to socialize in group settings (e.g., a day in the park or an outing to the movies) diminishes isolation and also brings the community together.

4. **Provide trauma-informed care**	Organizations must understand how trauma affects their community, clients, and staff, and should develop services that take this into account. Train staff on trauma and on how to provide trauma-sensitive care. Involve clients and trauma survivors in the planning, implementation, and regular evaluation of services.
5. **Use harm reduction strategies**	Meet clients where they are and prioritize the needs identified by the client. Engage the client in making a plan to reduce HIV, STD, and other health and non-health consequences of substance use and sexual risk behaviors. For transgender WOC who are not ready or willing to engage in services, this may entail simply letting them know that the CBO is there if or whenever they might need services.

Additional Resources for Addressing Mental and Behavioral Health Needs of Transgender WOC

Resource 1: Trans Lifeline
https://www.translifeline.org/

This is a crisis hotline staffed by and for transgender people that can be included in safety planning with clients.

Resource 2: World Professional Association for Transgender Health (WPATH) Provider Directory
https://www.wpath.org/provider/search
This is an online, searchable database of self-selected mental health providers. The database can be searched by U.S. state and city after selecting the country.

Resource 3: Caring for Transgender People with Severe Mental Illness (2018)
https://www.lgbthealtheducation.org/wp-content/uploads/2018/06/Understanding-and-Addressing-Severe-Mental-Illness-in-Transgender-People.pdf
This brief by the National LGBT Health Education Center focuses on care for psychiatric disorders classified as severe mental illnesses. It provides general

recommendations for the care of transgender people with severe mental illness and covers gender-affirming treatment, issues related to gender fluidity, and care models. It also provides resources for further education.

Resource 4: Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People (2016)
https://transcare.ucsf.edu/guidelines

This resource, published by the Center of Excellence for Transgender Health at UCSF, provides comprehensive guidelines to improve the primary care services offered to transgender and nonbinary people. It is designed to equip providers with knowledge and tools to improve their practices. It covers a wide range of relevant topics, including gender-affirming treatments and environments, hormone therapy, chronic diseases, HIV, STDs, mental health, legal issues, and more. This guidance document can help primary care providers learn about the specific needs of transgender clients and how these may differ from the needs of cisgender clients.

Resource 5: A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services (2014)
https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

This Treatment Improvement Protocol (TIP) from SAMHSA provides evidence-based and best practice information for behavioral health service providers and administrators who want to work more effectively with people who have been exposed to acute and chronic traumas. Using trauma-informed principles, the protocol addresses trauma-related prevention, intervention, and treatment issues and strategies in behavioral health services. The content is adaptable across behavioral health settings that service individuals, families, and communities, and it emphasizes the importance of coordinating and integrating services.

Resource 6: A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals (2012)
https://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104

This publication from SAMHSA seeks to inform clinicians and administrators about appropriate diagnosis and treatment approaches to develop or enhance effective LGBT-sensitive substance abuse treatment programs. It provides demographic information, prevalence data, case examples and suggested interventions, treatment guidelines and approaches, and organizational policies and procedures.

Resource 7: Behavioral Health Care for Transgender Adults: Webinar (2018)

https://www.lgbthealtheducation.org/courses/behavioral-health-care-for-transgender-adults/

This webinar from the National LGBT Health Education Center covers behavioral health disparities and risk factors for transgender adults, the effects of stress and stigma on behavioral health, and strategies to address behavioral health issues for transgender adults. It emphasizes the importance of providing gender-affirming services and describes ways that health care professionals can improve the behavioral health of transgender people. It also covers tools that can be used when screening clients.

Resource 8. Behavioral Health Screening Tools

https://www.integration.samhsa.gov/clinical-practice/screening-tools

The SAMHSA-HRSA Center for Integrated Health Solutions provides this online selection of screening tools for a variety of behavioral health issues, including depression, drug and alcohol use, suicide risk, and trauma.

Resource 9. Guidelines for Psychological Practice with Transgender and Gender Non-conforming People (2015)

https://www.apa.org/practice/guidelines/transgender.pdf

The purpose of the guidelines, developed by the American Psychological Association, is to assist psychologists in providing culturally competent, developmentally appropriate, and trans-affirmative psychological care.

