The toolkit resources are separated into two sections. The first section is resource materials that pertain to the National Transgender HIV Testing Day (NTHTD). These include campaign materials, and several media links that will help community-based organizations (CBOs) implement and promote their local NTHTD. CBOs can compile Trans Health Fact Sheets and educational materials that engage trans people in their health and wellness. These materials may also reflect local resources for trans people (housing, employment, trans health clinics). Some examples of Trans Health Fact Sheets for consumers are hyperlinked under the NTHTD Resources. External Resources contains hyperlinks to promote NTHTD and available capacity building assistance services.

The second section is resource materials that pertain to the toolkit. The resource information reinforces the materials discussed in the toolkit. Education for Providers is resource materials that will help CBOs provide more trans sensitive HIV testing and prevention services. The HIV Testing resource section provides a chart of HIV home testing options, a comprehensive Centers for Disease Control and Prevention (CDC) document that includes provider testing information, and a study that provides insight on CBO rapid HIV testing. Section 3 Building Capacity to Increase HIV Testing section provides guidance to CBOs in taking sexual history assessments with trans people. Outreach and community engagement section provides examples of different social media that can be utilized to target HIV testing outreach to trans people.
I. NTHTD RESOURCES

A. Campaign Materials

- Addressing Transphobia (Addendum 3)
- CoE for Transgender Health FaceBook Page
- Gender Identity Terminology, Concepts and Definitions (Addendum 1)
- Key Terms to Understanding HIV among Trans People (Addendum 2)
- Online training: Acknowledging Gender and Sex (UCSF CoE)

B. Trans Health Fact Sheets for Consumers

These fact sheets can be downloaded and printed from the CoE website and distributed among trans community members during NTHTD community events.

- Sexual Health for Transwomen
- Salud sexual para mujeres transgénero
- Sexual Health for Transmen
- Salud sexual para hombres transgénero
- Fertility and You
- La fertilidad y usted

C. Links to External Resources

- CDC HIV/AIDS Awareness Days
- CDC: HIV Among Transgender People
- Connect with CoE Partners on NTHTD
- Act Against AIDS
II. TOOLKIT RESOURCES

A. Education for Providers

- Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff (The Fenway Institute, 2013)
- AMSA Transgender Health Care (American Medical Student Association, 2014)
- Barriers and Facilitators to Engagement and Retention in Care among Transgender Women Living with Human Immunodeficiency Virus
- Evaluating the Impact of the SF HIV/AIDS Strategy with Community Viral Load (Slide Presentation, SFDPH, 2013)
- Executive Summary: Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (National Center for Transgender Equality, 2011)
- Exploring Barriers and Facilitators to Participation of Male-To-Female Transgender Persons in Preventive HIV Vaccine Clinical Trials
- High-Impact HIV Prevention: CDC’s Approach to Reducing HIV Infections in the United States
- Optimizing Transgender Health: A Core Course for Healthcare Providers
- Primary Care Protocol for Transgender Patient Care
- The GMT Initiative: Emerging HIV Prevention Technologies for Gay Men, Other Men who have Sex with Men, and Transgender Individuals. (2013)
B. HIV Testing

- Program Manager's Guide - Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Settings
- Rapid HIV Testing in Transgender Communities by Community-Based Organizations in Three Cities. (2008)
- Rapid HIV tests suitable for use in non-clinical settings (CLIA-waived) (CDC, 2014)

C. Capacity Building

- Capacity Building Assistance on NTHTD for CBOs (CoE Capacity Building Assistance)
- Capacity Building Assistance on NTHTD for local health departments
- CBA (Capacity Building Assistance) Provider Network (CPN)
- Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers (The Fenway Institute, 2014)
- UCSF Capacity Building Assistance Partnership

D. Outreach and Community Engagement

- Planning and Implementing Evidenced-Based HIV Outreach and Prevention Strategies for MSM and Transgender People: Model Programs and Tools (The Fenway Institute)
III. SUPPORTING CAMPAIGNS

As part of the Act Against AIDS initiative there are several campaigns that feature transgender women. On the following pages are brief descriptions of the campaigns and links to available digital resources and print materials to make your National Transgender HIV Testing Day a success! For more information, please email the National Partnerships Team at NPT@cdc.gov.

Campaigns

A. **Doing It**: Encourages all adults to get tested for HIV. Doing It emphasizes the importance of testing for all people ages 18 to 64.

