

Cultivating Inclusivity: Advancing Transgender Health Equity

Tonia Poteat, PhD, MPH, PA-C

Professor, Duke University School of Nursing

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Disclosures

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AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinician Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu

POLL

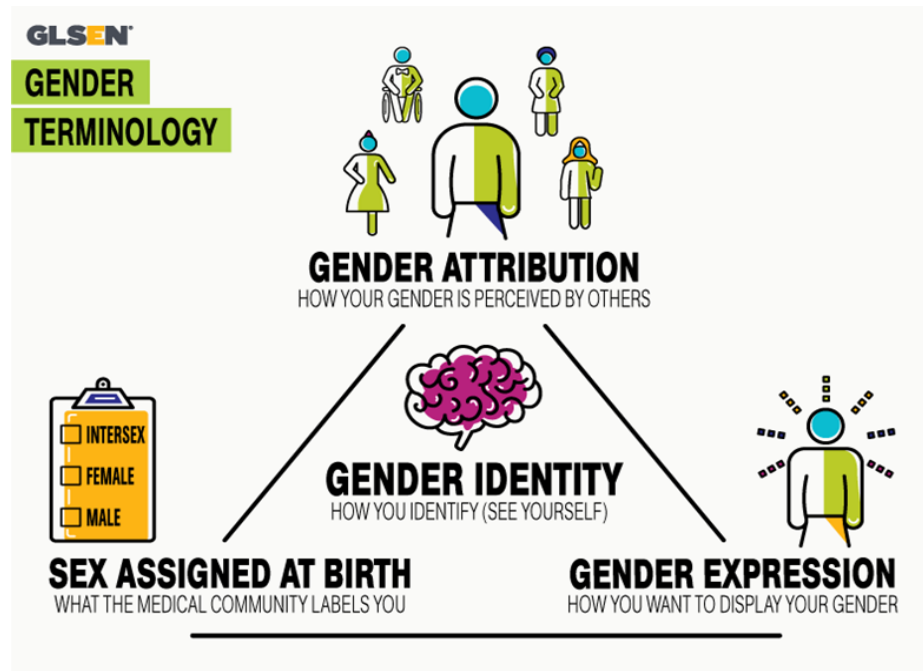
How much training have you received in transgender health?

- A. A lot
- B. Some
- C. A little
- D. None

Learning Objectives

1. Describe the **epidemiology** of HIV prevention and care among transgender people
2. List three **barriers** to engagement in HIV prevention and care among transgender people
3. Identify 3 **strategies** for improvement of HIV prevention and care for transgender people

Brief Review



- **Transgender (trans)**: people whose gender identity differs from assigned birth sex (original birth certificate)
- **Gender non-binary/gender-diverse**: people who identify outside of male/female binaries and may or may not identify as transgender
- **Cisgender (cis)**: people whose gender aligns with their birth-assigned sex, e.g. on birth certificate

- ~ **2%** of the global population identify as trans or not male/female
- ~ **2 million** trans/non-binary people in U.S.
- ~ **1.2 million** people in U.S. identify as non-binary

HIV EPIDEMIOLOGY



January 24, 2024

POLL QUESTION

Which of the following statements is **TRUE**?

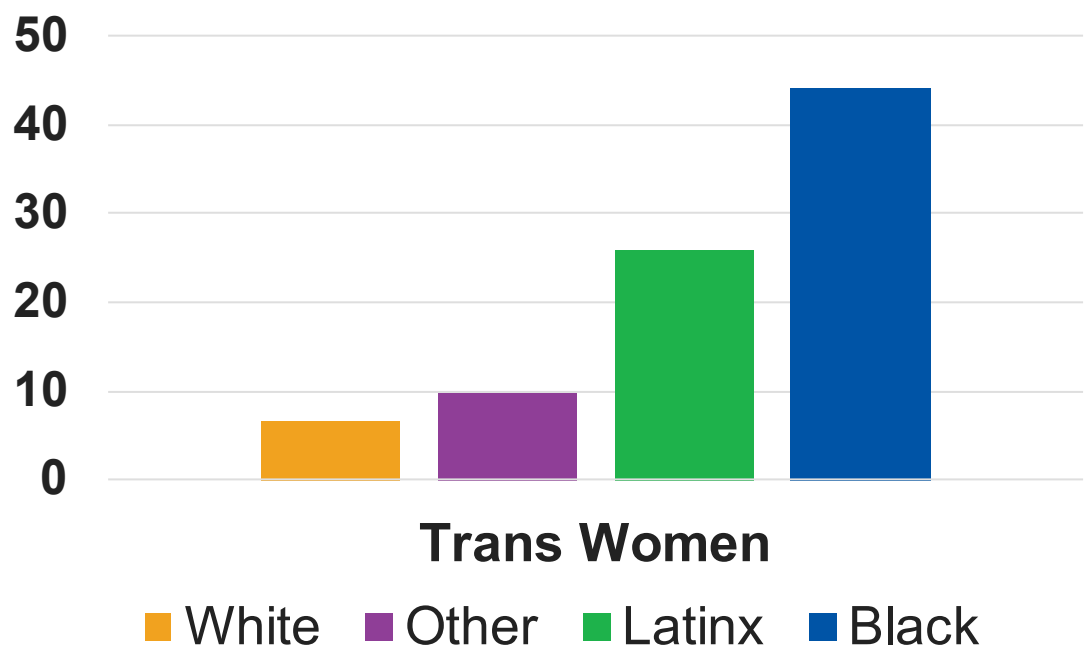
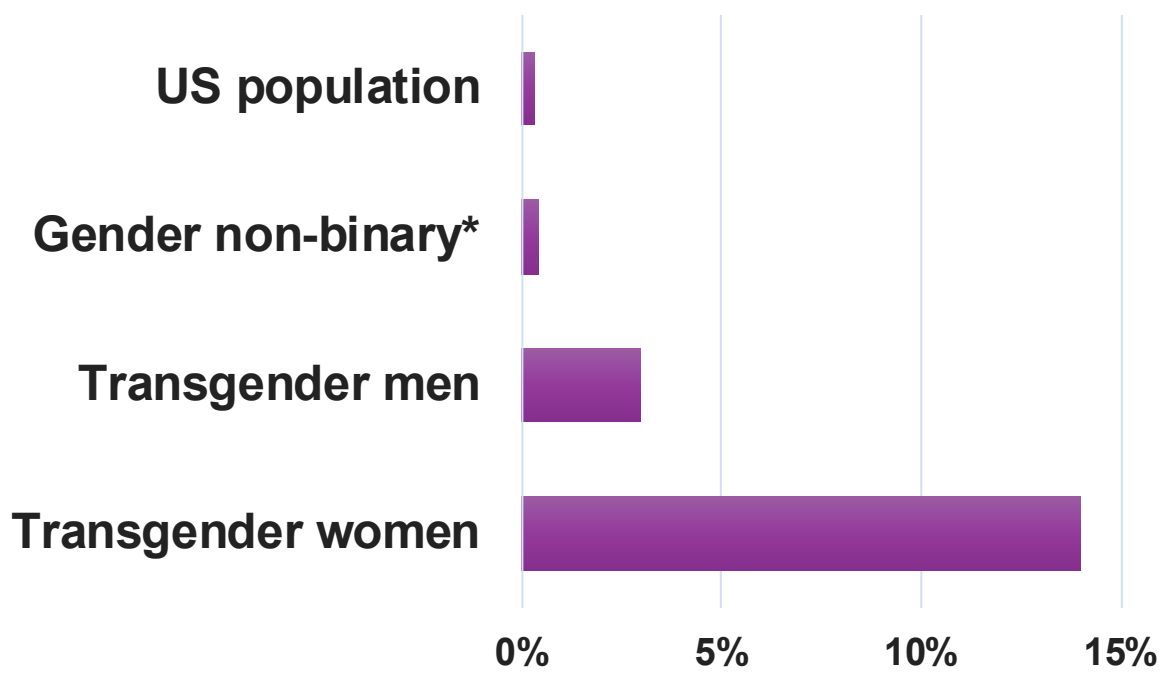
- A. Prevalence of HIV is higher among trans men than trans women
- B. CDC HIV surveillance captures data by gender identity
- C. Trans people are less likely to be aware of PrEP than cis people
- D. Rates of viral suppression are the same across gender identities