TOPIC 11. BUILDING COMMUNITY PARTNERSHIPS AND REFERRALS

Maintaining strong working relationships with other local health and social service organizations is essential to serving transgender WOC. Such partnerships can be instrumental in broadening and strengthening ties to local transgender communities and, through participation in coalitions and alliances, may provide opportunities for increased advocacy on behalf of transgender WOC. They can also serve to generate new knowledge about best practices, such as when collaborating with local universities and health departments. Perhaps most importantly, partnerships with other high-quality organizations facilitate referrals, giving transgender WOC access to a comprehensive range of services.

Even CBOs that offer many services in-house may sometimes need to refer out to other organizations in the community—for services such as behavioral health and assistance with complex legal problems, for example. It is important that CBOs have existing partnerships with organizations that provide transgender-affirming care so that they know clients will get their needs met upon referral. It is beneficial for CBOs to create partnerships with local organizations that have an established history of serving transgender WOC. Local transgender WOC-serving organizations can provide support and expertise to CBOs to help improve the services they offer, in addition to providing services that the CBOs cannot.

CBOs should maintain relationships with health and social service agencies that focus on an array of social determinants of health in order to connect transgender WOC to comprehensive services. This includes HIV-focused organizations, clinics, housing agencies and shelters, legal organizations, pharmacies, shelters, churches, house/ball communities, and social clubs, among other organizations. It is also beneficial for a CBO to maintain relationships with a diverse set of institutions within the community beyond just health and social service providers. Some examples include larger organizations and coalitions, the local public health department, the local police department, and universities and research centers.

These institutions can assist in the provision of services for transgender WOC in various ways. For example, CBOs might access their local health department's laboratory or partner with another CBO or the health department on HIV

testing events. Partnering with the local police department, while potentially complicated, can be very beneficial, as the CBO can provide training to the police department on competent and respectful treatment of transgender people, and the police department can help the CBO educate clients about interactions with police. CBOs can also ensure that the local police are aware of any outreach activities where staff may be at risk from association in those spaces. Connecting with universities and research centers can help to close the gap between public health research and practice.

Best Practices for Building Community Partnerships and Referrals

1.	**Develop referral protocols**	Design and implement protocols for when, where, and how to make referrals for transgender WOC clients. Include a system to follow up with clients. Train CBO staff on referral procedures so that they feel comfortable providing them when needed.
2.	**Provide warm referral handoffs**	Provide navigation services, warm handoffs, accompaniment, or assistance with transportation when connecting clients to outside services. Follow up with referral organizations and clients to confirm that the intended services were delivered and that the client's needs and expectations were met. Maintain a record of any referral actions being taken.
3.	**Vet and provide training for referral organizations**	Carefully vet referral sites to make sure they are providing appropriate, gender-affirming services. This helps to ensure that organizations will serve clients competently and respectfully. This can be done by gauging community reputation, using "secret shoppers," conducting site visits, meeting with the

Vet and provide training for referral organizations
(continued)

organization's staff, and gathering client feedback. Vetting should be an ongoing process, as staff and services at other referral organizations may change over time. Offer technical assistance and training to referral sites when appropriate, to help them provide transgender-competent care and services.

4. **Maintain a list of referral sites**

Develop and maintain an internal reference list of referral sites and current providers at those sites to stay up-to-date on local services. Maintain communication with referral site staff via phone, e-mail, and/or in person. Establish a written memorandum of understanding (MOU) for specific services. By keeping up a strong relationship, organizations can exchange training and information to continually improve services for transgender WOC. CBOs may also consider a list of community resources to share with clients.

Additional Resources for Building Community Partnerships and Referrals

Resource 1: Coalitions in Action for Transgender Community Health (CATCH) Toolkit

https://prevention.ucsf.edu/transhealth/education/catch

This toolkit, created by the Center of Excellence for Transgender Health at UCSF, outlines strategies and techniques to increase the capacity of communities to plan, implement, and evaluate comprehensive, community-based health promotion programs focused on transgender health. It includes guidance on how to build and mobilize coalitions, create a community-driven resource inventory, conduct a gap analysis, identify priorities, develop strategies, and perform ongoing evaluation.

