

Florida Transgender Coalition's Community Preparation Inventory: Summary of the Findings



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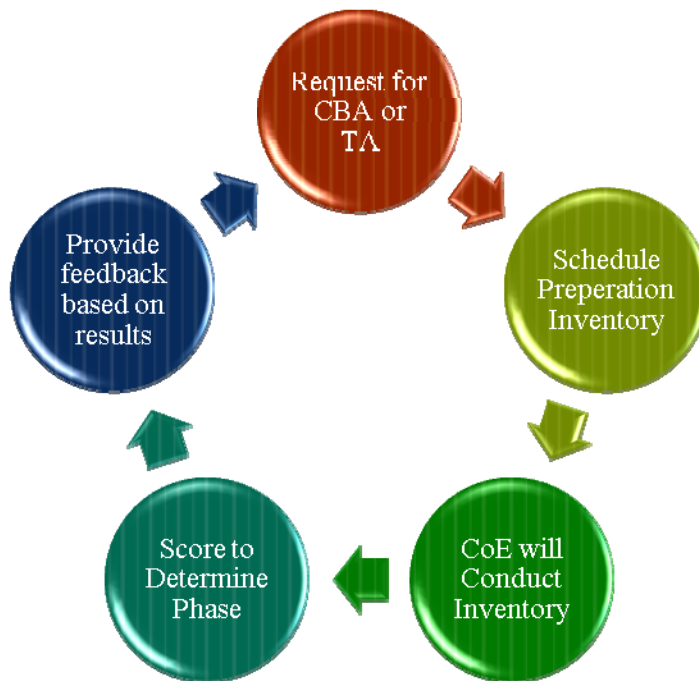
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1.1 COMMUNITY PREPARATION INVENTORY

METHODOLOGY

The Center of Excellence for Transgender Health has adapted the “Community Readiness Model¹” in order to assess where newly forming coalitions and existing efforts are in terms of readiness for implementing CATCH. The assessment process is “The Community Preparation Inventory” (CPI), and is usually done via telephone interview or whatever method is most convenient for participants. During the interview process the Community Mobilization Specialist will guide the interviewee through a set of questions that will take from 20 to 45 minutes. The Community Mobilization Specialist can then identify which phase of CATCH the community is currently in. This is essential to the success of CATCH because it identifies strengths in communities and opportunities for growth. Communities and/or individuals can request capacity building assistance (CBA) and/or technical assistance (TA) during any phase of CATCH. The CoE wants to be able to offer each community the very best level of expertise according to the results of the assessment. Please see below to see how the process works.



¹ Plested, B.A., Edwards, R.W., & Jumper-Thurman, P. (2006, April). *Community Readiness: A handbook for successful change*. Fort Collins, CO: Tri-Ethnic Center for Prevention Research.

This process is designed to help CATCH support your community mobilization efforts in a way that we hope will save your community precious resources in the long run. This process will also help CATCH develop an individualized *tool kit* for your community's efforts.

The CPI is comprised of 37 questions designed to inform participants as to the current community climate and which phase or phases of CATCH the community is in. Six individuals from various parts of Florida were assessed through the CPI. Four individuals were trans identified and either worked for a community based organization or were volunteer activists for transgender rights. The other two individuals are employees of the State Health Department and have extensive history in advocating for trans inclusivity in HIV prevention and health care services. Although an effort was made to reach more people, there were community gatekeepers that were protective of the local trans community. Unfortunately this limited the number of participants in the CPI.

COMMUNITY EFFORTS AND COMMUNITY KNOWLEDGE OF EFFORTS

Participants were asked how much of a concern trans-specific HIV prevention and health care services are in their community. The responses were gauged through a Likert scale with 1 being “*not at all a concern*” and 10 being “*a very great concern.*” The average response identified by the survey was “10”.