ANSWER

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HIV Prevalence

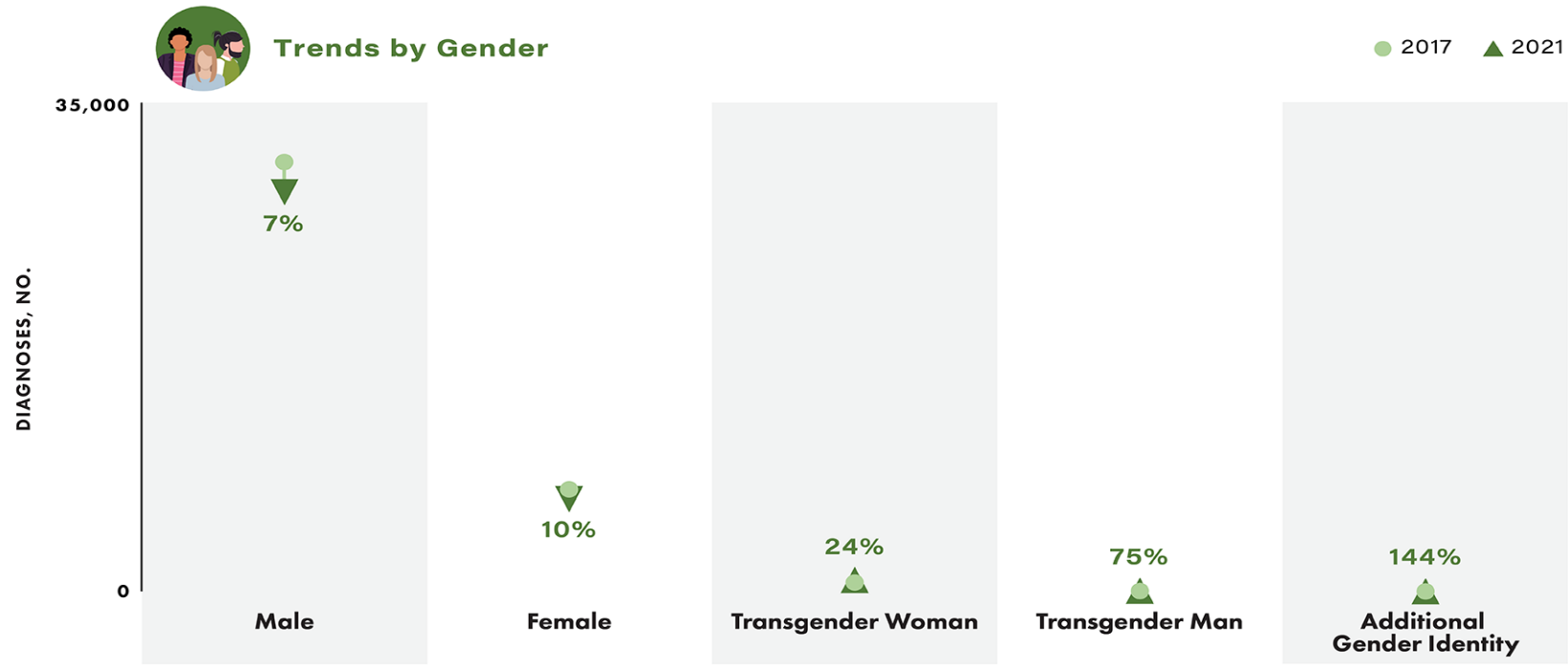


*USTS 2015 (self report)
Becasen et al. 2019 (lab confirmed)



Trends in HIV Diagnoses

FIGURE 2
Diagnoses of HIV infection among persons aged ≥13 years, by gender, 2017–2021—United States and 6 dependent areas



Note. "Transgender woman" includes individuals who were assigned "male" sex at birth but have ever identified as "female" gender. "Transgender man" includes individuals who were assigned "female" sex at birth but have ever identified as "male" gender. Additional gender identity examples include "bigender," "gender queer," and "two-spirit."



CDC EHE Indicator Data (2022, preliminary)

2.4 % of new diagnosis were among TGD people (87% were TGW)

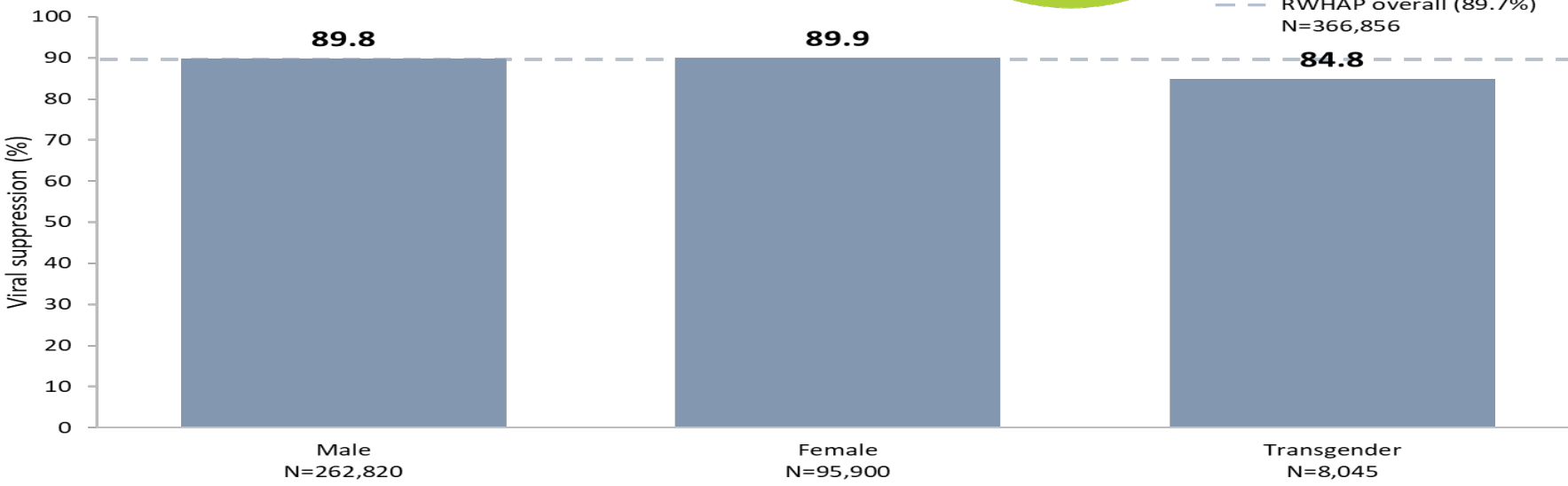
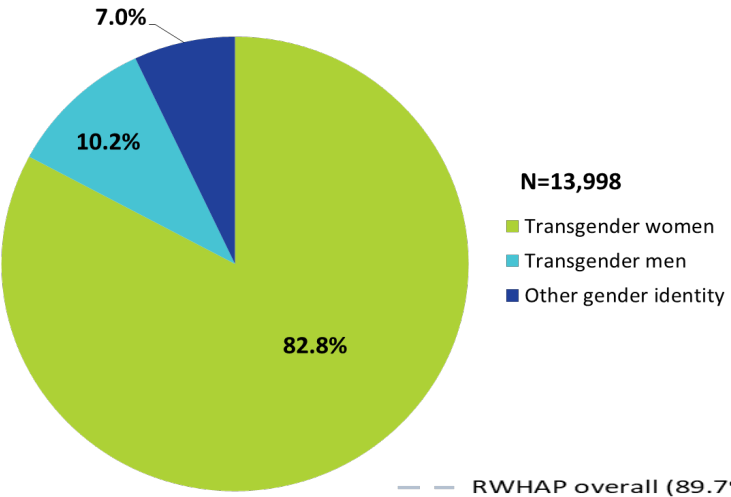
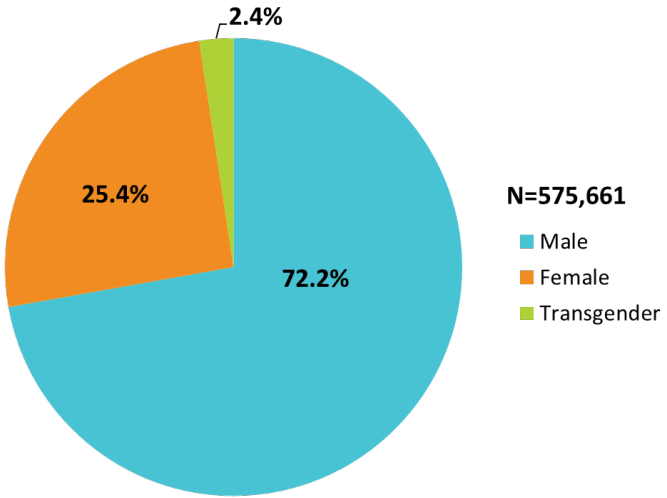
Table 2a. Linkage to HIV medical care within 1 month of HIV diagnosis among persons aged ≥13 years, by selected characteristics, January 2022 through March 2023—47 states and the District of Columbia (*preliminary*)

	2022					2023 (January–March)				
	Total diagnoses	≥1 CD4 or VL tests		No CD4 or VL test		Total diagnoses	≥1 CD4 or VL tests		No CD4 or VL test	
	No.	No.	%	No.	%	No.	No.	%	No.	%
Gender										
Male	27,926	22,866	81.9	5,060	18.1	7,535	6,182	82.0	1,353	18.0
Female	6,533	5,228	80.0	1,305	20.0	1,714	1,387	80.9	327	19.1
Transgender woman ^a	782	653	83.5	129	16.5	160	143	89.4	17	10.6
Transgender man ^a	50	46	92.0	4	8.0	12	12	100	0	0.0
Additional gender identity ^b	65	61	93.8	4	6.2	18	17	94.4	1	5.6

} cisgender

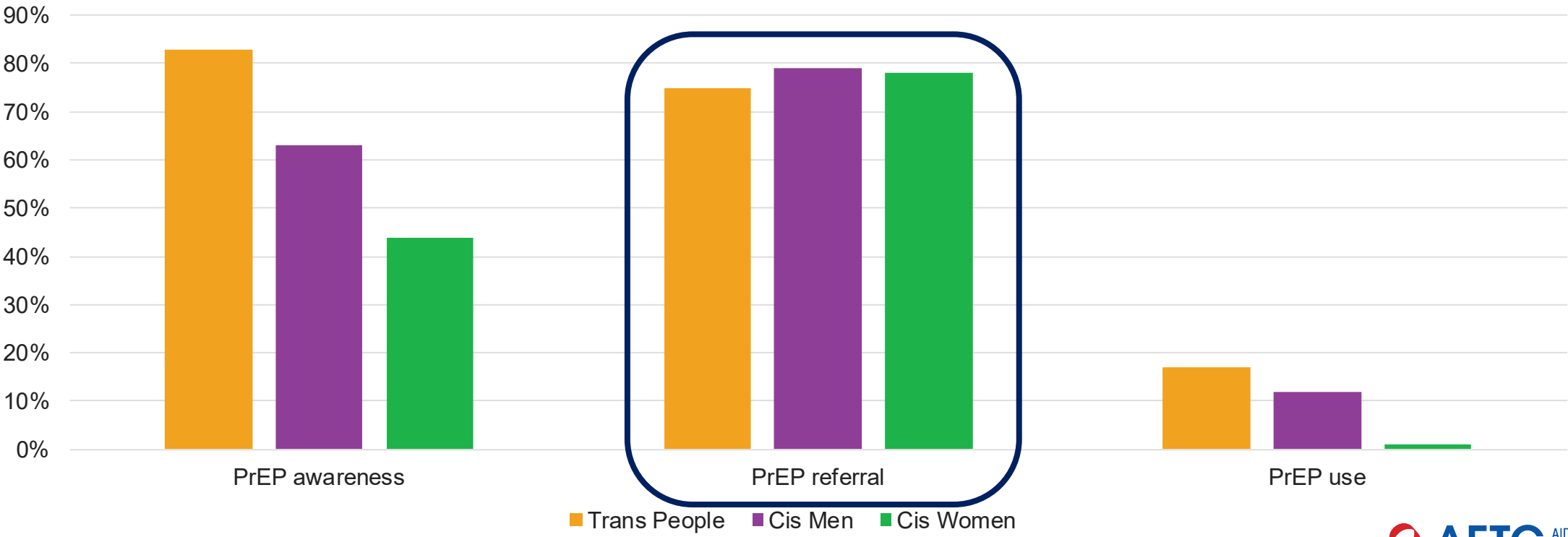


HRSA HIV Care and Treatment Data



CDC Testing & Prevention Data (2021)