Resource 2: A Legal Guide for Trans People and Their Advocates

https://www.lambdalegal.org/sites/default/files/publications/downloads/2016_trans_toolkit_final.pdf

This Transgender Rights Toolkit from Lambda Legal is designed to be a resource and advocacy tool to educate and empower transgender communities. It covers a broad range of topics, including fighting anti-trans violence, issues for incarcerated transgender people, restrooms, documents, immigration concerns, health care discrimination, issues for transgender parents, transgender marriage, and more.

LINKS TO ADDITIONAL RESOURCES

Links to Government Websites

CDC: Transgender Persons

https://www.cdc.gov/lgbthealth/transgender.htm

CDC webpage with fact sheets and briefs, as well as links to resources for transgender people, health care providers, and public health professionals.

CDC: Effective Interventions—HIV Prevention That Works

https://effectiveinterventions.cdc.gov

This site contains information on scientifically proven, cost-effective, and scalable interventions and best practices from CDC's Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention. It includes resources for HIV prevention providers in health departments, community-based organizations, and health care organizations.

NIH: Sexual & Gender Minority Research Office (SGMRO)

https://dpcpsi.nih.gov/sgmro

SGMRO coordinates sexual and gender minority research and activities by working directly with the NIH Institutes, Centers, and Offices. SGMRO developed the current Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities.

SAMHSA: Lesbian, Gay, Bisexual & Transgender Resources

https://store.samhsa.gov/population-group/lesbian-gay-bisexual-transgender

This webpage includes guides and reports specifically for LGBT populations, including Affordable Care Act enrollment, helping families support LGBT children, substance abuse treatment, suicide prevention, and more.

Links to Non-Government Websites

Center of Excellence for Transgender Health at UCSF

https://prevention.ucsf.edu/transhealth

The mission of the Center of Excellence is to increase access to comprehensive, effective, and affirming health care services for trans communities. The Center of Excellence website features numerous resources and trainings relevant to the health of transgender WOC.

Gay and Lesbian Medical Association (GLMA)

http://www.glma.org/

GLMA is a national organization committed to ensuring health equity for LGBTQ and sexual and gender minority individuals, and equality for LGBTQ/SGM health professionals in their work and learning environments. The site offers resources for patients, providers, and researchers.

Gender Diversity: Education and Support Services

http://www.genderdiversity.org/

Gender Diversity is an organization that seeks to increase the awareness and understanding of the wide range of gender diversity in children, adolescents, and adults. They offer a variety of training and support services tailored to schools, workplaces, and health care settings.

National LGBT Health Education Center

https://www.lgbthealtheducation.org/

A program of the Fenway Institute, the Center provides educational programs, resources, and consultation to health care organizations, with the goal of optimizing quality, cost-effective health care for LGBT people. The site features many high-quality reports, webinars, and training modules.

World Professional Association for Transgender Health (WPATH)

https://www.wpath.org/

WPATH is a nonprofit, interdisciplinary professional and educational organization devoted to transgender health. WPATH engages in clinical and academic research to develop evidence-based medicine and promote high-quality care for transsexual, transgender, and gender nonconforming individuals.

National Center for Transgender Equality (NCTE)

https://transequality.org/

NCTE advocates to change policies and society to increase understanding and acceptance of transgender people and replace disrespect, discrimination, and violence with empathy, opportunity, and justice.

National LGBTQ Task Force

https://www.thetaskforce.org

The Task Force works to advance full freedom, justice, and equality for LGBTQ people by identifying and taking action on advocacy opportunities and strategically galvanizing and mobilizing the LGBTQ community.

Transgender Law Center (TLC)

https://transgenderlawcenter.org/

TLC is the largest national trans-led organization advocating self-determination

for all people. Grounded in legal expertise and committed to racial justice, TLC employs a variety of community-driven strategies to keep transgender and gender nonconforming people alive, thriving, and fighting for liberation.

Sylvia Rivera Law Project (SRLP)
http://www.srlp.org
SRLP works to improve access to respectful and affirming services for transgender communities. The organization was founded on the understanding that gender identity is intertwined with racial, social, and economic justice.

Transgender Legal Defense & Education Fund
http://www.transgenderlegal.org
Transgender Legal Defense & Education Fund is committed to ending discrimination based on gender identity and expression and to achieving equality for transgender people through public education, test-case litigation, direct legal services, and public policy efforts.