![Chandi Moore](image1)
![Gigi Angelina and Marilyn Sulay](image2)
![Prada](image3)
![Michelle Enfield](image4)

**Posters/Videos:**

**Websites:**

**Hashtags:**

[www.cdc.gov/DoingIt](http://www.cdc.gov/DoingIt)

[www.cdc.gov/Haciendolo](http://www.cdc.gov/Haciendolo)

#DoingIt

#Haciendolo
B. **HIV Treatment Works**: Seeks to encourage people who have been diagnosed with HIV to seek health care, remain in care and adhere to HIV/AIDS treatment as a way to improve their overall health and reduce the risk of transmitting HIV to others.

![Jennifer's Palm Card](image1)
![Jennifer's Poster](image2)
![Jennifer's Video](image3)

Website: [www.cdc.gov/HIVTreatmentWorks](http://www.cdc.gov/HIVTreatmentWorks)
Hashtag: #HIVTreatmentWorks

C. **Let’s Stop HIV Together**: Works to combat the complacency and stigma fueling the HIV epidemic in the United States. The campaign gives voice to people living with HIV and their loved ones, who call on all Americans to join the fight against the disease.

![Let's Stop HIV Together Poster](image4)
![Raquel's Video](image5)
![Erica's Poster](image6)
![Erica’s Video](image7)

Websites: [www.cdc.gov/Together](http://www.cdc.gov/Together)  [www.cdc.gov/Juntos](http://www.cdc.gov/Juntos)
Hashtags: #StopHIVTogether
ADDENDUM 1

Gender Identity Terminology, Concepts, Definitions
The following list is neither exhaustive nor does it completely reflect the diverse identities that fall within the transgender “umbrella”. While it is important for providers to be aware of basic terminology, it is even more important for all clients to be given the opportunity to self-identify and provide the information on how they want to be recognized.

Sex
Sex, in this context, is a biological construct, referring to a designation typically assigned at birth by phenotype (physical appearance), genotype (chromosomes), and gonadal status (e.g., testicles or ovaries). In gender identity narratives, sex is also often referred to as “birth sex” or “sex assigned at birth” which is the sex a doctor assigns on a birth certificate when a person is born.

- Do use “assigned at birth” or “designated at birth.”
- Examples: assigned male at birth, designated male at birth

- Don’t use “biologically” male or female, “genetically” male or female, or “born a man” or “born a woman.”

Legal Sex
Legal sex refers to the legal documentation of one’s sex (such as on a government-issued ID or passport) and many trans people choose to change official documentations in order to affirm their gender or sense of self and be able to navigate in social environments where IDs are required such as a workplace. Though some may desire changing their documents, several barriers such as criminal records, not having the finances for the court fees, and not being able to provide the required documentation, may create challenges.1

Gender
Gender is a social classification system that uses the terms masculine and feminine as binary characteristics presumed to correspond with male and female bodies. Most people equate sex and gender because, for them, the body’s sex characteristics are in alignment with their internal gendered sense of self. This internal gendered sense of self is gender identity. Everyone has a gender identity

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even if they have never recognized it as such. For trans people though, often the body and gender identity do not perfectly match up (see Transgender, below)

| ✓ Do understand that gender identity is internal and not necessarily apparent to others. | ✗ Don’t assume that only trans people have a gender identity. If your gender identity matches your body, you may not think about it. |

**Gender Expression or Presentation**

External manifestations of gender may be expressed through one's name, pronouns, clothing, haircut, behavior, voice, or body characteristics. Society categorizes these cues as masculine or feminine, although what is considered masculine and feminine changes over time and varies by culture. Typically, trans people seek to align their gender expression with their gender identity rather than with the sex they were assigned at birth.

| ✓ Do ask individuals how they identify. ✓ Do ask individuals how they would like to be addressed. | ✗ Don’t assume their gender on how they appear. ✗ If a mistake is made, politely apologize and ask for clarification about their gender identity. |

**Examples:** What pronouns do you use?

**Transgender (adj.)**

An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. Transgender individuals often do not feel comfortable in a body that has genital or secondary sex characteristics (like breasts or facial hair) that do not align with their gender identity. **Trans** is often used as shorthand for the term transgender.

| ✓ Do use transgender or trans as an adjective. | ✗ Don’t use transgender or trans as a noun. |