PrEP Engagement

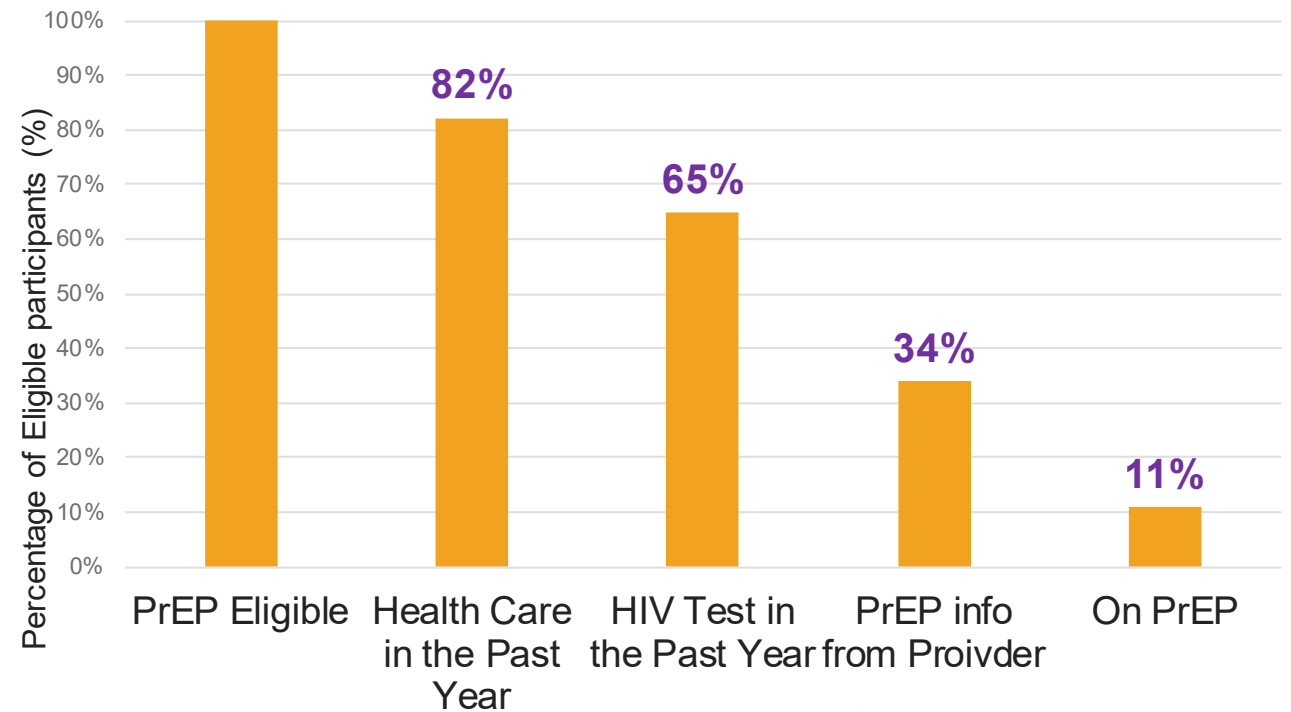


PrEP Continuum for Transgender Men

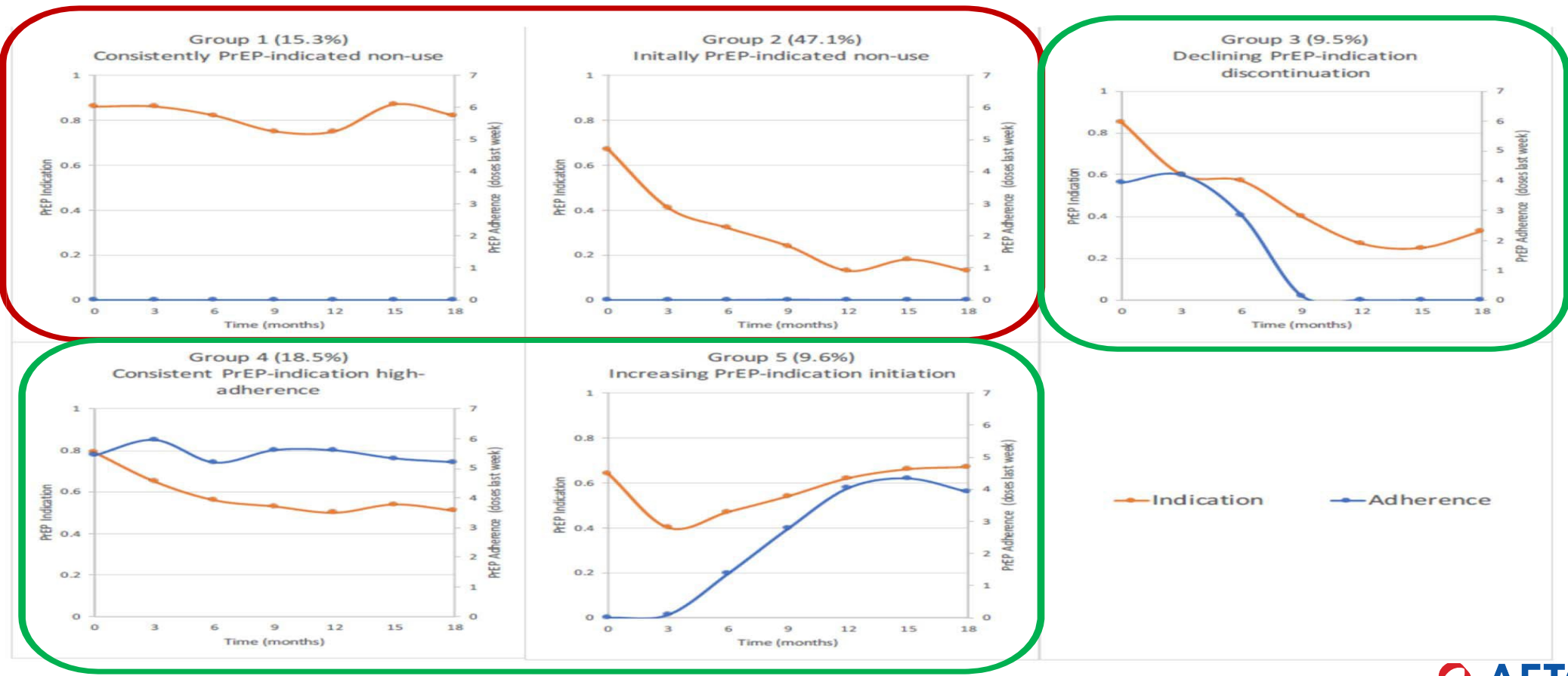
USA online survey conducted (2017) among 1808 transmasculine individuals, ages 18-60

Almost one quarter of the sample (n = 439; 24.3%) met one or more criterion for PrEP

N=1808	#	%
Condomless receptive anal sex	129	7.1
Condomless vaginal receptive sex	290	16.0
STI history in past year	99	5.5
Sex work in past 6 months	62	3.4
5+ cismale/trans female partners in past year	103	5.7
PrEP Eligible	439	24.3

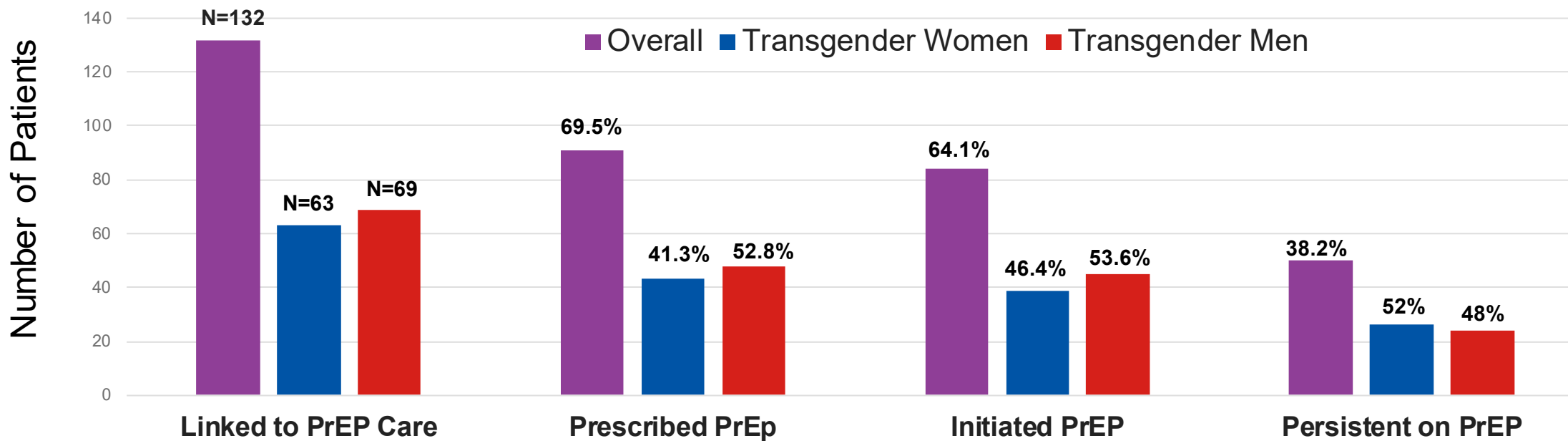


Prevention-effective Adherence Low Among Trans Women



PrEP Persistence Low in US TW & TM

Mean duration of PrEP use was **8.7 months**
[IQR 2.9-18.2]



PrEP Continuum of Care among Transgender Individuals linked to PrEP care in Kaiser Permanente Northern California 7/2012-3/2019



Summary

- HIV prevalence is elevated for trans men and trans women with the greatest inequities among Black and Latina trans women
- Viral suppression is lower among trans adults with HIV compared with cisgender people
- PrEP uptake and persistence is suboptimal among trans adults

BARRIERS TO PREVENTION & CARE

POLL QUESTION

Which of the following statements is **FALSE**?