Lambda Legal
https://www.lambdalegal.org
Lambda Legal is the oldest and largest national legal organization whose mission is to achieve full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people, and everyone living with HIV through impact litigation, education, and public policy work. Lambda Legal does not charge clients for legal representation or advocacy.

Human Rights Campaign (HRC)
https://www.hrc.org/
HRC is the largest national lesbian, gay, bisexual, transgender, and queer civil rights organization in the United States. HRC envisions a world where LGBTQ people are ensured of their basic equal rights and can be open, honest, and safe at home, at work, and in the community. HRC works to improve the lives of LGBTQ people worldwide by advocating for equal rights and benefits in the workplace, ensuring that families are treated equally under the law, and increasing public support around the globe.

The Williams Institute
https://williamsinstitute.law.ucla.edu/
A think tank at UCLA Law, the Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. The Institute produces high-quality research and disseminates it to judges, legislators, policymakers, the media, and the public.

Target HIV

https://targethiv.org/library/topics/transgender-people

This website is funded by HHS, HRSA, HIV/AIDS Bureau under cooperative agreement with the University of California, San Francisco. It includes clinical care guidelines as well as a series of intervention manuals on best practices for innovative models of linkage to and retention in HIV care for transgender women.

Family Acceptance Project

https://familyproject.sfsu.edu

The Family Acceptance Project is a research, intervention, education, and policy initiative that works to prevent health and mental health risks for lesbian, gay, bisexual, and transgender (LGBT) children and youth, including suicide, homelessness, and HIV, in the context of their families, cultures, and faith communities.

Links to e-Courses

Transgender Health 101: A Foundation Course on Transgender People and Public Health

http://lms.southcentralpartnership.org/course/viewguest.php?id=295

Transgender Health 101 is the first of seven courses in the Transgender Health Learning Series, a joint project of Texas Health Institute and Equality Texas Foundation, launched on Tulane University's School of Public Health e-learning website.

Howard Brown Health

https://howardbrown.org/era/education/curriculum/

Howard Brown Health's Center for Education, Research & Advocacy includes curricula on transgender and gender nonconforming essentials, gender-appropriate language, and cultural competency training on LBGTQ and aging.

National HIV Curriculum: University of Washington and the AETC

https://www.hiv.uw.edu/

A free educational website from the University of Washington and the AIDS Education and Training Centers (AETC) National Coordinating Resource Center, featuring course modules on HIV screening and diagnosis, basic HIV primary care, antiretroviral therapy, co-occurring conditions, HIV prevention, and key populations.

MODEL PROGRAMS FOR REACHING AND ENGAGING TRANSGENDER WOMEN OF COLOR

Why Model Programs?

Model programs lay out a core set of elements that, when replicated, will reach similar outcomes as per the methods and design of the original program. The core elements described below are based on successful implementation methods observed in the field during site visits to CBOs, as well as drawn from years of experience working with transgender WOC communities. Taken together, they are effective in supporting CBOs in achieving their programmatic goals focused on transgender WOC. Not all program sites can implement all model program elements for a variety of reasons, including geographic barriers, funding limitations, lack of staff experience, and other structural factors. However, organizations that wish to serve transgender WOC should strive to meet as many of the elements of model programs as possible.

Assess Community Needs

To effectively serve transgender WOC, organizations must first understand their needs. These needs can often be complex, and they are greatly impacted by the intersection of multiple social determinants of health. Organizations should integrate community and client assessments into their regular activities and should measure community needs whenever they plan to launch new programs or services. It is important to (a) use various methods of assessment, because different methods yield different types of data, and (b) collect information from both clients and nonclients in order to assess the full diversity of community needs. CBOs should also gather information from their staff to gauge their organization's readiness and ability to competently serve transgender WOC.

Transgender Staff at Every Level

Model programs include members of the community at every level of organizational operation. This includes recruiting and hiring transgender WOC

at the program director, program manager, interventionist, and front-line levels. Hiring requirements may need to be adjusted to value lived experience along with professional qualifications. If the CBO is a clinical site, it should also, whenever possible, try to hire transgender-identified clinical staff. An organization can also include transgender people as volunteers, peer counselors, and CAB and/or YAB members. If the organization has a board of directors, there should be adequate representation of transgender WOC on the board. Organizations should provide ongoing support, training, and professional development to ensure transgender WOC staff members succeed on the job and create opportunities for career advancement.