**Examples:** transgender people, transgender person, transgender man, transgender woman.

**Example:** She is a transgender.

| ✗ Don’t add –ed or –ism suffixes to the word. | ✗ She is transgendered. |

**Example:** She is transgendered.
“Cisgender is a word that describes a person who is not transgender. This term can be helpful when making distinctions between trans people and non-trans people.”

| ✓ | Do use the term cisgender as an adjective to understand gender diversity, differences, and privileges. |
| × | Don’t use cisgender as a noun. |

Don’t use the word tranny. This is a derogatory term and is considered a slur.
Don’t name a trans woman’s partner as men who have sex with men (MSM).
Don’t use “trans” if the context is unclear. Most people will not understand what trans is referring to without context.
Avoid using “trans” as an identifier to describe a person if the person is not “out” about their gender identity.

Gender non-binary or genderqueer
“Genderqueer” and “gender non-binary” are inclusive of anyone whose legal sex, birth sex, gender identity, and/or gender expression do not align with societal expectations. People who identify as genderqueer sometimes prefer pronouns other than “he” or “she” (such as “ze,” “hir,” or “they”).

Cisgender
Cisgender is a word that describes a person who is not transgender. This term can be helpful when making distinctions between trans people and non-trans people.
Transsexual
Refers to people who have changed or are planning to change their bodies through surgery or medical interventions like hormones.

✓ Do ask people how they identify before you use this term

Examples: transsexual woman, transsexual man.

✗ Don’t assign this word to every trans person

✗ Don’t assume that all trans people want surgery or medical interventions as part of their transition.

✗ Don’t assume that all trans people want to have surgery and/or biomedical interventions (hormones). Some trans people feel comfortable with a more fluid gender identity or gender expression.

Sexual Orientation
Describes an individual’s physical, romantic and/or emotional attraction to another person. Gender identity and sexual orientation are not the same. Trans people may be straight, lesbian, gay, bisexual, pansexual, or other sexual orientations. For example, a person who transitions from male to female and is attracted solely to men may identify as a straight woman.

Also understand that sometimes someone’s sexual practices may not reflect their gender identity. For example, some men that have sex with men, may not identify as gay. A trans woman who is a sex worker may engage in sex with male clients, but only have romantic relationships and/or romantic attractions to females and identify as a lesbian.

✓ Do recognize that “transgender” is not a sexual orientation and educate yourself and others on the distinctions between sexual orientation and gender identity/expression.

✗ Don’t confuse sexual orientation with gender identity.
“While transition is an individualized process, common steps may include name change, dressing differently, or medical interventions such as hormone therapy and/or surgeries. Transitioning is also a mental, emotional, and social process that may result in a legal and physical process.”

**Transition**
A multi-step process of changing one’s sex assigned at birth. While transition is an individualized process, common steps may include name change, dressing differently, or medical interventions such as hormone therapy and/or surgeries. Transitioning is also a mental, emotional, and social process that may result in a legal and physical process.

Understand that transition is different for everyone and can depend on desire to transition, need to transition, financing available to transition, physical capacity and health conditions, as well as access to transition related services.

| ✓ Do understand that being transgender isn’t dependent on medical transition, and not everyone takes the same path or steps in their transition. Every person’s gender path is unique. | ✓ Don’t use sex change or pre/post –operative in its place. |
| ✓ Do understand that the physical, cognitive, and emotional changes that one experiences while taking transitional hormones will differ from person to person. | ✓ Don’t ask how long a person has taken hormones, unless you need to know for medical treatment. |
ADDENDUM 2

Key Terms to Understanding HIV among Trans People

HIV Prevalence
The number of persons living with HIV at a given time regardless of the length of time since diagnosis, whether the person has received a diagnosis or the stage of HIV progression. Although prevalence does not indicate how long a person has had HIV, it can be used to estimate the probability that a person selected at random from a population will have the disease.

HIV Incidence
HIV incidence is expressed as the number of persons newly diagnosed with HIV during a specified time period (e.g., a year), or as a rate calculated by dividing the number of persons newly diagnosed with HIV during a specified time period by the number of persons at risk for HIV infection. Because it is difficult to know exactly when individuals acquire HIV infection, we often estimate HIV incidence.