- A. Anti-transgender violence has increased in the past few years
- B. Most states have laws against discrimination based on gender identity
- C. Access to gender affirming care is a priority for most trans people
- D. Unmet need for gender affirmation is associated with interruptions in HIV treatment.

ANSWER

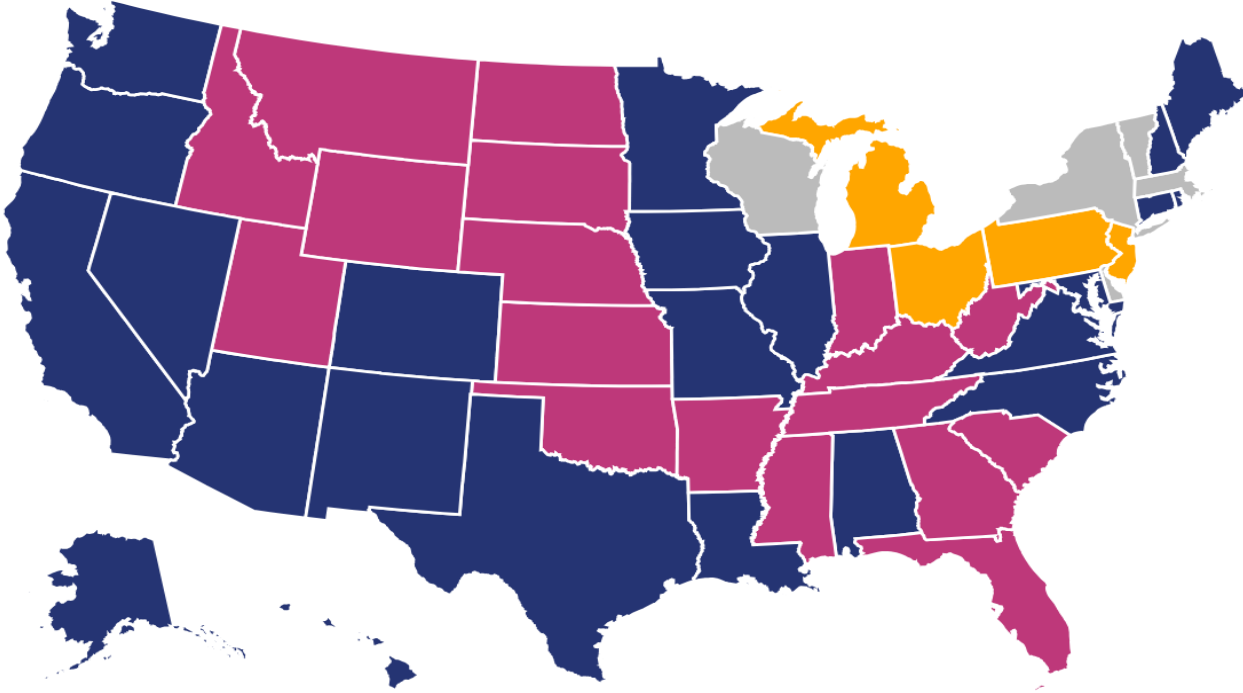
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Explosion of Anti-Transgender Legislation

45 states have proposed anti-trans bills in 2023

■ Bills pending ⓘ ■ Bills signed into law ⓘ ■ Bills prevented from advancing ⓘ ■ No bills ⓘ



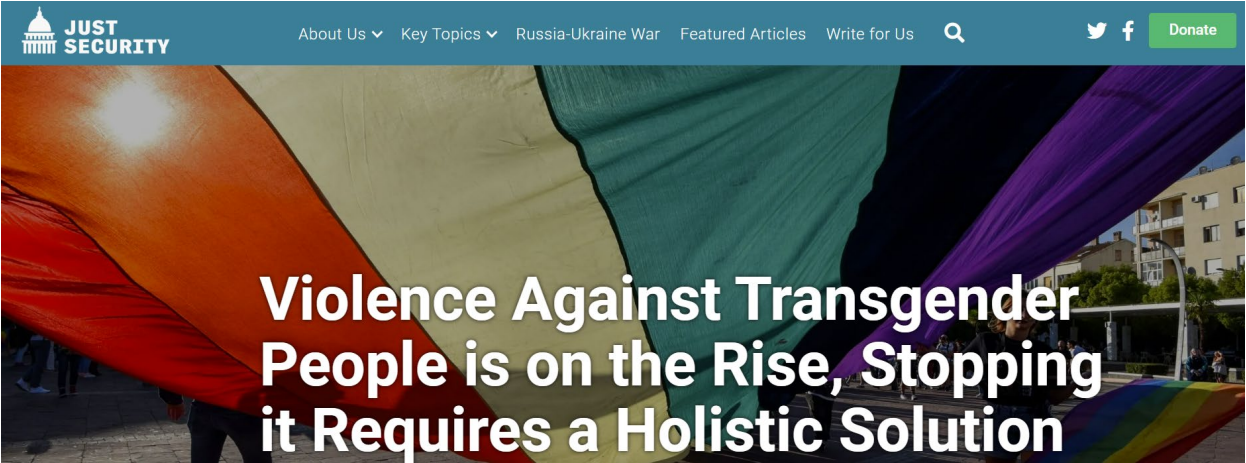
- **308** anti-trans bills were introduced in 2023
- As of Jan 2024: **280 bills** have already been introduced in **32 states**.

<https://translegislation.com>
<https://www.tracktranslegislation.com>

Trans Legislation Tracker tracks legislation that seeks to block trans people from receiving basic healthcare, education, legal recognition, and the right to publicly exist.



Rampant Anti-Transgender Violence



<https://www.justsecurity.org/83597/violence-against-transgender-people-is-on-the-rise-stopping-it-requires-a-holistic-solution/>

Hate crimes against transgender people are spiking, data shows

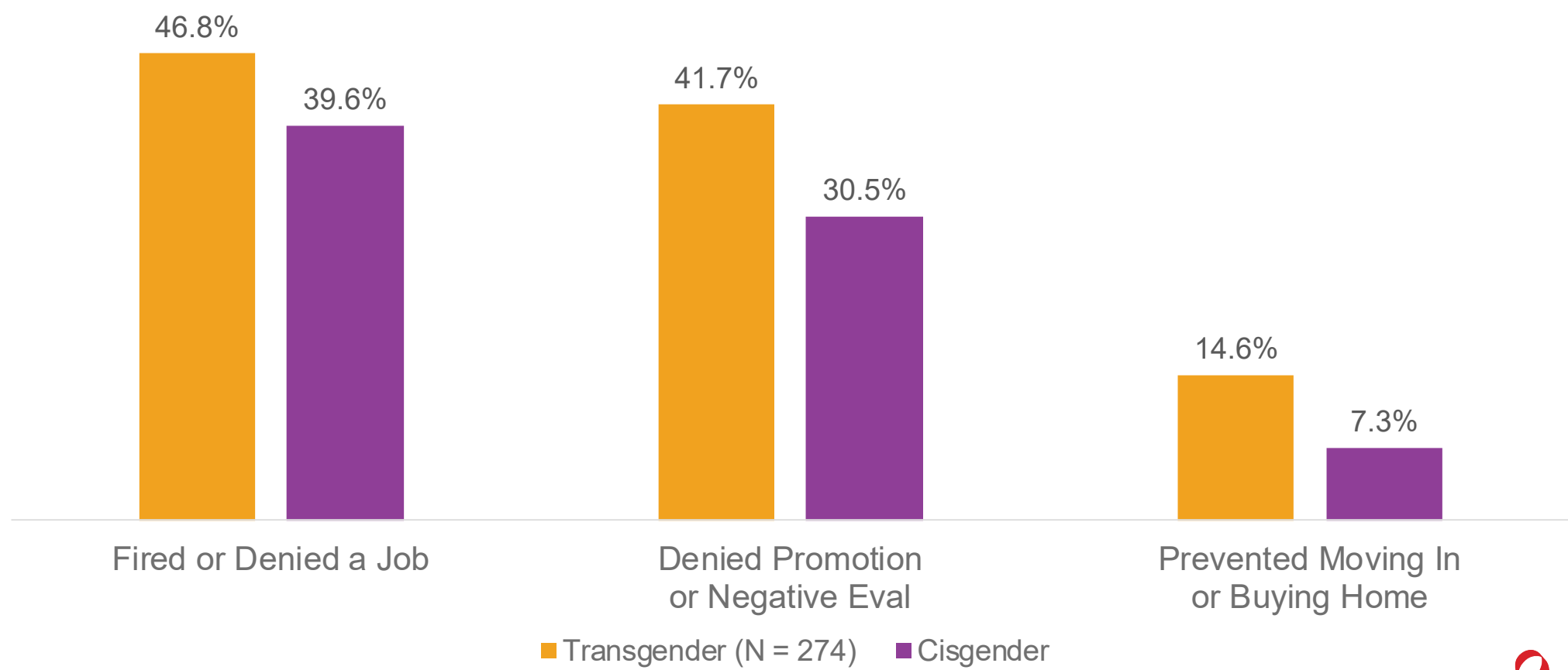
A recent study by UCLA law school found, transgender people are four times more likely than anyone else to experience violent victimization, like rape or assault.