Sexual Orientation and Gender Identity (SOGI)

Collecting SOGI data is an important element when providing services to transgender WOC. When sexual and gender minority clients do not see themselves reflected on intake forms, it is a form of erasure. Having the ability to select a gender or sexual identity that is reflective of the client's current identity empowers them to be themselves while engaging with CBO staff. Offering clients the ability to share the name and pronouns they use reassures them that CBO staff members value their lived experience. This fosters more open communication and information flow. It is important that SOGI data are consistently collected across the various organization/client interactions, including in electronic medical records (EMRs). Having SOGI data for clients is also useful for describing an organization's reach into the community and for drafting compelling grant applications.

Physical Space

A program's physical space should be centrally located and should include a safe space where transgender WOC can feel comfortable, socialize, and receive services. The location should be easily accessible by public transit, open during hours that are convenient for transgender WOC, and have gender-neutral restrooms. Model programs display materials, messages, and images reflective of the community on interior and external spaces and seek to communicate a message of welcome and community affirmation.

Language Competency

Model programs have an understanding of the languages and specific terminology used in the service area and take concrete steps to ensure their staff are able to communicate in those languages in addition to English.

Comprehensive Services

Transgender WOC are affected by social determinants of health, including lack of housing, lack of employment opportunities, stigma and discrimination, racism, family rejection, and violence, among other factors. Therefore, model programs take steps to address as many of those factors as possible, either in-house or through carefully vetted referral partners. Organizations should address clients' HIV prevention needs, as well as the multitude of other needs that clients present. CBOs should understand that clients may need to have more urgent priorities met before they are willing or able to accept HIV prevention services. Programs that include needed services as part of primary care approaches, such as hormone therapy, have demonstrated increased recruitment and retention of transgender WOC. Because of the increased risk for intimate partner violence and violence related to societal stigma, mental health service inclusion is a best practice. Drug and alcohol treatment options should also be offered.

Effective Programs

Programs that are designed with the specific circumstances and needs of transgender WOC in mind are scarce and sorely needed. When creating or implementing programs or services, transgender WOC clients and community members should be involved at every stage. This helps to ensure that programs meet the needs of the community, and that they are acceptable, appropriate, and engaging for transgender WOC. EBIs that are designed with other populations in mind may not be applicable or replicable with local transgender WOC. Homegrown interventions should be created in collaboration with transgender WOC, pilot tested before implementation, and adapted accordingly. Organizations should engage in formative research to ensure that gaps and needs are integrated in program design, and they should consider the theories and/or logic used in an intervention to assess its potential for efficaciousness. They should also evaluate programs to ensure they are effective and continually refined and improved.

Community Partnerships

No organization can provide all of the services that transgender WOC may need. Thus, it is imperative that organizations build relationships with other CBOs serving this population. Referral sites should be thoroughly and regularly vetted to ensure that services provided are gender-affirming and staff are knowledgeable and welcoming. CBOs that have an established track record working with transgender WOC can provide training to other organizations,

such as universities, law enforcement, or social service organizations, to help them provide culturally competent services. They can also collaborate with community partners, including transgender WOC-led organizations, to advocate for better policies to support the health and well-being of transgender WOC.

Diverse Funding Streams

Organizations should diversify their funding sources as much as possible. Having only a single funding source for programs puts the sustainability of those efforts at risk. If an organization only has one funding source, its programming is limited to what that source allows in terms of services. Often, transgender WOC service needs go unmet due to funder limitations regarding use of funds. A blend of private and public funding allows organizations to more fully address the complex needs of transgender WOC.

Strategic Plans

Model programs operate under a periodically updated strategic plan. Strategic planning every three to five years helps ensure that an organization is operating with a clear understanding of the factors impacting the community of focus. Conducting a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis can be helpful as part of the strategic planning process. Strategic plans that include clear outcomes, goals, and objectives provide organizations with a path toward achieving them. Realistic goals and objectives based on an understanding of barriers and facilitators will help avoid staff feeling overburdened. Transgender WOC staff and community advisory boards should participate in creating the strategic plan to ensure their buy-in and commitment to stated goals and objectives.

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Toolkit for Providing HIV Prevention Services to Transgender Women of Color

Developed by Sentient Research