Cofactors
Conditions that can increase the risk for acquiring HIV, increase susceptibility to infection, or decrease ability to receive or act upon HIV prevention messages. Cofactors for trans people can include stigma, discrimination, limited or lack of access to health and social services, exchange or sex work, high-risk partners, homelessness, immigration, limited language access, incarceration, low or no income, poverty, poor mental health, substance use, exposure to violence, sexually transmitted infections (STIs), and use of public sex venues. Many trans people at risk for HIV experience one or more these cofactors that increase their vulnerability for acquiring HIV.

Transgender men
Individuals with a male/masculine gender identity who were assigned a female sex at birth. Often referred to as “trans men,” and sometimes abbreviated as “transmen.” Although it is common to see in writing, some trans people dislike the compound term because the creation of a new noun implies a different kind of man; in contrast, to use “trans” as a modifier (e.g., trans man), indicates a man with a transgender lived experience.

Transgender women
Individuals with a female/feminine gender identity who were assigned a male sex at birth. Often referred to as “trans women,” and sometimes abbreviated to the compound term “transwomen.” Although it is common to see in writing, some trans people dislike the compound term because the creation of a new noun implies a different kind of woman; in contrast, to use “trans,” as a modifier (e.g., trans woman), indicates a woman with a trans lived experience.
ADDENDUM 3

Addressing Transphobia

Transphobia is a reality that many trans people face. It is important your organization reaches out to the trans community in a culturally competent way. Make sure to communicate that when trans people do come to your organization, they are welcomed and not faced with discrimination or stigma. Below are some steps that address transphobia to ensure that trans people are welcome to HIV testing sites.

1. Take stock of the first impression that a trans person may have when walking into your organization for HIV testing. If your organization develops or hands out HIV testing brochures, make sure these brochures are relevant and inclusive of the trans population. Display them as appropriate.

2. Acknowledge or post non-discrimination statements or statements that assure equality regardless of race, gender identity or sexuality.

3. Consider having a gender-inclusive restroom policy. This will help create a safer and more comfortable environment for trans HIV testing clients and staff.

4. Hire trans people to be on staff. Including trans people as part of your HIV testing staff that creates an atmosphere of acceptance and displays the commitment your organization to equality and non-discrimination policies.

5. Provide sensitivity training to all staff (front desk, receptionist, security, counselors, health educators, etc.) working with trans people. Establish guidelines with information you find in this toolkit or the NTHTD and Toolkit Resources section and circulate them amongst your staff.

6. Be aware of the diversity among individuals in the trans community. It is also important that the organization’s employees are educated about the social determinants (loss of jobs, social isolation, violence) and high-risk behaviors. Training of HIV testing staff regarding health or sexual risk assessments can improve HIV testing services for the trans community. (See also Sexual Risk Assessment of Trans Client section).

7. Be open to feedback from trans staff and trans clients about your agency’s HIV testing programs and services is important when trying to address transphobia in your agency and build trust with the trans community.
8. Keep trans people’s information confidential. Many people fear disclosure of their gender identity. Trans people involved in sex work may not only fear disclosure of gender identity but also their HIV status. Testing sites are encouraged to consider their state’s requirements on anonymous vs. confidential HIV testing. A frank discussion about the client’s concern of the impact HIV disclosure would have, and the agency’s duty to report HIV testing information should not deter trans people from testing.

9. Update current intake forms to eliminate gender binary assumptions. Consider using the two-step question to assess for gender identity. (See Section 3 Building Capacity to Increase HIV Testing Efforts for Trans People the two-step model). Counselors may want to avoid assuming who is, or who is not trans, and use the two-step model to allow all people to self-identify their gender identity.

10. Consider making distinctions between “name on documents or medical records” and “preferred name”. This assists medical providers in respecting the trans clients that cannot access legal means of changing their name and ensures continuity in tracking the medical history of the client for continuity of care.

Research has repeatedly found that trans individuals face greater barriers to accessing health care in general, and HIV testing and treatment in particular. Trans women (especially trans women of color) experience higher HIV prevalence than any other demographic population in the United States. Public health must focus its attention on areas of acute need, and the disproportionate burden of HIV/AIDS on the trans population qualifies as such an area.

Comprehensive, culturally competent HIV testing and treatment can serve as a portal for clients to address multiple co-occurring burdens. A connection with a trusted provider who is also linked into a collaborative network of other providers can open doors to multiple avenues of HIV care and prevention, such as mental health care, case management, legal services, employment services, and social support networks.”