<https://www.king5.com/article/news/community/facing-race/hate-crimes-spiking-against-transgender-community/281-5b3b1580-5759-40d2-9912-fef5c15c7b12>

Fatal Violence Against the Transgender and Gender Non-Conforming Community in 2023



Housing and Employment Discrimination



Structural Impacts of Discrimination

	Transgender (N = 274)	Cisgender (N = 1,162)
Unemployed (incl. disabled)	26%	13%
Receive public assistance (SNAP or WIC)	16%	10%
In poverty	24%	16%
Negative wealth (owe money)	53%	31%
Moved twice or more (in 2 years)	30%	11%

2015 U.S. (n=686)
TRANSGENDER
SURVEY



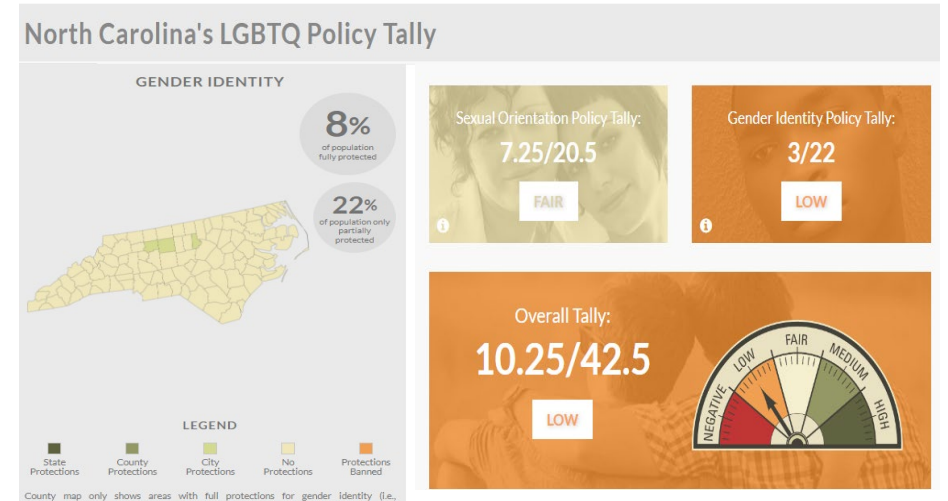
North Carolina State Report

□ Discrimination/Mistreatment

- 75% of those perceived as transgender **K-12** were mistreated, eg. harassed (54%), attacked (19%), sexually assaulted (11%)
- 32% of those who held or applied for a **job** that year were fired, denied a promotion, or not hired because of their gender
- 22% **housing** discrimination in past year (eviction or denial)
- 8% denied **restrooms**, 32% limited food and drink to avoid restrooms

□ Social/Economic Circumstances

- 15% unemployment (v. 5% U.S. overall)
- 29% living in poverty (v. 12% U.S. overall)
- 46% serious psychological distress in prior month



Durham * Greensboro * Winston Salem

- **housing**
- **public accommodations**
- **employment**

Southern Trans Health Focus Groups

4 focus groups, n=48, in NC, SC, AL, AR, MS, TN

Themes: Healthcare Experiences

Access

Consistency

Mistreatment

Lack of provider knowledge

Normative gender assumptions

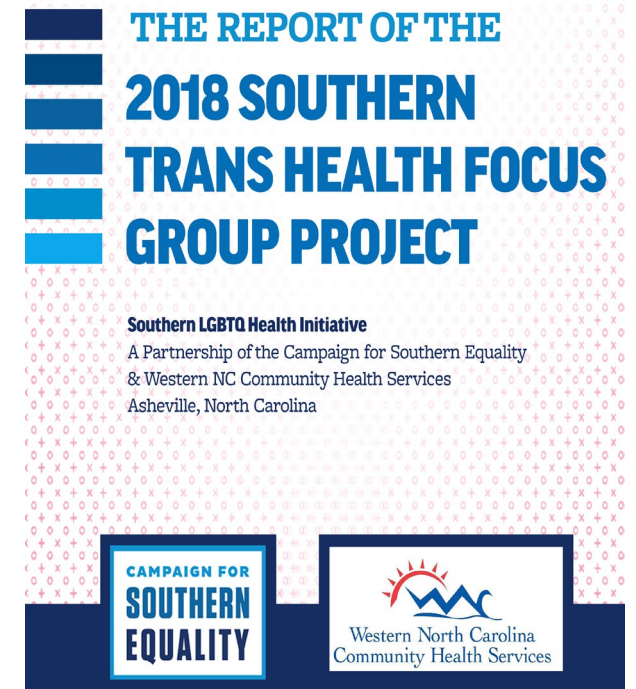
Mistrust

Intersections: SES, age, racism, mental health, religion, rurality

Themes: Coping and Resilience

Peer support

Community organizations



Transgender Community Priorities



1. Preventing **violence**, harassment, and bullying
2. Access to safe, affordable **housing**
3. Insurance coverage for **gender**-related care
4. Access to gender-related care
5. Making it easier to change name and gender on identity documents