Currently there are efforts being made to increase access to HIV prevention, health care, and other services for transgender community members in Broward County. Among those identified were:

- The Girl Talk Project (GTP) which was designed in 2007 to provide trans women with important information about HIV prevention, testing and access to services. Girl Talk focuses on creating and maintaining active dialogue between the health department and trans community by identifying and prioritizing the needs of the local community through informal discussion groups.
- Since 2009 “The T House on line” (www.Thouseonline.com) has provided a virtual drop in center online where important health information prevalent to the transgender community can easily be found. Specific topics and videos are imbedded in the T House, which include topics like: HIV/AIDS and STD prevention, silicone pumping, domestic violence, HIV/STD testing information and locations that are easily accessible for trans people. A separate page dedicated to the needs and concerns of gender variant youth is also provided.
- There are palm cards that have been created for transgender individuals that provide important contact information regarding HIV/STD testing and information on accessing trans friendly services.

T House underwent an update in 2010 which included the addition of an online community needs assessment. Although the number of participants was not provided by the health department, 53% of the individuals that answered the survey had not had an HIV test in more than 7 months. 87% indicated that they had experienced discrimination by health care providers. As a result of these findings various support groups and organizations within the Broward County area began to offer their support by providing linkages to T House. Local trans community members then began participating on various trans panels and engaged in local community organization services.

All of these stepping stones in the community preceded a ground breaking local event. Broward County hosted the first Transgender Health Symposium which took place in Fort Lauderdale, Florida in the spring of 2011. The Symposium was geared toward professional services providers, as well as the transgender community in Broward County. This symposium provided a safe space for transgender community members, key stake holders, and allies to come together and participate in interactive presentations that included topics such as: transgender health, HIV prevention, social services, community mobilization, and youth services from Broward County and other regions throughout the United States. Over 80 health care providers attended the one day symposium and expressed a need for more training.

The strengths of all of these efforts are:

- Increased capacity of health care providers to serve transgender clients.
- Created sustainable linkages to services for trans community members.
- T House continues to provide linkages to culturally competent HIV/STD testing services.

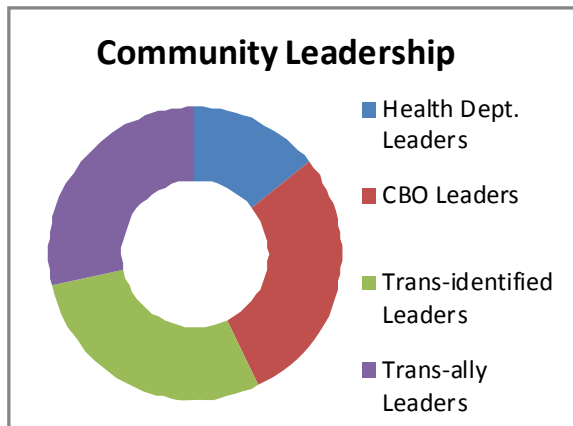
Although these services and resources exist there are some challenges that were identified through the CPI.

- Establishing trust within the local transgender community can be challenging as one feels that unless you live the life you cannot empathize emotionally as well as intellectually. Establishing this basic trust is critical to be able to move forward with coalition building.
- Sustained attendance in trans peer support groups and community planning meetings.
- The local trans community can be extremely compartmentalized on the basis of age, race/ethnicity, education and social connections.

COMMUNITY LEADERS AND THEIR PERSPECTIVES

Community leadership is critical to the success of coalition building through CATCH. In an effort to mobilize community there must always be leaders that can inspire others to bring energy and a sense of urgency to specific issues that need to be addressed. Whether it is equal access to health care for trans people or HIV prevention, community leaders bring momentum to the

coalition building process. Florida is vested in creating change, and has a lot of community leaders that want to be a part of an organized attempt at community mobilization efforts.



Participants of the CPI were asked how much of a concern trans access to health care and HIV prevention services are. Florida’s leadership is clearly very concerned about these issues, and wants to create change and eliminate barriers. In an effort to do so, Floridians have already begun the coalition building process through a group that

meets regularly in order to discuss possible solutions to securing full civil rights for trans people. This venue is ripe with possibilities, and with support from CATCH can continue to grow and increase their own capacity to create positive change.

COMMUNITY CLIMATE AND KNOWLEDGE OF ISSUES

The community climate is a reflection of community morale. One of the assessment questions asks: “What are the primary obstacles to efforts addressing these issues in your community?”

“Lack of education coupled with ASO inexperience in serving the transgender client is prevalent.”

There are obstacles that stand in the way of equal access to health care and HIV prevention services for transgender people in Florida. As shown by the online survey that was disseminated through T-House, a web based resource.

Given these challenges, it's notable that the community climate is one in which there is a great drive to create positive change. Local agencies are collaborating in order to create a handbook for provider referrals for trans community members. This level of engagement is part of Phase II of CATCH which is the process of implementing a resource inventory.

2.2 RECOMENDATIONS

COALITION'S CURRENT PHASE OF CATCH IMPLEMENTATION

The phases of CATCH are intended to be fluid. Coalitions can focus on several different phases throughout the process of community mobilization. The *Florida Transgender Coalition* is currently engaged in Phase II. Phase II of the coalition building process is the phase in which a community-driven needs assessment is created and disseminated. The *Florida Transgender Coalition* is actively engaged in the creation of the resource inventory which is the beginnings of a thorough community-driven needs assessment, and has also collected community input through their web-based survey.

In response to the Community Preparation Inventory the CATCH project coordinator recommends the following:

- 1. Ongoing culturally diverse recruitment;**
- 2. Continued collection of state-wide resources;**
- 3. Statewide community-driven needs assessment.**

(1) CULTURALLY INCLUSIVE RECRUITMENT GUIDANCE

In order to ensure that a broad cross section of community representation is part of the coalition, the creation of a coalition member matrix may be helpful. The following (Table I) is a template which can be adapted and used to identify the coalition's current membership diversity. Once this matrix is filled out, the coalition can clearly define the gaps in representation of the community it hopes to reach and include.

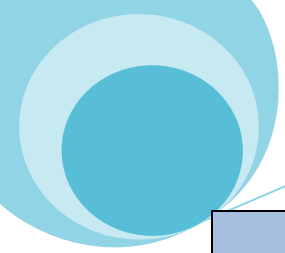
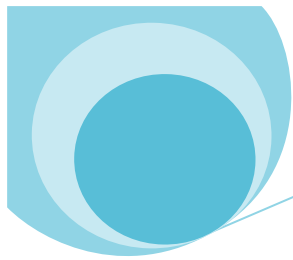


Table I: Coalition Membership Matrix

Name	Gender Assigned at Birth	Current Gender Identity	Race/Ethnicity	Age	Region	Employment Status	Type of Employment	Why is the person interested in the coalition? (ie: HIV, health care, social services.)



CREATING A COMMUNITY-DRIVEN RESOURCE INVENTORY

The beginning of a thorough community-driven needs assessment is to identify HIV prevention and healthcare resources/services that are available for transgender community members throughout the state of Florida. This will provide a good springboard for a comparison of the resources available to the identified needs. The resource inventory and identified gaps will help the coalition identify the areas in which to focus advocacy efforts.

(2) AN EXAMPLE FOR IDENTIFYING STATEWIDE RESOURCES

Table II: An Example of a Resource Inventory Survey

Name of Trans-specific/Inclusive Program	
Name of Host Organization (if applicable)	
Primary Populations Served	
Primary Contact Person and Title	
E-Mail Address of Point Person	
Phone Number	
Address	
Website URL	
Bi/Multilingual Services	<input type="checkbox"/> Yes <input type="checkbox"/> No Languages: _____
Type of Trans-specific/Inclusive Services Provided	

CREATING A COALITION-DRIVEN NEEDS ASSESSMENT

Conducting needs assessments can seem like a daunting task. However, one of the best ways to make people feel valued is to ask their opinion. A needs assessment gives people an opportunity to weigh in on their own experiences, and provide critical information that will eventually provide clear goals for the coalition. Conducting needs assessment can help support collaborative planning, identify resources, and revitalize local momentum through an organized coalition driven process. The needs assessment will also inform prioritization of needs, strategic planning and advocacy efforts.

A: DATA COLLECTION RECOMMENDATIONS

The goal of a needs assessment is to gather information accurately in order to understand, compare, report, and apply it to enhancing and improving services, or inspire new efforts. In an effort to do so it's critical to collect data in a way that captures trans people accurately. In order to accomplish this, the Center of Excellence for Transgender Health has put forth some guidance that can be found at www.transhealth.ucsf.edu.

B: ELEMENTS OF A NEEDS ASSESSMENT

- Creation of the needs assessment
- Collection and analysis of data
- Survey information
- Focus or discussion groups
- A public policy review
- A review of current programs, activities and resources

This information is necessary for short and long term success. Although it may be challenging to collect this information, it's best to collect as much as possible.

Collect existing data:

Health departments, community-based organizations and other agencies sometimes have recent data from their own efforts. This information can serve as a starting point for your efforts. Transgender specific data can sometimes be found in HIV surveillance data collection and behavioral health programs.

Conduct a public policy review:

Information on laws is available through most public libraries. Local laws can impact transgender community members in many ways. Perhaps there is already a law in place that

hasn't been enforced effectively. It could also be that more resources are needed in order to be adequately implemented.

Conduct focus groups with key stakeholders:

Data and numbers are very important to the success of a needs assessment, but it's also essential to include the "why" things may be the way they are. A focus group is a fairly simple way to gather this critical information through eliciting comments, opinions and perceptions about a particular problem or need.

(3) AN EXAMPLE OF A COMMUNITY-DRIVEN NEEDS ASSESSMENT

ACCESS TO HEALTHCARE AND HIV PREVENTION SERVICES SURVEY

DEMOGRAPHIC INFORMATION

1. What is your current gender?

- Male
- Female
- TransMale/Transman/FTM
- TransFemale/Transwoman/MTF
- Genderqueer
- Additional Category (Please Specify): _____
- Decline to State

2. What sex were you assigned at birth?

- Male
- Female
- Decline to State

3. What is your sexual orientation? Please select all that apply.

- Queer Gay Questioning Lesbian
- Bisexual Heterosexual Decline to answer
- Other, please specify: _____

4. What is your ethnicity or race? Please select all that apply.

- Asian or Asian American Pacific Islander Native American
- Black or African American Latina(o)/Hispanic White/Caucasian
- Middle Eastern Decline to answer
- Multiracial
- Other, please specify: _____

5. What language do you speak most frequently at home? Please select all that apply.

- English Spanish Vietnamese Tagalog Other (specify): _____

6. Are you Bilingual? Yes No

7. What is your age?

- 18 to 24 years old 25 to 29 years old 30 to 39 years old
- 40 to 49 years old Over 50 years old Decline to answer

8. Which county do you live in? _____

9. What city do you live in? _____

EMPLOYMENT AND INSURANCE

10. Are you currently employed? Please select one.

- Yes No
- Other, please specify: _____

11. Have you exchanged any form of sex for money in the last 6 months?

- Yes No Not sure, please (If “No” skip to 13)

12. Have you had to use that money in order to be able to afford healthcare services in the last 6 months?

- Yes No
- Not sure, please specify: _____

13. Do you have health insurance? Yes No

14. If YES, what kind of health insurance do you have? Please answer “yes” or “no” to each item below.

	Yes	No
1. Insurance through work.	<input type="checkbox"/>	<input type="checkbox"/>
2. COBRA or OBRA	<input type="checkbox"/>	<input type="checkbox"/>
3. Private insurance/HMO, <u>not through work</u>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medicare	<input type="checkbox"/>	<input type="checkbox"/>
5. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
6. Veteran’s Insurance	<input type="checkbox"/>	<input type="checkbox"/>
7. County-funded program	<input type="checkbox"/>	<input type="checkbox"/>
8. Private pay/out of pocket/fee for service	<input type="checkbox"/>	<input type="checkbox"/>
9. Other (please specify): _____		

HEALTHCARE SERVICES

15. How much do you think each of the following factors present barriers for you when needing to see a doctor, nurse or other healthcare provider? Please check the box beside the statement that most describes your experience.

	Not at All	Somewhat	Very Much
1. Location of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Days and hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Having to disclose your gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Concerns about confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lack of health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cost of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling uncomfortable talking about sex or sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers that are uneducated about transgender healthcare needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Past experience with discrimination because of your gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lack of professional support to help navigate the healthcare system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you had any personal experiences with these or other barriers that you would like to share?



16. Have you accessed trans inclusive healthcare services in the last 12 months?

- Yes No Don't know

17. Are you aware of trans inclusive healthcare services in your area?

- Yes No Don't know

If yes please list them: _____

HIV PREVENTION AND CARE SERVICES

18. Have you accessed trans inclusive HIV prevention services in the last 12 months?

- Yes No Don't know

19. Are you aware of trans inclusive HIV prevention services in your area?

- Yes No Don't know

If yes please list them: _____

20. Have you accessed trans inclusive HIV/AIDS healthcare services in the last 12 months?

- Yes No Don't know

If yes, what types of services are provided?

21. How much do you think each of the following factors present barriers for you when needing to see a doctor, nurse or other healthcare provider?

Please check the box beside the statement that most describes your experience.

	Not at All	Somewhat	Very Much
1. Location of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Days and hours of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Having to disclose your gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Concerns about confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lack of health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cost of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling uncomfortable talking about sex or sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Providers that are uneducated about transgender healthcare needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Past experience with discrimination because of your gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Lack of professional support to help navigate the healthcare system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Do you feel that there is a need for more trans inclusive HIV prevention and healthcare services in your area?

Yes No Don't know

If Yes please explain:

23. How do you think local service providers can improve their trans inclusive programs?

24. Do you know if local HIV prevention and care planning efforts are trans inclusive?

Yes No Don't know

If yes please explain:

2.3 COMMUNITY MOBILIZATION OVERVIEW AND LOGIC MODEL

The CATCH Model develops local coalitions by closely working with trans and gender-variant community members, their partners, allies and key stakeholders interested in community mobilization. The coalition promotes provider networking and community utilization of existing services. The coalitions lead data collection and analysis efforts, prioritize prevention needs, develop a comprehensive plan to strengthen transgender community access to and utilization of HIV prevention and health care services then decide how to evaluate these efforts.

CATCH GUIDING PRINCIPLES

1. *Transgender Community Participation*

The heart of CATCH is filled with participation from a wide range of community members, along with providers and other stakeholders.

2. *Community-driven Data*

Local, state and nationwide data will be gathered and used in order to establish transgender health priorities.

3. *Coalition-developed, Comprehensive Strategies to Increase Access to and Utilization of HIV Prevention Services, Including HIV and STD Testing*

With support from CATCH, community members will identify service gaps and barriers that contribute to high rates of HIV and low utilization of services in their communities, especially among the highest risk groups within the transgender community.

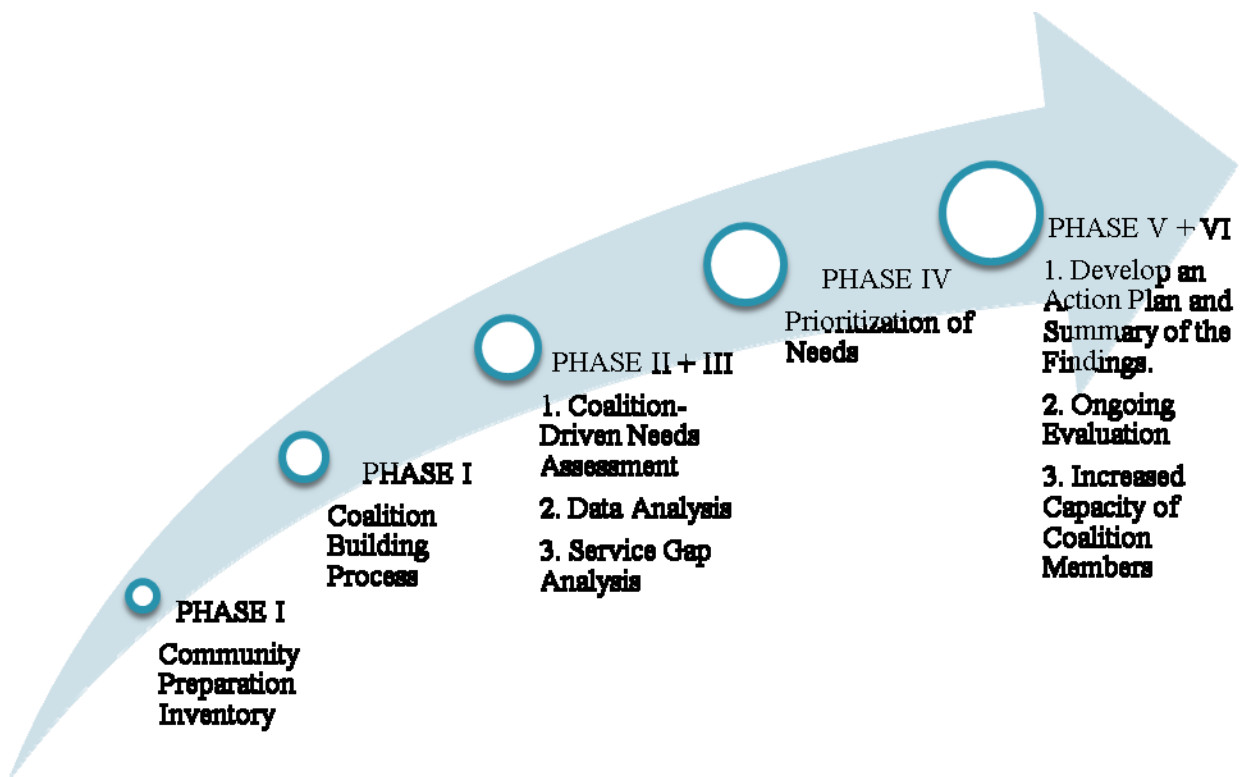
4. *Ongoing Evaluation and Feedback for Program Improvement*

Coalition feedback and continual incorporation of evaluation will improve and ensure active and diverse participation by community in the mobilization project.

5. *Increased Community Capacity for Health Promotion*

CATCH aims to increase the capacity of the community.

COMMUNITY MOBILIZATION LOGIC MODEL



The phases of CATCH are meant to be fluid and can be revisited at any time. This visual representation points out the likely process that a community would go through when utilizing the CATCH community mobilization model.

PHASE I:

Community Preparation Inventory

- Assess the community's level of readiness to begin the process of coalition building and community mobilization through the Community Preparation Inventory.
- This process is facilitated by the Community Mobilization Specialist.

Coalition Building

- Identify groups, individuals and local agencies with a shared drive to increase access to health care and HIV prevention services for transgender communities.
- Create linkages to existing groups (ie: CPG, advisory boards, county and government officials, commissions, trans social groups, community based organizations, etc.).

- Continue to recruit a broad and diverse cross section of community members interested in coalition building.
- Formalize the group through the creation of bylaws or coalition guiding principles.

PHASE II & III:

Coalition-Driven

- Create and disseminate a coalition-driven needs assessment with support from CATCH.
- Create and disseminate a coalition-driven needs assessment with support from CATCH and your local or state health department.
- Create a coalition-driven service gap analysis with support from CATCH and your local or state health department.

PHASE IV:

Identify the Priority of Community-Identified Needs

- Coalition members are guided through a process of prioritization by coalition leaders with support from CATCH.

PHASE V:

Create Strategies to Address the Community-Identified Priorities

- Agree on coalition-driven strategies to address prioritized needs.
- Create a summary of the overall findings including the entire process and the coalition's recommendations to the state or local health department.

PHASE VI:

Ongoing Coalition-Driven Evaluation

- Throughout the process of CATCH it's critical to evaluate the coalition building process and outcomes. The Community Mobilization Specialist is readily available to offer support for this process throughout the implementation of CATCH.
- The evaluation process and critical feedback will help coalition members to increase their capacity to advocate for health care and HIV prevention services for trans people.