

TRANS HIV TESTING TOOLKIT

MODULE 3: BUILDING CAPACITY TO INCREASE HIV TESTING  
EFFORTS FOR TRANS PEOPLE



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Practices presented here are adapted with permission from the San Francisco Department of Public Health Transgender HIV/AIDS Health Services Best Practices Guide developed in partnership with the CoE. These represent key areas that CBOs can focus on to increase HIV testing and prevention efforts for trans people. They are also accompanied by implementation guidelines to tailor HIV testing services with trans people to differentiate practices from other populations, such as men who have sex with men (MSM).

Key areas for expanding HIV testing for trans people are divided into three sections. CBOs are encouraged to follow these practices, while understanding there may be limitations to adapting them (i.e. capacity, funding, organizational priorities).

1. Best Practice Standards
2. Implement Best Practices
3. Two-step Model for Collecting Data



## I. BEST PRACTICE STANDARDS

### **Standard 1: Health literacy - Provider and client awareness of specific trans health issues and needs**

- Providers develop comprehensive knowledge of health and social needs among trans clients
- Providers are able to talk to their clients about a range of health and social issues that impact their health, and HIV testing and treatment services
- Providers ensure that their clients have and understand information specific to trans health, and HIV testing and treatment
- Providers make sure that clients understand how certain health issues may or may not affect HIV/AIDS treatment

### **Standard 2: Creating a safe and comfortable agency space**

- Agency and providers work actively to reduce structural and perceived barriers to accessing health care for trans clientele
- Agency and providers actively combat potential discrimination against trans clients and employees
- Providers at every stage of client interaction, from the first person the client encounters through the last, make trans clients feel safe and welcome

### **Standard 3: Use of inclusive and gender neutral language**

- All providers and agency staff use inclusive and gender appropriate language when interacting with trans co-workers and people
- All agency forms use inclusive and gender appropriate language

### **Standard 4: Confidentiality of trans people's information**

- All trans people's data remains confidential, including information about sexual orientation, sexual practices, and gender identity issues
- All trans people's information is used only to ensure that health needs are appropriately addressed

### **Standard 5: Building and engaging in a trusting relationship with trans people**

- Providers engage with the whole person and create a dynamic of care that is safe, comfortable, informative, and addresses multiple dimensions of a trans person's wellness
- Providers are aware of the non-physical or non-medical issues that may be present for trans people (e.g., employment, housing, social support)

### **Standard 6: Ensuring staff diversity and training**

- Agency staff reflects the diversity of the trans population being served, the trans population the agency would like to serve, and the trans population the agency is open to serving



- All agency staff participate in ongoing training to support increased awareness of the specific needs and issues faced by trans individuals

#### **Standard 7: Harm reduction**

- Trans people are met where they are, and reasonable, realistic measures to reduce harm are introduced
- Harm reduction is considered and discussed relative both to the client's health, as well as to the potential for transmission of HIV to others

#### **Standard 8: Referrals and comprehensive resource lists**

- Providers ensure that trans people have sufficient information about their health and social services in the community
- When making referrals to other agencies, providers are aware of the particular agency's cultural competence with trans people

#### **Standard 9: Collaboration among providers**

- Providers, agency staff, and agency leadership actively establish collaborations with other agencies that have expertise in providing trans health and social services; and advocate for other agencies to expand trans-related services, especially for those uninsured or underinsured
- Collaborations provide trans people with the best and most complete care possible, and serve as synergistic education and training opportunities for the providers and agencies involved

#### **Standard 10: Supporting a social network**

- Providers actively facilitate the creation and utilization of a social support network for trans people;
- Social support networks are critical resources and sometimes trans people need extra guidance and structure when faced with developing such a network on their own

*“Trans people who demonstrate health literacy skills are better able to make informed decisions that impact their health and are more likely to engage with their providers in addressing their health needs.”*

## II. IMPLEMENTING BEST PRACTICE STANDARDS

### Standard 1: Health literacy - provider and trans person awareness of specific trans health issues and needs

#### Operationalize

Providers play a significant role in making sure that trans people fully understand the health information given to them. Trans people who demonstrate health literacy skills are better able to make informed decisions that impact their health and are more likely to engage with their providers in addressing their health needs. Providers should be able to talk to them about - and assess their knowledge of - the following range of trans health and social issues that impact HIV testing, treatment and health care overall:

- Prevention methods of HIV transmission and other sexually transmitted infections (STIs), including:
  - PrEP or PEP
  - ART interaction with hormones
  - ART interactions with recreational drugs
  - Knowledge of HIV transmission prevention specific to different kinds of sex
- Disclosure of HIV status to partners
- Gender identity disclosure with partners or other individuals in the client’s social network
- Sex work
- Sex trafficking
- Various categories of potential sexual partners (primary, casual, anonymous, sex work partners), each with differing risk behaviors, and the ability to discuss these behaviors with clients
- Medication adherence, general health care and maintenance
- Gender confirmation surgery
- Tucking and binding
- Substance use issues
- Mental health issues, such as depression and suicide
- Domestic violence and hate-motivated violence
- Discrimination and stigma (in the workplace, from loved ones and on the street)
- Self-esteem and self-efficacy issues (including issues related to gender affirmation-related risk behavior)
- Homelessness
- Immigration issues
- Hormone therapy and effects, including underground street hormone use and trends
- Appearance modification, such as use of “silicone” injections and other fillers



### Staff Training

- Attend and/or provide trainings specifically designed to enhance provider knowledge and competency of trans health issues, particularly those related to HIV testing, treatment, and care.
- Connect with resources such as the WPATH Standards of Care (Version 7) and the UCSF Center of Excellence for Transgender Health (CoE) Primary Care Protocol. (Links included in the NTHTD and Toolkit Resources section)
- Compile and have available a list of other service providers both within and outside of their agency who have expertise in trans issues, available for referral and/or consultation.

### Standard 2: Creating a safe and comfortable agency space

#### Operationalize

- Post written non-discrimination policies and complaint procedures, in the primary languages of trans community members, in conspicuous and accessible places throughout the agency and HIV testing sites.
- Train staff at regular intervals on the non-discrimination policy.
- Provide gender neutral or unisex restrooms or policies to protect transgender individuals in multi-occupancy, binary gender segregated bathrooms.
- Display posters and literature that is supportive of trans people.
- Ensure that the first person with whom a trans person would interact (i.e., receptionist, security personnel, front desk staff, etc.) is comfortable working with trans people and is appropriately trained.
- Attempt to place HIV testing and outreach sites in close proximity to where trans people live and/or congregate (e.g., bars or clubs).
- Monitor waiting room areas to ensure that spaces are free from violence and harassment, and ensure that there is a plan of action should these occur.
- Offer trans sensitivity training to staff.

*“Address trans people with respect and courtesy, according to their presenting gender, and when in doubt, politely ask.”*

### Standard 3: Use Of Inclusive And Gender Neutral Language

#### Operationalize

These guidelines help ensure culturally appropriate language in respectfully interacting with trans people:

- Address trans people with respect and courtesy, according to their presenting gender, and when in doubt, politely ask.
  - Ask trans people what name they prefer to be called and address them accordingly.
  - Do not make assumptions about a trans person’s anatomy or about names for their anatomy.
  - Use pronouns that are appropriate to the trans person’s gender identity.
  - Ask questions in a non-judgmental manner.
  - Acknowledge that some questions may touch on sensitive or personal subjects.
  - As part of being respectful of trans people, do not ask questions that are not related to their health or that are not related to the service you are providing. Do not ask personal questions for the sake of curiosity.
  - Attempt to use words that trans people use, prefer, and understand, particularly for anatomy, sexual activities or other sensitive matters.
  - If you don’t understand a word or reference, politely ask them to explain.
  - If you make a mistake, apologize genuinely and move on.
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- Develop agency forms that are inclusive; for example, intake and assessment forms should provide for optional self-identification in all categories of gender identity, sexual orientation, marital, partnership and family status.
  - Collect sex and gender data according to the UCSF, CoE recommended two-step data collection method, which queries gender identity and sex assigned at birth as separate questions, discussed in the section below.
  - Integrate options for “legal name or name on medical records” and “preferred name”... this ensures respect for the persons name if they are unable to access legal name and gender marker changes and ensures continuity of care for the client because their medical records can be maintained.

### Standard 4: Confidentiality Of Client Information

#### Operationalize

- Be aware that trans people may be engaging in high-risk behaviors including sex work, substance use, silicone injection, and use of underground market hormones. HIV testing sites should support an

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environment where trans people feel comfortable speaking openly about their behavior without fear of being judged or reported.

- Perform annual HIPAA training as required by compliance law for all agency staff with access to protected health information (PHI) and ensure HIV testing sites abide by local regulations. Clarify with all staff that information such as sexual orientation, sexual behaviors, and gender identity qualify as PHI and should be treated with the same level of care as medical histories, diagnoses, and prescription information.
- Assure trans people that their personal information will be kept strictly confidential, and will only be used to ensure that their health needs are being appropriately addressed.
- Remember that confidential topics cannot always be discussed in the presence of others (e.g., partners, family members, friends). To be sure ask the client their preference.

### **Standard 5: Building And Engaging In A Trusting Relationship With Trans People**

#### **Operationalize**

- Be aware that trans people may be struggling with low self-esteem or depression. Make an attempt to check in with them about how they are doing. Speak in an authentic and compassionate manner and take an interest in the individual as a whole.
- Remind trans people of the resources and referrals that you have available. If a trans person’s needs fall outside of the scope of your available resources and referrals, reach out to other agencies and/or providers as necessary. The Engagement module of this toolkit discusses how to keep trans people engaged in HIV testing services.
- Approach the trans person in a way that allows them to feel acknowledged as a person, while recognizing the limitations of the interaction (e.g., HIV testing versus a medical visit).
- Be empathetic to the challenges that living as a trans person brings; give affirmations and be supportive. Be open to exploring what those challenges are for each trans person. Give them an opportunity to talk and share in a non-judgmental environment. Use client-centered communication-building skills with trans people as an effective way for them to identify and reduce their HIV risk.

### **Standard 6: Ensuring Staff Diversity And Training**

#### **Operationalize**

- Hire trans staff.
- Ensure that trans staff receives effective supervision and support.
- Utilize a peer model for HIV testing outreach, recruitment, and linkages.
- Understanding that many trans individuals experience educational and employment barriers that may compromise their candidacy for some agency positions, the agency can combat structural inequalities by:



*“HIV testing staff should interact with trans people holistically (e.g., perceive as whole person) and be informed about these topics to effectively engage them in HIV testing and treatment services.”*

- Ensuring that job descriptions list the true requirements of a position under “essential functions,” and relegate educational and experience qualifications to “preferred qualifications” when possible. For example, if a data entry clerk position truly requires attention to detail and a high capacity to work independently, those are qualities that do not necessitate a college degree or 2-5 years of clerical experience.
  - Develop collaborative networks with individuals who have expertise in trans issues.
  - HIV testing staff should interact with trans people holistically (e.g., perceive as whole person) and be informed about these topics to effectively engage them in HIV testing and treatment services. The following are recommended staff training topics related to trans care:
    - Trans-specific services – Both clinical and direct staff members should be aware of trans-specific services provided at their agency as well as at other agencies in the community.
    - Communication training – Train staff in the use of culturally appropriate language. Staff members should be comfortable asking a trans patient questions such as “What gender do you identify with?”, “What term do you use for this part of your anatomy?”, and asking trans people questions regarding disclosure of HIV status with partners.
    - Ongoing training on sexual orientation and gender identity issues, trans culture and its diversity, and health issues faced by trans people.
    - Training on sexual and other forms of harassment, as well as domestic violence and anti-discrimination laws.
    - Trans health-specific training – training on health issues specific to trans individuals such as hormone therapy and medical complications related to hormone use.
    - Training on health implication of appearance modification practices such as silicone injections.
    - Training on health implications of binding and tucking.
    - Training on resources available for trans people, including support during transition, such as legal assistance for legal name and identity change.
- Creating a mentoring program or internship program for minorities, including sexual minorities. Such a program would proactively recruit individuals without the formal education or experience that many employers seek, and mentor them over a 3- or 6-month period of time, during which the mentee is trained on essential skills within a particular role or department.



## Standard 7: Harm Reduction

### Operationalize

- HIV testing sites should offer support and education to trans people regarding substance use, including underground market hormones and silicone injections, by employing harm reduction strategies and either providing or giving referrals to organizations that can provide harm reduction kits and/or syringe exchange (if legal in that state).
- HIV testing sites should be prepared to discuss transmission prevention options to trans people, including options for barrier methods, non-penetrative sex, positioning, facts about relative transmission risk with different sexual activities, strategies for serostatus disclosure, and PrEP and PEP use.

## Standard 8: Referrals And Comprehensive Resource List

### Operationalize

- HIV testing sites should develop a comprehensive list of resources and referrals for trans health and social services. HIV providers should also keep track if the providers accept insurance or are private pay only.
- HIV testing sites should be actively involved in making referrals and making sure that trans people follow up on referrals made.
- HIV testing sites should refer trans people to a specific contact person at the referral agency. Having a point of contact at the agency to which a trans person is being referred is important for follow-through and for helping them feel comfortable and more likely to access care.
- HIV testing sites should discuss with the trans person whether or not it is important to disclose their gender and what they want to disclose regarding their gender identity.
- When making referrals with client's consent, providers should speak directly with the provider to whom a client is being referred and talk to them about the particular needs of the trans client.
- Ask returning clients which referrals worked and which did not. This will help inform your list of resources.

## Standard 9: Collaboration Among Providers

### Operationalize

- Providers, staff, and leadership should seek out collaboration and partnerships with known agencies with expertise in the trans community to build a network of service providers addressing health care needs, including HIV testing.
- Ensure that trans people are connected to other support services such as case management, mental health services, and client advocacy services such as benefits counseling, legal assistance, employment assistance, and housing assistance.



- Ask your clients what services they would be interested in receiving in addition to HIV testing.

## Standard 10: Supporting A Social Network

### Operationalize

- Discuss with trans people the needs of their partners around HIV issues such as prevention, disclosure, and adherence to treatment.
- Allow trans people the option to involve the participation of domestic partners and family members, as defined by a trans person, in intake, assessment, and case management and treatment plans.
- Inquire about a trans person's social support network that may include friends and family members and find out from them any ways their support network could be improved.
- Ask clients how they would feel supported. In some cases, they might be just coming to test and might not feel comfortable talking with others.
- Encourage trans people to follow up on referrals for support groups and other services in the community as appropriate for their individual needs.
- Encourage trans people to connect with other people in the community (e.g., through support groups) in addressing common needs such as gender presentation and learning the basics of legal name and gender marker change processes in your state and county.

*“To help limit structural barriers and increase trans cultural sensitivity, your organization can add this two-step method on your health history or intake forms. Implementing the two-step method not only provides better surveillance data, but also shows that your organization is accepting and educated about gender identity.”*

### III. TWO-STEP MODEL FOR COLLECTING DATA

One of the major structural barriers that affect trans people in HIV testing and prevention is the lack of standardized methods for capturing trans people in data collection systems.

Currently many federal, state, and local agencies collect incomplete data about individuals' sex and gender. Most often, only one question is asked: **“What is your sex?”** or **“What is your gender?”** with the choices limited to Male or Female. In an attempt to capture trans identities, some CBOs provide three options: **Male, Female, or Transgender**. Today, this method is too simplistic to accurately and effectively collect critical information to assess HIV incidence and prevalence, identify emerging trends, allocate resources, improve health care services, and address service gaps among populations of individuals. The two-step method is a recommendation that HIV testing and sites should consider adopting to inform culturally competent trans services throughout the system of care.

To help limit structural barriers and increase trans cultural sensitivity, your organization can add this two-step method on your health history or intake forms. Implementing the two-step method not only provides better surveillance data, but also shows that your organization is accepting and educated about gender identity.

The CoE encourages the use of this two-step question in order to gather more accurate and sensitive information regarding gender.

1. What is your current gender? (Check all that apply)
  - Male
  - Female
  - TransMale/Transman
  - TransFemale/Transwoman
  - Gender Non-binary
  - Additional Category (Please Specify): \_\_\_\_\_
  - Decline to State
  
2. What sex were you assigned at birth?
  - Male
  - Female
  - Decline to State

Implementing this method in your organization will help identify those that lie on the wide spectrum of gender identity, but do not necessarily identify with the word trans.

## IV: HOW TO GET HELP THROUGH THE UCSF, COE CAPACITY BUILDING ASSISTANCE PROGRAM

The CoE is a member of the UCSF Capacity Building Assistance (CBA) partnership and offers free trainings, capacity building, and technical assistance throughout the United States to promote knowledgeable, sensitive, and effective HIV/AIDS prevention service for diverse trans communities, particularly trans communities of color. The goal of the CoE CBA program is to increase the capacity of community-based organizations to adapt, implement, and evaluate evidence-based HIV prevention interventions for trans communities.

CBA services provided by the CoE include:

- Assistance with trans-specific adaptations and implementations of evidence-based HIV prevention interventions, including SISTA, the Mpowerment Project, Healthy Relationships, Project START, Street Smart, and others.
- Skills building trainings related to trans adaptations, implementation of trans adaptations, evaluation of trans adaptations, and trans cultural competency.
- Tailored one-on-one consultations delivered via phone, email, webinars, and/or on-site.
- Materials including trans adaptation guides and trans adaptation toolkits.
- Best practices for HIV prevention among trans people.

For more information about free CBA services from the CoE visit us at <http://transhealth.ucsf.edu/> or see the NTHTD and Toolkit Resources section of this toolkit.

To access CBA through the UCSF CBA Partnership Team: <http://cba.ucsf.edu/>