HIV did not make it to the priority list

Transgender Community Priorities

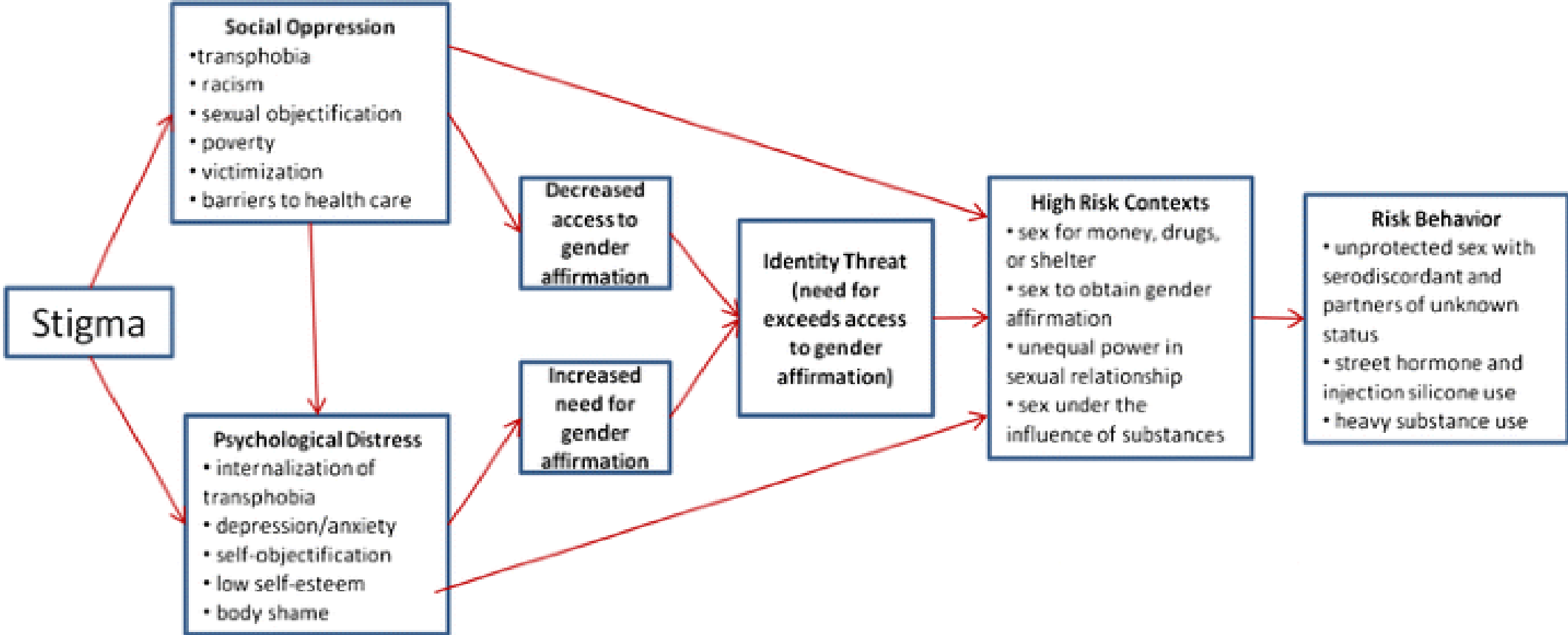


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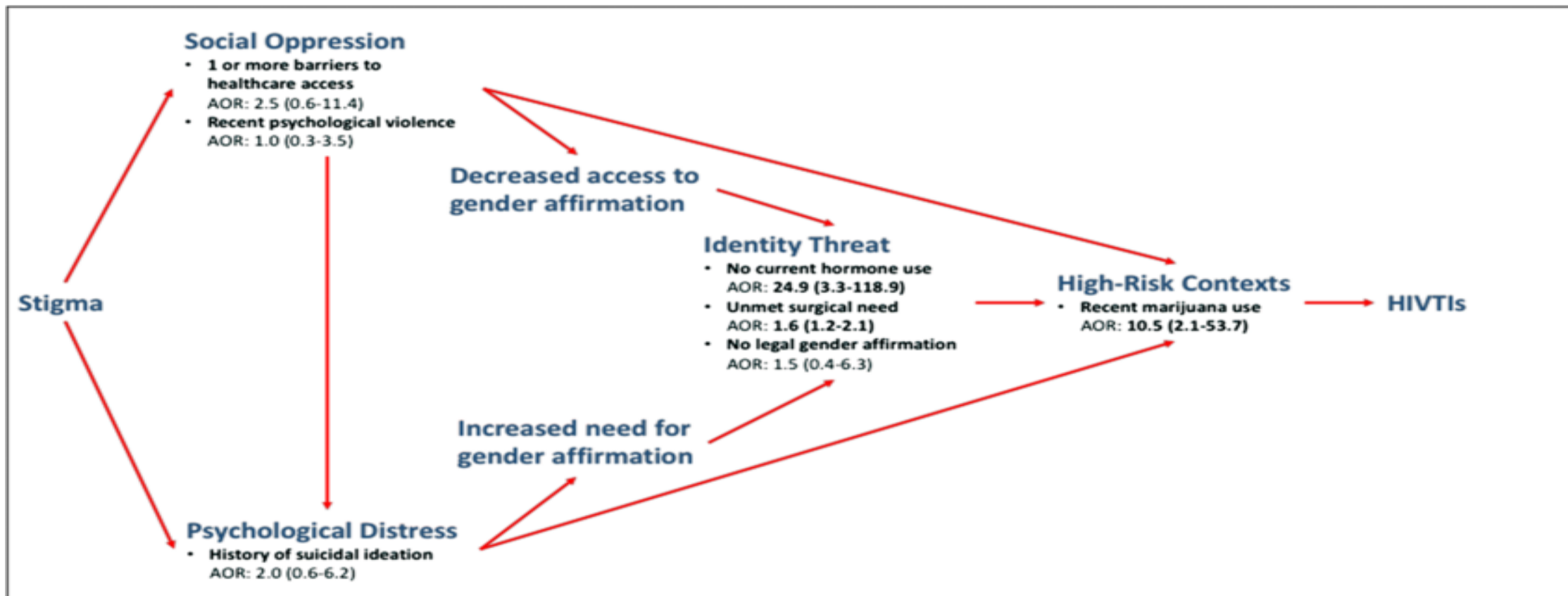
HIV did not make it to the priority list



Gender Affirmation and HIV Prevention



Gender Affirmation and HIV Treatment



Summary

- Anti-transgender violence, discrimination, and medical mistreatment are barriers to healthcare and drive medical distrust
- Stigma-driven unmet need for gender affirmation increase HIV vulnerability and suboptimal engagement in HIV prevention and care

STRATEGIES TO IMPROVE TRANSGENDER HEALTH

POLL QUESTION

Jolene is a new trans patient who asks you to inform the phlebotomist before they come into the room to draw her blood. Of the following choices, which is most affirming and appropriate way to communicate this information?

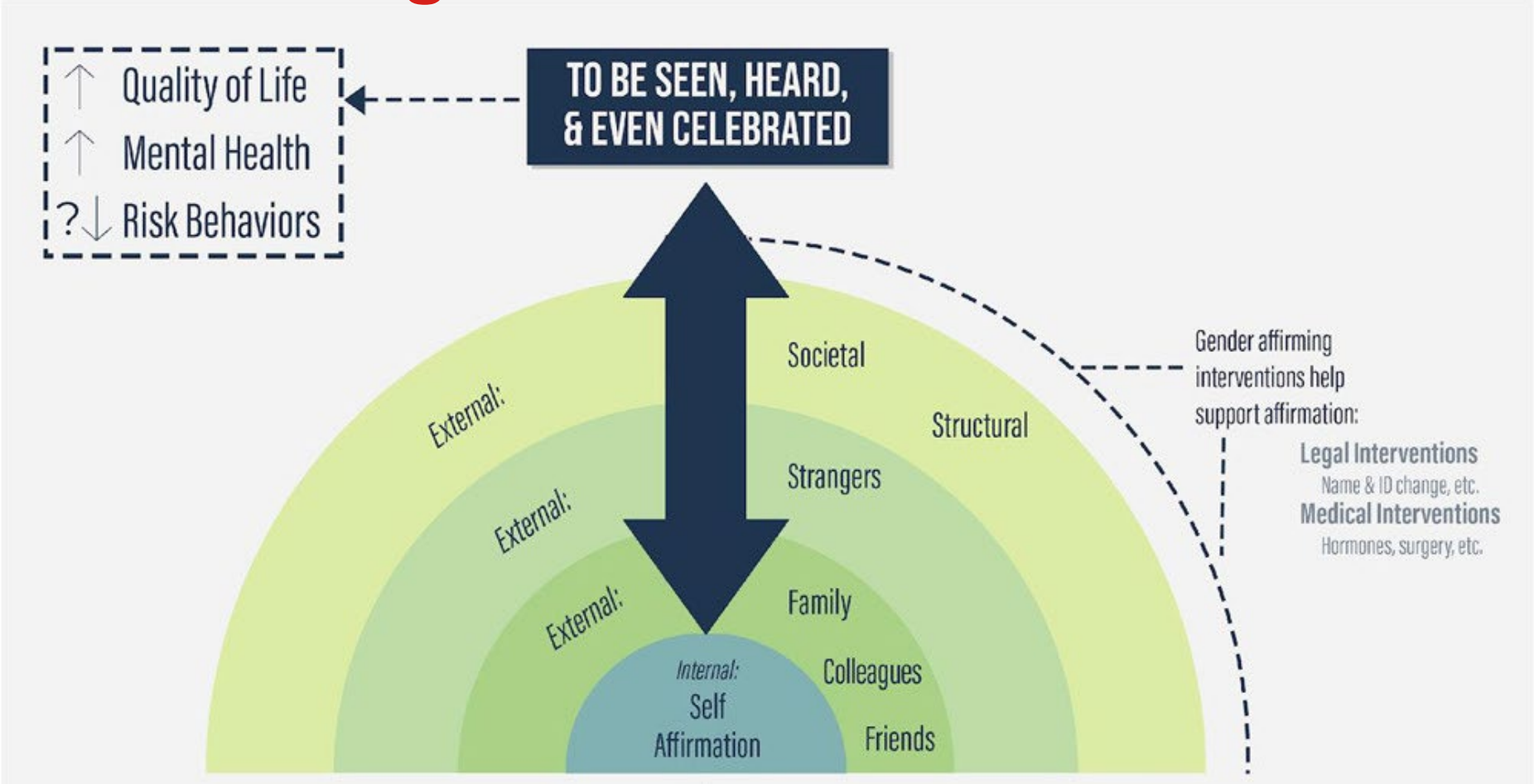
- A. “Jolene used to be a man.”
- B. “Jolene is man who identifies as a woman.”
- C. “Jolene is a transgender woman.”
- D. “Jolene is a transgender.”

ANSWER

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- C. **“Jolene is a transgender woman.”**
- D. “Jolene is a transgender.”

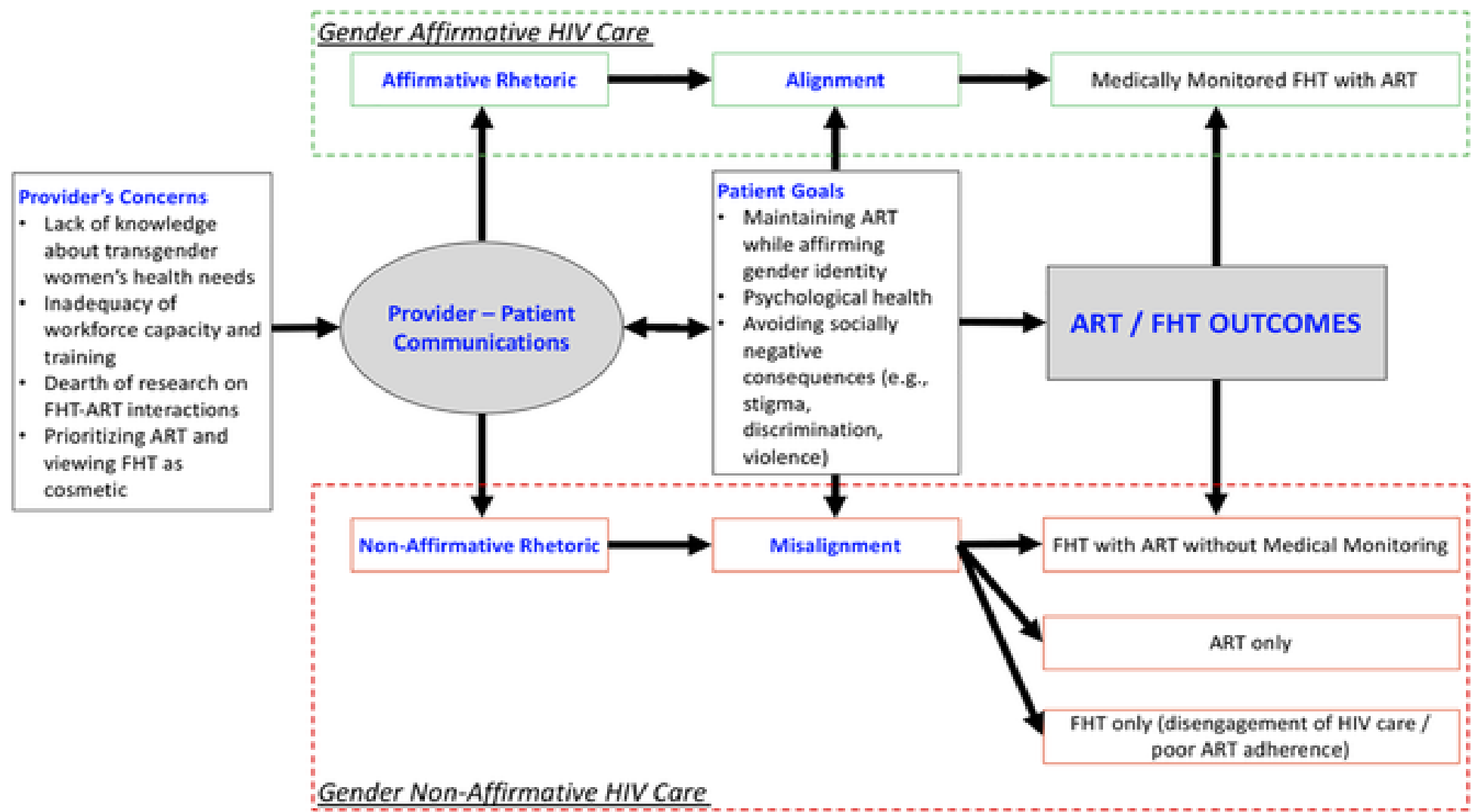
What does gender affirmation mean?



CDC Videos

- What does affirming healthcare mean to you:
<https://www.youtube.com/watch?v=WjnvRvGWTgs> (2:34)
- How to choose an affirming provider:
<https://www.youtube.com/watch?v=tuhQl3ZOhq4> (54s)
- Testing (trans masc): <https://www.youtube.com/watch?v=0fAvoy5UsnE>
(54 sec)
- Treatment (trans masc):
<https://www.youtube.com/watch?v=sy56L5QeMT0> (1:06)

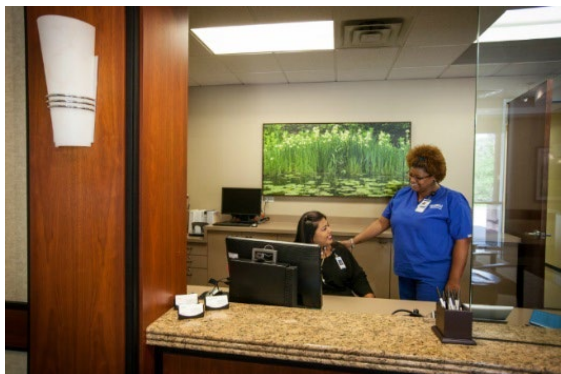
Framework for Gender Affirmative HIV Care



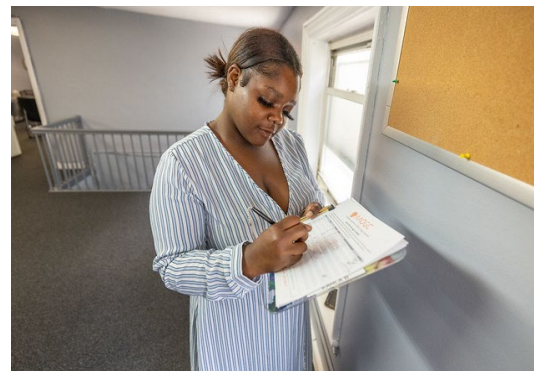
Multiple Opportunities for Gender Affirmation in HIV care



Scheduling



Checking in



Completing forms



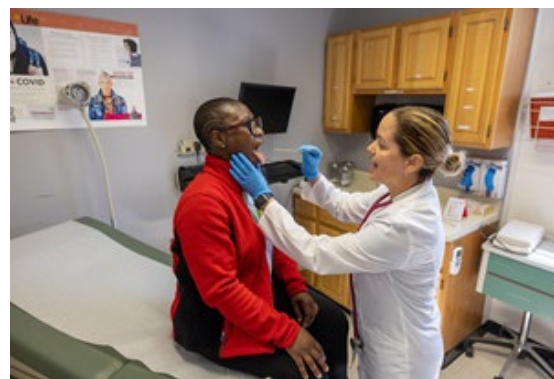
Waiting Room



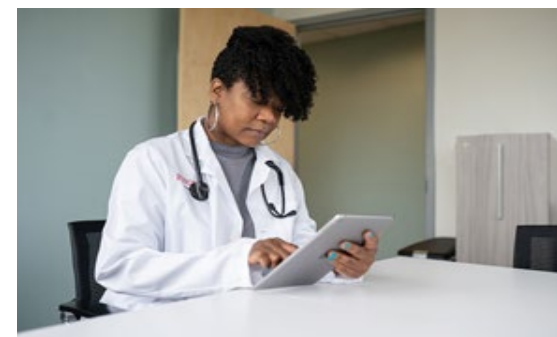
Restroom



Rooming

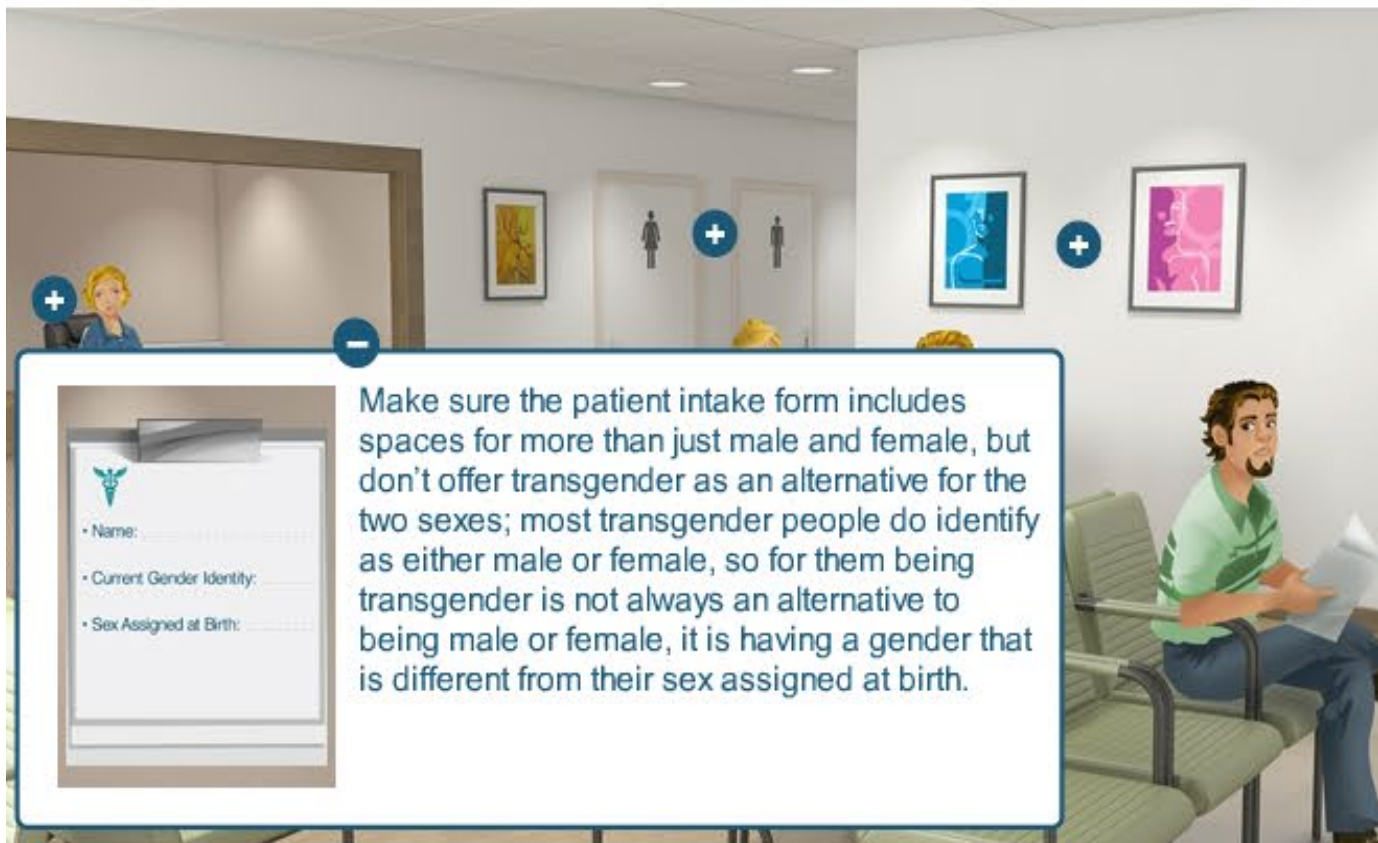


History & Physical



Charting

Inclusive forms: sex, gender, name, pronouns



Make sure the patient intake form includes spaces for more than just male and female, but don't offer transgender as an alternative for the two sexes; most transgender people do identify as either male or female, so for them being transgender is not always an alternative to being male or female, it is having a gender that is different from their sex assigned at birth.

Name: _____
 Current Gender Identity: _____
 Sex Assigned at Birth: _____

<http://www.transhealth.ucsf.edu/trans?page=lib-data-collection>
<https://www.usbirthcertificates.com/articles/gender-neutral-birth-certificates-states>

1. What is your current gender identity?

Male
 Female
 Transgender Male/Trans man
 Transgender Female/Trans woman
 Gender non-binary
 Additional Identity: _____
 Decline to answer

2. What sex were you assigned at birth?

Male
 Female
 X

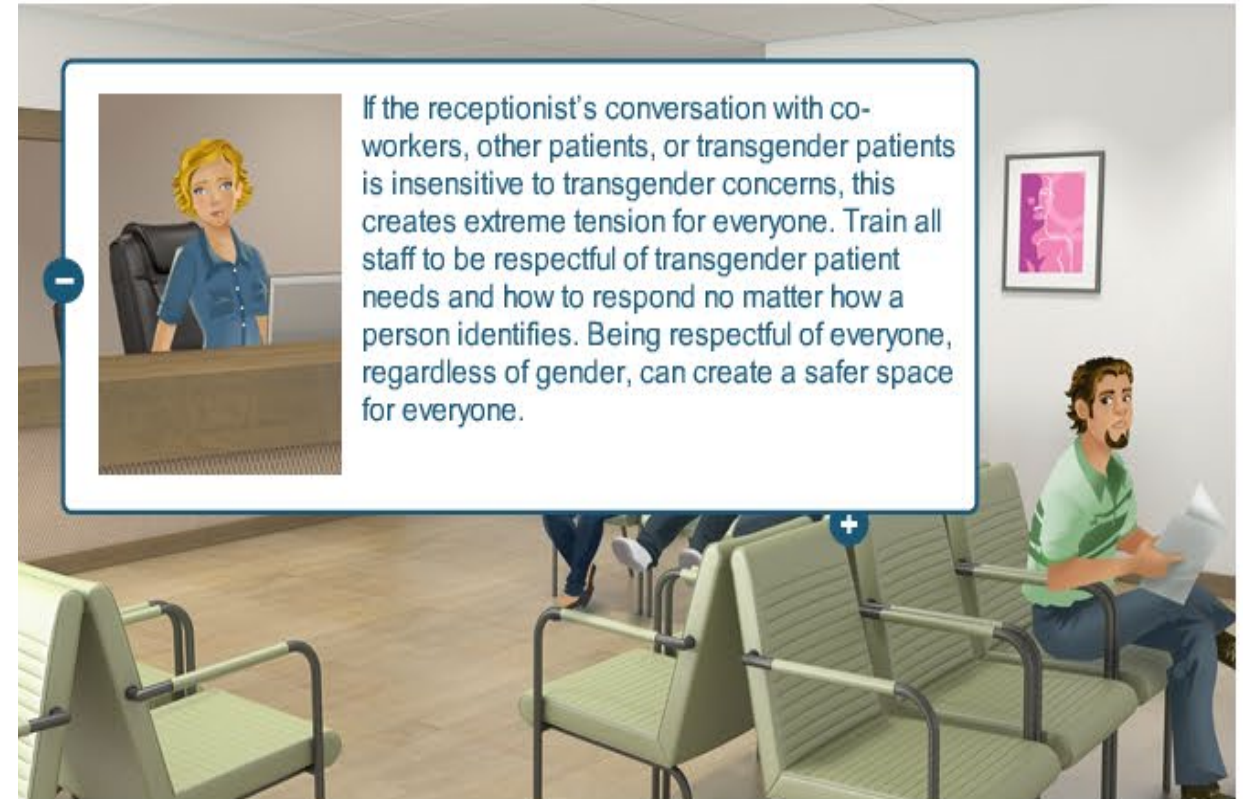
3. What pronouns do you use?

He/Him/His
 She/Her/Hers
 They/Them/Theirs
 Another pronoun: _____

4. What is the name do you use?:

All staff should be trained to use chosen name and pronouns

- Avoid Ma'am, Sir, Mr/Mrs/Ms unless sure
- Use gender neutral forms of address when unsure
- Review name/pronoun before speaking with the patient



Consequences of Mis-gendering and Dead-naming

Feels humiliating and disrespectful

Damages your rapport

Can “out” someone and make them emotionally/physically unsafe

Can contribute to someone being so uncomfortable they do not get the care they need

“I was consistently misnamed and misgendered throughout my hospital stay. I passed a kidney stone during that visit. On the standard 1–10 pain scale, that’s somewhere around a 9. But not having my identity respected, that hurt far more.”

-USTS 2015

Names and Pronouns are a Really BIG DEAL



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-USTS 2015

**When you make a mistake –
apologize and move on.**



Signaling Safety



A PATIENT'S BILL OF RIGHTS*

- Another person chosen by the patient can exercise these rights on the patient's behalf. A proxy decision maker can exercise these rights if the patient lacks decision-making ability, is legally incompetent, or is a minor.
- The patient has the right to considerate and respectful care.
 - The patient has the right to and is encouraged to obtain from doctors and other direct caregivers appropriate, current, and understandable information about diagnosis, treatment, and prognosis. Except in emergencies when the patient lacks decision-making ability and the need for treatment is urgent, the patient is entitled to the chance to discuss and request information about the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their risks and benefits. Patients have the right to know the identity of doctors, nurses, and others involved in their care, as well as when those involved are students, patients, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
 - The patient has the right to make decisions about the plan of care before and during treatment. The patient has the right to refuse a recommended treatment or plan of care to the extent allowed by law and hospital policy and to be informed of the medical consequences of this action. In case of refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfers to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
 - The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must tell patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
 - The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
 - The patient has the right to expect that all communications and records related to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will stress the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
 - The patient has the right to review the records about his/her care and to have the information explained or interpreted as necessary, except when restricted by law.
 - The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to a patient's request for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permitted, or when a patient has requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
 - The patient has the right to ask and be informed of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
 - The patient has the right to consent to or decline to take part in research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to take part in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
 - The patient has the right to expect reasonable continuity of care when appropriate and to be informed by doctors and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
 - The patient has the right to be informed of hospital policies and practices that relate to patient care treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

PATIENT RESPONSIBILITIES

- The partnership nature of health care requires that patients, or their families/surrogates, take part in their care. The effectiveness of care and patient satisfaction with the treatment depends, in part, on the patient fulfilling certain responsibilities. The following are patient responsibilities:
- Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision making, patients are also responsible for asking for additional information or explanation about their health status or treatment when they do not fully understand information and instructions.
 - Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one.
 - Patients are responsible for telling their doctors and other caregivers if they expect problems in following prescribed treatment.
 - Patients should be aware of the hospital's duty to be reasonably efficient and fair in providing care to other patients and the community. The hospital's rules and regulations are intended to help the hospital meet this responsibility. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
 - Patients are responsible for giving necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.
 - A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their lifestyle on their personal health.

*The following information was adapted from the American Hospital Association's "A Patient's Bill of Rights". It is not a State law.



Making Introductions:

"Hello, My name is Dr. Poteat. I use she and her pronouns. What name would you like me to call you? What pronoun would you like me to use?"



Inclusive Sexual History

- Trauma informed principles, patient retains control
- Make **no assumptions** about gender of patient or partners
- Discuss choice of **language** to describe anatomy
- Use gender neutral terms when possible

EXAMPLE

“We ask everyone with a uterus about pregnancy.”

Gendered	Less Gendered
Vulva, penis, testicles	External pelvic area, Outer parts
Vagina	Genital opening, frontal opening
Uterus, ovaries, prostate	Internal organs, Internal parts
Breasts**	Chest
Pap smear, prostate exam	Cancer screening, HPV screening
Bra/panties/briefs	Underwear
Period/menstruation	Bleeding

Anatomy Assessment



Organ Inventory

Organs the patient currently has:

- breasts
- cervix
- ovaries
- uterus
- vagina
- penis
- prostate
- testes

Organs present at birth or expected at birth to develop:

same as current organs

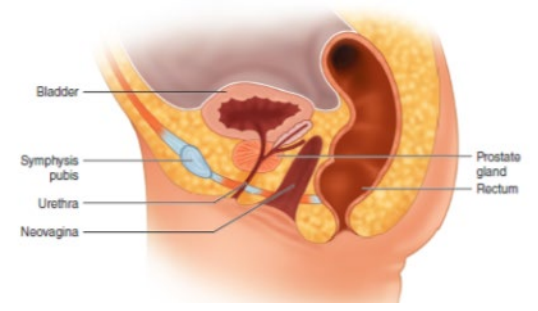
- breasts
- cervix
- ovaries
- uterus
- vagina
- penis
- prostate
- testes

Organs hormonally enhanced or developed:

- breasts

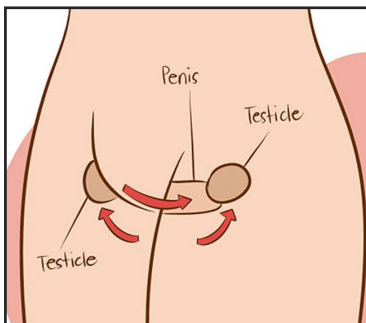
Organs surgically enhanced or constructed:

- breasts
- vagina
- penis



Affirming Physical Exam

- **Review anatomy assessment prior to exam**
 - Identify, screen and treat the body parts that are present
- **Be prepared for history of trauma**
 - Seek permission, use creative collaboration
 - Take time to build trust and rapport
 - Be consistent with correct name and pronouns
- **Be aware of patient-controlled gender affirming options**
 - pumping, tucking, packing, binders, STP devices, gaffs



Summary

Use chosen pronouns and name

- Be consistent with names/pronouns, including when charting
- Don't assume gender identity or sexual orientation
- Politely ask patient, in private, if unsure

Defer unnecessary questions and exams

- Build rapport before performing genital exams
- Avoid satisfying your curiosity

Conduct sensitive genital exams, only when necessary

- Always explain the purpose of the exam
- Use gender neutral terms
- Ask patients about terms to use for anatomy

Anticipate existence of transgender patients

- Create a welcoming environment
- Transgender affirming referrals and community resources



WATCH BRE'S STORY



I want medical providers to understand that they are our access to living healthy and being our true authentic selves.

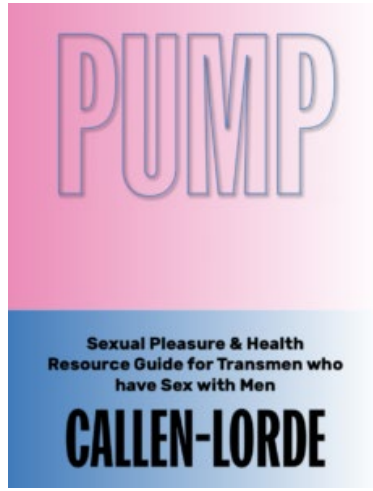
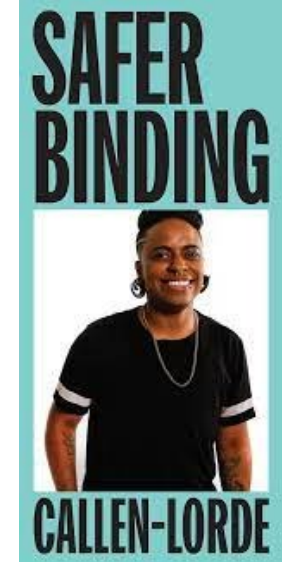
– Bre

Resources



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Standards of Care for the Health of Transgender and Gender Diverse People, Version 8

- <https://www.wpath.org/soc8>
- <http://calen-lorde.org/transhealth>
- <http://www.whitman-walker.org>



Thank You!

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AETC Program National Centers and HIV Curriculum

- **National Coordinating Resource Center** – serves as the central web –based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org/>
- **National Clinical Consultation Center** – provides free, peer-to-peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc/ucsf.edu>
- **National HIV Curriculum** – provides ongoing, up –to-date HIV training and information for health professionals through a free, web –based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu