

# TRANS HIV TESTING TOOLKIT

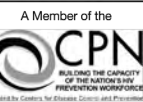


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**NATIONAL TRANSGENDER  
HIV TESTING DAY APRIL 18**

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This toolkit is dedicated to vibrant transgender communities and the providers who selflessly advocate and serve transgender individuals affected by HIV/AIDS.

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### **CoE Staff, UCSF:**

JoAnne Keatley, MSW  
Jenna Rapues, MPH  
Sam Ferguson, LCSW  
Angel Ventura  
Christinia Quiñonez  
Danielle Castro, MA MFT

### **CoE National Advisory Board Members, UCSF:**

Lexi Adsit – San Leandro, California  
Claire Marie Bow, JD – Austin, Texas  
Millye Carter-Bloodworth – Phoenix, Arizona  
Cecilia Chung – San Francisco, California  
Tela La'Raine Love – New Orleans, Louisiana  
Cathy Kiana Keiko Kapua – Honolulu, Hawaii  
Octavia Y. Lewis, MPA – Bronx, New York  
Samuel Lurie, MSW – Hinesburg, Vermont  
Seth Pardo, PhD – San Francisco, California

### **UCSF:**

Center for AIDS Prevention, UCSF

Gregory M. Rebchook, PhD  
Lissa Moran, MPH

Alliance Health Project  
Rob Marks  
Jen Shockey, MPH  
Jessie Murphy, MPH

Medical Center  
Glenda N. Baguso, MS, RN, CNRN

**Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention (DHAP):**

Capacity Building Branch  
Maria E. Alvarez  
Nelson A. Cartagena-Colon  
Cherrie R. Dowdell  
Arlene Edwards  
Kristina L. Grabbe  
Billy L. Jeffries  
A.D. McNaghten  
Tonyetta P. Pruitt

Prevention Communication Branch  
Nick DeLuca, PhD  
Jessica Lacy  
Francisco Ruiz, MS  
Nakesha Speed, MPA  
Jo Ellen Stryker, PhD

**Community Partners:**

Act Against AIDS

Shared Action HD, AIDS Project Los Angeles  
Oscar Márquez  
Miguel Chion, MD, MPH

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San Francisco Department of Public Health  
Dean Goodwin, HIV Health Services

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## TRANS HIV TESTING TOOLKIT

# OVERVIEW: NATIONAL TRANSGENDER HIV TESTING DAY





*“HIV testing is an effective prevention tool that can actively engage trans people in their sexual health and wellness while empowering them to make health choices that improve their lives.”*

## NATIONAL TRANSGENDER HIV TESTING DAY - OVERVIEW

National Transgender HIV Testing Day (NTHTD) is a day set aside to recognize the importance of HIV testing and continued focus on HIV prevention and treatment efforts among trans people. In particular, trans women of color have disproportionately high HIV prevalence and less access to culturally competent care. HIV testing is an effective prevention tool that can actively engage trans people in their sexual health and wellness while empowering them to make health choices that improve their lives. HIV testing also allows health care providers to identify those who are HIV positive and to start treatment efforts sooner.

### The goals of the NTHTD Initiative are:

- To increase status awareness among all trans and gender non-binary people;
- To increase the capacity of local health jurisdictions, community-based organizations (CBOs), and partners to meet the HIV testing, prevention, and treatment needs of trans people;
- To reduce HIV and other health related disparities experienced by trans women, with specific focus on trans women of color; and
- To increase community engagement of trans people in HIV testing, planning, prevention, and care services throughout the United States.

The term gender identity refers to a person’s basic innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. The term transgender refers to people whose gender identity does not conform to a binary classification of gender based on their sex assigned at birth. Transgender includes gender non-binary people, who self-identify as, for instance, transgender women; transgender men; two-spirit; and people who self-identify simply as women or men.<sup>1</sup> Throughout the document “trans” is used as an abbreviation for “transgender.”

Discrimination, stigma, social isolation, and bias among health and social service providers contribute to increased substance use and other known drivers of HIV among trans and gender non-binary people. The rate of HIV infection among trans women is higher than other most at-risk groups, such as men who have sex with men, people who inject drugs, and sex workers; yet most tracking systems do not systematically record data on trans people.<sup>2</sup> Epidemiological data show that trans women of color are disproportionately affected by HIV and reveal greater health disparities when compared with other key affected populations.



***“With this toolkit, the CoE encourages CBOs and prevention programs to host trans HIV testing community events, develop trans HIV testing visibility campaigns, provide HIV testing services, and/or engage trans community members in promoting status awareness among all trans people.”***

As part of the NTHTD initiative, the Center of Excellence for Transgender Health (CoE) developed a Transgender HIV testing toolkit that reflects the most current HIV prevention research, and best practices for serving trans and gender non-binary people. Guidelines to increase access and trans cultural competence among HIV testing programs and services are included. With this toolkit, the CoE encourages CBOs and prevention programs to host trans HIV testing community events, develop trans HIV testing visibility campaigns, provide HIV testing services, and/or engage trans community members in promoting status awareness among all trans people.

The CoE adapted the Transgender HIV/AIDS Health Services Best Practices guide (developed by the CoE in partnership with the San Francisco Department of Public Health) to address HIV testing best practices for the trans community. This adaptation addresses the fact that HIV testing is a health service that many CBOs strive to improve among populations most affected by HIV. While the best practices document focuses on care, the toolkit highlights testing as part of care continuum for trans populations. This toolkit also includes the CoE National Advisory Board’s input to be more inclusive of regional differences specifically addressing the needs of the epidemic as experienced by CBOs and providers across the country.

There are resources listed at the end of the toolkit that CBOs may share with trans people, utilize in the day-to-day office operations, or work towards increasing visibility and acceptance of trans people in the United States. The CoE is a member of the UCSF Capacity Building Assistance (CBA) partnership, a member of the CBA Provider Network (CPN). CoE CBA offers free trainings, capacity building, and technical assistance throughout the United States to promote knowledgeable, sensitive, and effective HIV/AIDS prevention service for trans communities, particularly trans women of color.

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<sup>1</sup> HIV Among Transgender People. (2015, April 15). Retrieved December 1, 2015, from <http://www.cdc.gov/hiv/group/gender/transgender/>

<sup>2</sup> UNAIDS. Global report: UNAIDS report on the global AIDS epidemic 2012. [http://www.unaids.org/sites/default/files/media\\_asset/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_with\\_annexes\\_en\\_1.pdf](http://www.unaids.org/sites/default/files/media_asset/20121120_UNAIDS_Global_Report_2012_with_annexes_en_1.pdf). Published November 2012. Accessed February 2014.

# TRANS HIV TESTING TOOLKIT

## HOW TO USE THIS TOOLKIT



## HOW TO USE THIS TOOLKIT

The toolkit takes into consideration the broader goals of the initiative. It is divided into specific areas of knowledge and expertise across five sections that community-based organizations (CBOs) may use in increasing trans cultural competency, HIV testing, risk reduction counseling and treatment services to the trans community. The toolkit was written in a modular format with each section able to be a stand-alone document. These provide critical background and reflection on opportunities for increasing HIV testing services and status awareness for trans people. It should be noted that this toolkit has been written for CBOs (front line staff, management, HIV test counselors, outreach workers), local health jurisdictions, and HIV testing providers with an emphasis on trans cultural competency and transgender issues to HIV testing. This toolkit encourages all partners in HIV prevention to respond to the specific HIV testing needs of trans communities.

The following individual sections of the Transgender HIV Testing toolkit include:

- **Module 1: Get the facts about trans people and HIV**  
This section discusses language and concepts related to gender identity, epidemiological data, framework on social determinants of health for trans people and trans HIV prevention toolbox in testing conversations.
- **Module 2: HIV testing and enhanced communication approaches with trans people**  
This section covers culturally relevant and specific issues that support the engagement of trans people in HIV testing. Providers are given recommendations on how to conduct HIV testing assessments and a framework for understanding key issues to HIV testing among trans people.
- **Module 3: Building capacity to increase HIV testing efforts for trans people**  
This section covers best practice standards CBOs may implement to increase HIV testing and prevention services for trans people. It provides a practical overview on how to operationalize these best practices and the importance of adapting the two-step model for collecting data.
- **Module 4: Community engagement and National Transgender HIV Testing Day (NTHTD)** Trans specific community engagement and HIV testing outreach is crucial to a successful HIV testing event. This section covers recommendations for enhancing community-led outreach strategies and ideas on how CBOs can organize specific trans HIV testing events in their area.
- **Module 5: Resources for service providers and CBOs**  
Links to essential resources both regarding the NTHTD initiative and additional toolkit resources are provided in this section.

TRANS HIV TESTING TOOLKIT

MODULE 1: GET THE FACTS ABOUT TRANS PEOPLE AND HIV



*“Your gender is not a decision. In most cases it’s not even an observation. It’s like having eyes. If you have eyes, you know you have eyes. You likely can’t pinpoint the specific moment you realized. If asked, you might say you’ve always known you had eyes, but that’d be a lie. You don’t often think about your eyes, but they are always there, making a huge impact on your days. It’s through your eyes that you see the world, and, in many ways, your eyes affect how the world sees you.”<sup>1</sup>*

## I. LANGUAGE – TERMINOLOGY, CONCEPTS, DEFINITIONS

The distinction between sex and gender is often not clear. There is a myriad of terms that trans or gender non-binary individuals use to identify themselves. As providers, health advocates, community health workers, health planners, or HIV test counselors, it is important to be aware of the broad yet imperfect language used to describe people’s gender identities and experiences.

Language used to describe trans people is ever changing and terms may be specific to certain groups within the broader trans community. Terms may vary based on a number of factors such as generational differences, geographic location, native language, and access to conversations on trans-related terminology. Some trans people, however, use binary language (e. g., female or male) because they consider themselves to be binary. Others see themselves as non-binary. These differences may be taken into consideration when working with trans people.

A list of gender identity terminology, concepts and definitions can be found in the Resource Section of this toolkit. The 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.



*“The lack of status awareness among trans women leads to a higher incidence of HIV and negative health outcomes.”*

## II. HIV AND TRANS COMMUNITY

### A. Prevalence and Burden of HIV among Trans People

#### 1. Why Focus HIV testing on Trans Women?

Trans women (people who were assigned ‘male’ at birth and have a female gender identity and/or feminine gender expression) are at high risk of having HIV and of contracting HIV. In a global meta-analysis, the HIV prevalence among trans women in high income countries such as the United States is approximately 22%; however, trans women regardless of country wealth were approximately 49-times more likely to be living with HIV compared to all adults of reproductive ages.<sup>1</sup>

Trans women of color, especially African-Americans and Latinas, experience disproportionately high rates of HIV. A 2008 meta-analysis of 29 regional US studies found that race was a significant mediating factor to HIV status among trans women; that is, race influences how much risk one has of contracting HIV. It is important to emphasize, however, the literature suggests that racism, not just race, influences these women’s risk. Transphobia (specific discrimination experienced by trans people), homophobia, and racism appear to collectively increase risk among trans women of color. Without more nuanced language, it appears as though trans women’s own intrinsic characteristics are placing them at risk for HIV, and as is acknowledged throughout the toolkit that isn’t the case.

For example, HIV prevalence among African American trans women is approximately 56%, whereas the prevalence among Caucasian trans women is approximately 17%.<sup>2</sup> In other words, African American trans women test positive for HIV more often than Caucasian trans women. Therefore, special considerations for HIV testing should be tailored to communities most in need.

Many trans women are often not aware of their HIV status. A 2008 meta-analysis demonstrated that there was a large discrepancy between lab-confirmed HIV and self-reported HIV infection among trans women (28% and 12%, respectively). Centers for Disease Control and Prevention (CDC) reports that 73% of trans women living with HIV are unaware of their HIV positive status.<sup>3</sup> The lack of status awareness among trans women leads to a higher incidence of HIV and negative health outcomes. This finding supports the increased need for HIV testing services and status awareness among trans people.

The higher HIV prevalence and lower HIV testing rates among trans women compared to other high risk groups may be due to greater disparities, stigma, and discrimination across many environmental and social contexts. For example, due to lack of job opportunities for trans women, many often engage in sex work for survival. Sex work involves multiple sex partners that are known to be a driver for HIV. Trans women sex workers have a higher HIV prevalence than non-trans female or male sex

*“We cannot ignore the disproportionate degree to which trans people experience many cultural, socioeconomic, and health-related cofactors that compound the HIV epidemic and prevention challenges among US trans communities.”*

workers.<sup>4</sup> Prevalence of unprotected receptive anal sex (URAS), the highest sexual risk behavior for transmitting HIV among trans women, can be as high as 55%.<sup>5</sup> Differences in URAS prevalence occur across ethnic groups; Asian and Pacific Islander trans people, for instance, are 3.6 times more likely than Latina trans women to engage in URAS.<sup>6</sup> Additional high-risk behaviors include injection drug use and alcohol use, inadequate negotiation skills for safer sex, and low self-efficacy in communicating sexual history with a partner. These risk behaviors are heightened by violence, stigma and discrimination, limited health care access, low to no competence among health care providers, negative health care encounters, and marginalized housing.

High-risk sexual or substance use behaviors alone do not adequately account for the high burden of HIV infection among trans people. We cannot ignore the disproportionate degree to which trans people experience many cultural, socioeconomic, and health-related cofactors that compound the HIV epidemic and prevention challenges among US trans communities. Unemployment rates, for example, are upwards of 23% among trans women;<sup>7</sup> without the opportunity for equal pay and safe, non-discriminatory working conditions, trans women often turn to sex work as one of the only options for sustainable incomes.<sup>8</sup> Moreover, without equal access to employment for a living wage or access to medically necessary gender confirmation procedures, trans women do report injection of non-prescribed hormone and “silicone” or soft tissue fillers that have compounded health risk factors beyond that of HIV transmission.

## **2. What We Know about HIV and Trans Men**

There is a lot we do not know about HIV and trans men. While the trans community is diverse and not enough research has been conducted with trans people in general, there is very limited information about trans men in particular. To date, research related to HIV among trans people has almost exclusively focused on trans women. However, there is growing evidence that there is a significant group of trans men who have sex with men (TMSM) and trans men who engage in sex work.

Several areas including Philadelphia, Washington D.C., San Francisco, and Ontario, Canada have conducted needs assessments that focus on or are inclusive of trans men and HIV risk. The few published studies that report HIV rates among samples of trans men have reported 0 – 3% prevalence.<sup>5,13</sup> These rates are self-reported, however, and are based on small, non-representative samples, so we know that we still do not have sufficient data about the actual HIV prevalence rates among trans men. Despite the methodological flaws in the extant published research, due to the assumption of low rates of HIV among trans men relative to other high-risk groups, there is limited interest in conducting more research on risk behaviors among trans men.





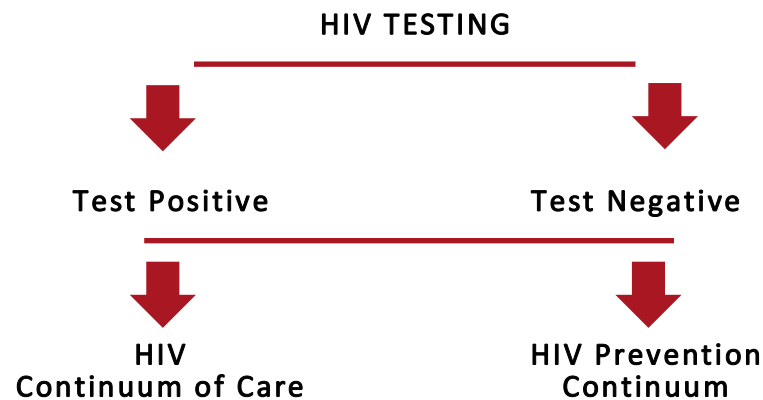
For more specific information on the HIV prevention needs and priorities of trans women and trans men see the HIV Prevention FactSheets in the National Transgender HIV Testing Day (NTHTD) and Toolkit Resources section of this toolkit.

Additionally, specific terms related to HIV prevalence among trans people are available in the NTHTD and Toolkit Resources section at the end of this toolkit.

## B. HIV Testing Model for Trans People and the HIV Continuum

We adapted a model to illustrate the two pathways to health after HIV testing. This model emphasizes HIV testing and status awareness as a first and crucial step to HIV prevention. For trans people who test positive, the HIV care continuum provides a framework to engage trans people who are living with HIV in medical care to stay healthy and reduce the risk of transmission to others. For trans people who test negative, the prevention continuum provides a framework to support their engagement in prevention services such as pre-exposure prophylaxis (PrEP), ongoing risk reduction counseling, repeat testing, and other medical, behavioral, and social services as indicated.

Figure 1. HIV Testing Pathway



Anthony Fauci, "Ending the HIV/AIDS Pandemic: An Achievable Goal" (presentation, 2015 National HIV Prevention Conference, Atlanta, GA, December 6-9, 2015).

*“Trans women have reported that they are often unwilling to engage in medical treatment, including HIV testing, because they are miscategorized as MSM on many clinical forms.”*

In detail, both the HIV Continuum of Care and HIV Prevention Continuum presents the sequential steps of to engage trans people in HIV prevention and care with the goals of reduced HIV prevalence and HIV acquisition.

Figure 2. HIV Continuum Model and Intervention Steps



### C. Barriers to HIV Testing and Care

Trans women have reported that they are often unwilling to engage in medical treatment, including HIV testing, because they are miscategorized as MSM on many clinical forms.<sup>9</sup> Needs assessment studies conducted in major cities across the United States since the late 1990s have shown that access to primary health care is highly challenging for many trans people.<sup>10</sup> Trans individuals experience barriers to receiving and remaining engaged in health care.

Such barriers to HIV testing and care can include:

- Concerns about encountering stigma in HIV testing sites and from peers;
- Negative past experiences with health care staff, providers, or agencies overall;
- Prioritizing more urgent needs, such as housing and legal issues, or gender-related care;
- Concerns that HIV treatment might interfere with hormone therapy; and

*“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, housing and social support networks.”*

- Intersecting mental health issues or other circumstances that make regular testing difficult to prioritize.

Many HIV testing sites are geared toward MSM, and consequently bias is inherent in these testing sites. Below are some steps that address transphobia to ensure that trans people are welcome at HIV testing sites.

#### **D. Addressing Transphobia as a Barrier to Testing among Trans People**

**Transphobia** is a reality that many trans people face. It is important your organization engages with 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.

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, housing and social support networks.

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 creates an atmosphere of acceptance and displays the commitment of your organization to equality and non-discrimination policies.
5. Provide sensitivity training to all staff (front desk, receptionist, security, counselors, health educators, etc.) will need sensitivity training when 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 be familiar with 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 for 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.

*“Understanding the social determinants of health for trans people provides a framework for providers to address the HIV testing needs for trans people.”*

### III. TRANSGENDER SOCIAL DETERMINANTS OF HEALTH/GENDER AFFIRMING HEALTH CARE

Understanding the context of trans people’s lives is important when designing HIV testing programs to reach the community. Trans people face many social issues that can be barriers to receiving services such as HIV testing. While HIV is a concern to many trans people in their daily lives, HIV prevention and treatment may not be high priorities due to other competing needs. These needs include issues such as:

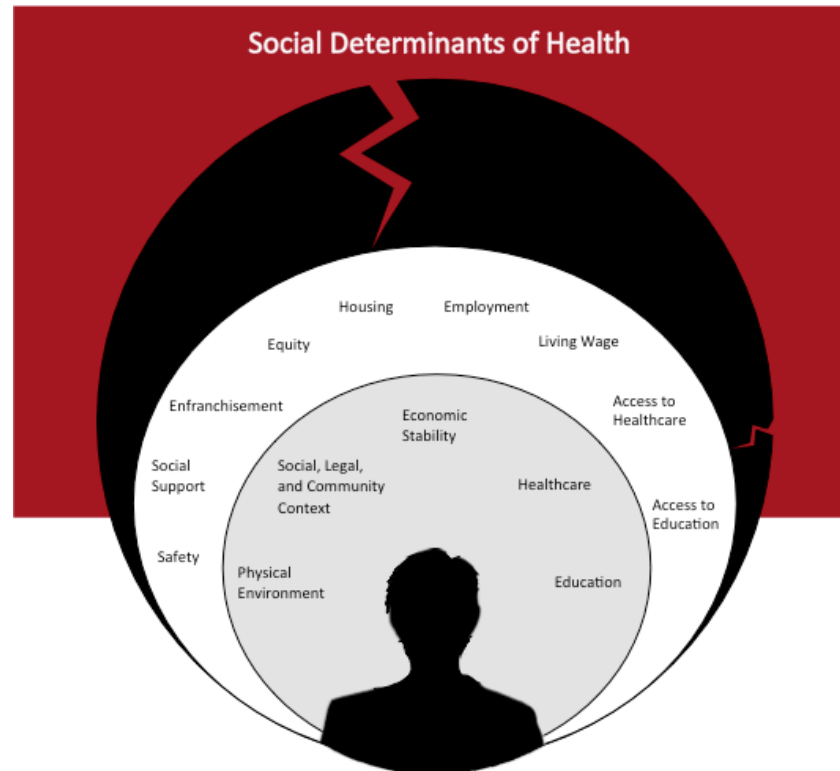
- Transphobia, external and internal
- Family rejection
- Gender identity validation through sex
- High risk sex partners
- Injection risks
- Peer harassment
- Unemployment
- Discrimination in health care
- Housing discrimination
- Violence
- Biases in the criminal justice system

Trans people need to be supported in prioritizing HIV prevention and treatment despite these competing needs.

Understanding the social determinants of health for trans people provides a framework for providers to address the HIV testing needs for trans people. This framework may help public health officials, HIV prevention planners, and community-based organizations support the transgender community in re-prioritizing HIV testing in their health care and daily lives.

*“For trans and gender non-binary individuals, constrained access to culturally competent health care and social services, experiences of stigma and discrimination, vulnerability to violence and exploitation, social barriers to maintaining a stable income and safe housing, and intersecting experiences of social marginalization all contribute to negative health outcomes.”*

Figure 3. Social Determinants of Health for Trans People<sup>11</sup>



**A. Social Determinants of Health for Trans People**

Health does not exist independently of context or causal factors. In addition to the ways in which behavioral, environmental, and genetic factors determine health, so too does one’s social and cultural environment. For trans and gender non-binary individuals, constrained access to culturally competent health care and social services, experiences of stigma and discrimination, vulnerability to violence and exploitation, social barriers to maintaining a stable income and safe housing, and intersecting experiences of social marginalization all contribute to negative health outcomes. The National Center for Transgender Equality has recently published a report that states that trans people have experienced disproportionate rates of violence, harassment, mental illness, and discrimination in workplaces, schools, and social service systems.<sup>12</sup>



*“By reducing this burden, it is possible that trans people will be better able to avail themselves of options that will improve their health, and the health of their communities.”*

Understanding this framework is crucial to successful HIV testing, risk reduction communication and treatment efforts focused on trans people. It is important to understand trans people as individuals and as a community of individuals shoulder a multilayered burden of factors that may prevent them from prioritizing HIV testing and treatment in their health care regimens. By reducing this burden, it is possible that trans people will be better able to avail themselves of options that will improve their health, and the health of their communities. This requires a holistic approach by addressing personal needs and their relationship in the context of a multi-layered environment.

The following sections of this toolkit will review several approaches to building capacity and cultural competency among trans people in HIV testing and prevention, and risk reduction communication.



*“In discussing prevention methods, a dialogue that focuses on risk rather than individual body parts provides a safe space for trans people to have conversations around HIV testing and prevention.”*

#### IV. TRANSGENDER HIV PREVENTION STRATEGIES “HIV PREVENTION TOOLBOX”

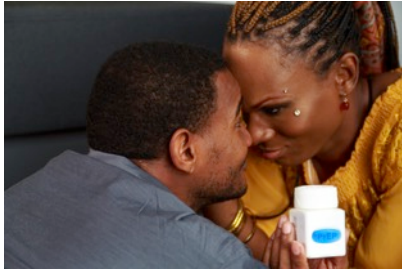
##### A. Transgender HIV Prevention Toolbox Overview

HIV Prevention methods in this toolkit are an assortment of ideas and approaches to reducing HIV risk. Often, many of the approaches are driven by science, technology and emerging research. Although many HIV prevention tools and interventions mentioned in this toolbox were not specifically tailored for trans people, ongoing discussions, ideas and research are encouraged to identify and include the specific needs and experiences of trans people in HIV prevention, testing and engagement. The tools discussed below are considerations for including in HIV testing conversations with trans people. It should be noted that gender specific descriptors are used with the understanding that they are not culturally trans specific.

Because gendered terms such as “male” or “female” are conceptualized differently among trans people, culturally appropriate HIV prevention conversations regarding trans body parts and their sexual practices are crucial. A familiarity with these HIV prevention methods as it relates to trans people builds trust and enhanced engagement during HIV testing services. In discussing prevention methods, a dialogue that focuses on risk rather than individual body parts provides a safe space for trans people to have conversations around HIV testing and prevention.

Table 1. Transgender HIV Prevention Methods

HIV Prevention Tools	
<b>Male Condoms</b>	A condom is a thin sheath worn over an erect penis to keep seminal fluid (cum) or pre-seminal fluid (pre-cum) from entering a partner’s body during oral, anal, or vaginal sex.
<b>Female Condoms</b>	A female condom is a thin pouch worn inside a vagina or an anus to keep a partner’s seminal fluid (cum) or pre-seminal fluid (pre-cum) from entering their body during intercourse. The female condom has a ring on each end. The inside ring holds the condom in place inside the vagina or anus. The outer ring stays outside the vagina or anus.
Biomedical	
<b>Pre-Exposure Prophylaxis (PrEP)</b>	PrEP is a way for people who don’t have HIV to prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used to treat HIV. If you take PrEP and are exposed to HIV through sex or injection drug use, these medicines can work to keep the virus from taking hold in your body. For more information on PrEP and trans people see PrEP and the Trans Community section below.



Biomedical	
<b>Post-Exposure Prophylaxis (PEP)</b>	Post exposure prophylaxis (PEP) is the short-term use of HIV antiretroviral medications after a high-risk event in order to decrease the risk of acquiring HIV. For a consecutive 28 days, two or three antiretroviral drugs are prescribed. PEP is recommended for people who have had a high-risk event within 72 hours. Studies do not show 100% effectiveness of HIV prevention if given PEP. Currently there are no studies involving the effectiveness of PEP and the trans community.
<b>Anti-Retroviral Therapy (ART)</b>	Treatment for HIV includes anti-retroviral therapy (ART), which are medications that people who are living with HIV take to stay healthy. These medications reduce the amount of virus in the body, keep the immune system functioning, and prevent illness. Another benefit of reducing the amount of virus in the body is that it helps prevent transmission to others through sex, needle sharing and during pregnancy and birth.

Social and Behavioral Risk Reduction	
<b>Evidence-Based Interventions (EBIs)</b>	<p>The CDC has identified several evidence-based interventions (EBIs) that are based on research studies showing positive behavioral (e.g., use of condoms; reduction in number of partners, disclosure) and/or health outcomes (e.g., reduction in the number of new STD infections). These studies employed rigorous research designs, with both intervention and control groups, so that the positive outcomes could be attributed to the interventions.</p> <p>Although there are currently no EBIs designed specifically for trans people, there are EBIs that can be adapted to transgender people’s HIV testing and prevention needs. This may include:</p> <p>People living with HIV/AIDS Healthy Relationships; WILLOW</p> <p>High Risk HIV Negative People Personalized Cognitive Counseling (PCC); MPOWERment; Popular Opinion Leaders (POL)</p> <p>For more information on CDC EBIs go to: <a href="http://www.cdc.gov/hiv/prevention/research/compendium/rr/complete.html">http://www.cdc.gov/hiv/prevention/research/compendium/rr/complete.html</a>)</p>



For more information about EBIs and the trans community see the NTHTD and Toolkit Resources section of this toolkit.

## 1. Pre-Exposure Prophylaxis (PrEP) and the Trans Community

Proven prevention options are limited in trans populations. With the recent popularity and advancement of PrEP as a biomedical intervention, trans people may want to discuss PrEP as a component of their health care including HIV testing. Although PrEP studies have focused on men who have sex with men (MSM), a recent subgroup analysis of the iPrEx trial, which specifically sought to test the effectiveness of PrEP among trans women, found a protective relationship between PrEP use and HIV transmission. Thus, there is some preliminary evidence to suggest that PrEP is effective in preventing HIV acquisition among trans women when taken as prescribed, but there are a number of adherence barriers, particularly among those with the highest acquisition risk.<sup>13</sup>

Given the lack of studies of PrEP on the trans community, other considerations may be taken into account prior to promoting PrEP as a blanket HIV prevention intervention.

Points to consider in HIV testing conversations with trans clients regarding PrEP:

- An HIV test confirms that a patient is HIV negative prior to initiating PrEP.
- Reminder that PrEP is not a medication that can be taken as needed or once after a high-risk event. PrEP involves daily use of medication with frequent medical visits for lab tests, HIV and other STIs testing.
- What understanding, if any, does the trans client have about PrEP? Educate them that there are few studies that confirm the effectiveness of PrEP among the trans community.
- Does the trans client have a desire to take PrEP on a daily basis with high adherence?
- Does the client practice high-risk behaviors that signal the need for PrEP?
- Assess the financial feasibility of starting PrEP for the trans client. Although some programs and insurance covers PrEP, consideration of co-pay and sustainability of PrEP use for the client is necessary. If cost is a consideration, assess if a client may qualify for the Gilead Patient Assistance Program (PAP) for Truvada or gain assistance from a Patient Assistance Network (PAN).
- Inform the trans client that condoms, lubrication, and decreased URAS rates can be used concurrently with PrEP to help prevent HIV.

- Assess adherence barriers for trans people who are seeking PrEP
- Engage trans people seeking PrEP to include sex partners

For more information about PrEP and the trans community see the NTHTD and Toolkit Resources section of this toolkit.

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TRANS HIV TESTING TOOLKIT  
MODULE 2: HIV TESTING AND ENHANCED  
COMMUNICATION APPROACHES  
WITH TRANS PEOPLE



*"Being able to get tested and know my status meant I could feel good about engaging in sex with my partners."*

Having culturally competent communication skills when working with trans populations is necessary for effective HIV testing engagement. These interactions should take into consideration the life experiences and priorities of trans people to successfully implement effective HIV testing strategies. A well-informed and supportive dialogue establishes trust and rapport, and allows providers to better serve trans people with their HIV testing and prevention needs. This type of supportive communication facilitates engagement of trans people in their health care.

Incorporating culturally competent communication skills within the service delivery process lead to increased HIV testing engagement with trans people. The communication skills of a provider allows for enhanced risk assessment (e.g. building rapport with a trans person, providing a safe and trusting space for a trans person to identify and share risk behaviors, etc.). Providers are encouraged to be comfortable in HIV testing communications with trans people about their body parts and risk behaviors. These interactions integrate current HIV testing recommendations and active risk identification. The knowledge about trans lives, sexualities, and realities benefits a trans person because open connection and trust with a provider is an integral part to their self-efficacy around HIV testing and prevention while reducing stigma.



*"Because we work with a lot of trans people, we have a couple of questions we ask everyone. What is your current gender identity and what sex were you assigned at birth?"*

## I. COMMUNICATION STRATEGIES

### A. Culturally Competent Interview Guidelines Working with Trans Clients

In conducting an HIV testing session, these guidelines may assist in establishing open and supportive dialogue with a trans person.

Establish rapport and trust by acknowledging any differences in lived experiences between the client and the HIV testing counselor. If appropriate you can also ask, "it says on the paperwork that you filled out that your name is \_\_\_\_\_. Is that what I may call you or do you go by any other names that you'd like me to call you today?" (Not appropriate for anonymous sites). Next, "I'd like to tell you a little bit about what we'll be doing today and how we can address your concerns." (then explain the purpose of Ask questions necessary for your assessment, but be respectful by only asking what is needed. Avoid unnecessary probing questions about client's gender identity. Many trans clients have some underlying internalized transphobia and are prone to be asked invasive questions (e.g., How long have you been on hormones?) that can make a trans person defensive and guarded. Don't just ask people we think are trans about their gender identity. Instead, ask all clients about their gender identity. We can't tell someone's gender identity just by looking at them.

Frame questions in a way that will help decrease the perception of intrusion. Discuss why you may need to ask these questions. For example:

"Because we work with a lot of trans people, we have a couple of questions we ask everyone. What is your current gender identity and what sex were you assigned at birth?"

Discussing sexual behavior is important for assessing high-risk behaviors for HIV and other Sexually Transmitted Infections (STIs). "Please feel free to ask questions and to refuse to answer questions, but know that we only ask these questions to help us gain a better understanding of what you need and how we can help you."

Do not make assumptions based on gender presentation. If clarification is needed regarding a term or behavior, ask or restate the term with what you believed it to mean.

Include current and past history of alternate gender affirming therapies (non-prescribed hormone use, non-medical grade silicone fillers – also known as black market or underground), substance use, sex work and violence in your assessment.





Each of the above factors may be assessed with sensitivity, respect, and consultation or referrals if needed. Make sure to have appropriate and safe referrals for issues regarding violence and mental health.

Be aware of signs of human trafficking, coerced drug use, and domestic violence and make referrals as indicated.

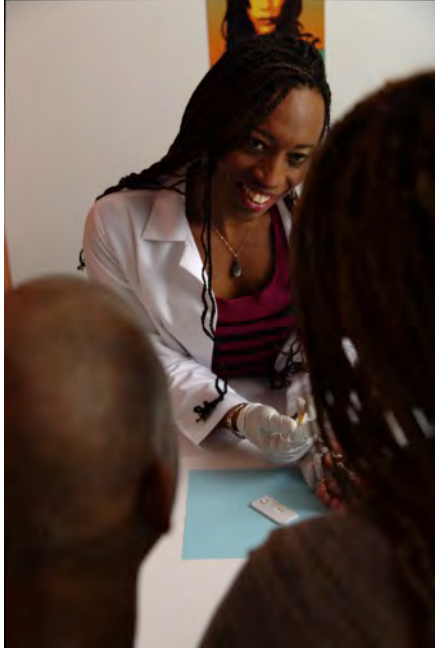
## **B. Sexual Risk Assessment**

A primary goal of HIV testing in CBOs is to maximize the number of persons who are aware of their HIV status and ensuring that they receive linkage to appropriate care. Procedures should be established to inform clients of their test results. Trans people known to be at high risk for HIV can be advised of the need for periodic retesting and are supported in developing their communication skills towards safer sex practices and decreased HIV risk behaviors.

Active efforts are essential to ensure that trans people living with HIV receive their positive test results and linkage to clinical care, counseling, support, and prevention services. CBOs should be aware that the Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits use or disclosure of a patient's health information, including HIV status, without the patient's permission.<sup>1</sup>

### **1. Risk Assessment Questions for Trans People**

- Culturally competent ways to ask questions of a trans person in HIV testing settings:
  - What is your name/ How would you like to be addressed?
  - What is your current gender identity?
  - What is your sex assigned at birth?
  - What is your preferred pronoun?
  - What types of partners do you have?
  - What are your HIV concerns?
  - How much do you know about pre-exposure prophylaxis (PrEP)?
  - Are you interested in PrEP?
  - How do you discuss/disclose your gender identity to sexual partners?
  - How are you able to negotiate safer sex practices?
  - What do you think prevents you from engaging in lower risk behaviors?
  - What's your biggest challenge around protecting yourself from HIV?"



- Questions that assess for other common trans health concerns:
  - What drugs, substances, or medicine, if any, do you use?
  - How do you use them? (do you inject, inhale, etc.).
  - Do you use any hormones?
  - If so, how do you use them? (Inject, patch, gel, etc.).
  - Have you ever injected silicone?
  - Where do you get your hormones and/or silicone injections from?
  - Are you using clean works and needles each time?

Begin *sexual risk assessments* with 3 questions:

- Have you been sexually active in the past year?
- Do you have sex with men only, women only, men and women, trans men or trans women or non-binary people? (trans people may be sensitive with language describing partners)
- How many people have you had unprotected sex (receptive or insertive anal or vaginal sex without a condom, or sex without PrEP) with in the past 6 months?

The National LGBT Health Education Center, a program of the Fenway Institute has resources for sexual health histories. Included in this resource is Centers for Disease Control and Prevention (CDC) recommendations on sexual risk assessments. These are recommendations to increase your capacity to assess risk behaviors and increase trust between your organization and the trans community.<sup>2</sup>

Usually, a trans person with multiple sex partners, depending on the type of sex they are having and whether protection is used, should receive additional questions with the focus on CDC's categorizations: Partners, Practices and protection from STIs, and Past history of STIs.

When asking questions about trans people's partners, include questions about primary, casual or trans people as an option.



- Are you having sex with women only, men only, trans men, trans women or any combination?<sup>3</sup>If yes: How many people have you had unprotected sex (receptive or insertive anal or vaginal sex without a condom, or sex without PrEP) with in the past 6 months?
- Do you know of your partner's HIV status?
- How many sexual partners have you had in the past six months?
- Are you able to negotiate safer sex with your partners?

### Couples Testing

Because HIV testing is not only available to individuals, but also couples (traditional, non-traditional) or people in sexual relationships with each other, there are added benefits to trans persons testing together with their partners when it is applicable. It may be helpful to use language such as this throughout HIV testing services:

“individuals and couples can get tested together...” or  
“when individuals or couples get tested, you can be empowered.”

Be sure to include the benefits of couples testing and opportunities. Testing together is certainly available for trans people and their partners, and can help validate and strengthen relationships, and support HIV risk reduction behaviors.

## 2. Asking Sexual Behavior Questions Sensitive

Ask open-ended questions regarding sexual practices. Similar to HIV risk conversations, be direct and ask simple questions while assuring your clients' confidentiality and establishing rapport. It is important to be sensitive to non-binary trans people when discussing body parts, sexual behaviors, and HIV prevention tools (e.g., condoms). It is also important to realize some trans people do identify themselves as binary, and prefer to discuss body parts, sexual behaviors, and HIV prevention tools using the language that applies to non-trans males and females. This can become complicated so it might be best ask the client how they prefer to use the language (or be guided by the terms they used in preceding communication with you).

For the sake of clarity in describing HIV and STIs practices and protection, we are using the binary language.

Here are some examples:

- What kind of sex are you having?
- Are you engaging in receptive sex?
- If so, what kind of receptive sex? (anal, vaginal, and oral)

*“When taking a history of sexually transmitted infection, have a dialogue with your client about their concerns and questions. Engage trans people regarding their sex partners and partner types (monogamous, casual, anonymous) and behaviors that may put them at risk for STIs.”*

- Are you engaging in penetrative sex?
- If so, what kind of penetrative sex? (anal, vaginal, and oral)
- Do you use measures to protect yourself from HIV and STIs?
- Tell me about these measures (or ask about condom use, PrEP use).
- Are there any questions or concerns you have regarding your sexual practices?

When asking about partners of your trans client, it may be helpful to ask additional questions regarding their partner’s high-risk behaviors (injecting substance use or sex for trade). Assess risk for violence between your client and their partners.

When taking a history of sexually transmitted infection, have a dialogue with your client about their concerns and questions. Engage trans people regarding their sex partners and partner types (monogamous, casual, anonymous) and behaviors that may put them at risk for STIs.

Some example questions:

- Have you ever been diagnosed with any STIs? When? How were you treated?
- Have you had any recurring symptoms or diagnoses?
- Have you ever been tested for HIV, or other STIs? Would you like to be tested now (or today)?
- Has your current partner or any former partners ever been diagnosed or treated for any STIs? Were you tested for the same STIs?
- If yes, when were you tested? What was the diagnosis? How was it treated?

For more information on CDC risk assessment guidelines visit:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm> or see the National Transgender HIV Testing Day (NTHTD) and Toolkit Resources section of this toolkit.



## II. KEY ISSUES TO TESTING

Trans people face multiple barriers to HIV testing that might prevent them from getting tested. For instance, rather than visit a test site where a trans person's gender identity might be questioned, a trans person might decide to forgo the potential negative experience from HIV testing. The binary system of male and female sex classification that was once predominant in our society still remains today one of the many barriers that trans people face. Binary gender identification systems institutionalized by insurance, billing, coding and electronic medical health records create structural barriers for trans people.<sup>4, 5</sup> In most HIV testing sites, trans people are not allowed to self-identify their gender. Similarly, data systems do not capture non-binary gender classification. This often inhibits or prohibits trans people from accessing HIV testing and treatment services and leads to an under reporting of HIV impact on the population.

Many trans people do not feel respected by their health care provider and some trans people report having to educate their provider on their health issues.<sup>6</sup> The lack of culturally sensitive health care providers contributes to an unsafe negative experience for trans people seeking HIV testing.

Increasing the cultural competency of HIV testing providers plays a major role in increasing HIV testing and prevention services among this population. Cultural competency, in this context, refers to the overall knowledge of the community, comfort with, and sensitivity to trans health concerns and HIV testing. A culturally competent provider does not need to be an expert or specialist in gender identity issues.

A culturally competent provider knows that gender identity can be unique to each individual. They are aware of the complex lived experiences of some trans people such as medical transition, trauma, discrimination and their relationships to society. Knowledgeable providers ask clarifying and relevant questions when necessary respect the bodily integrity and privacy of their client; and accept the gender identity, sexual orientation, and preferred pronouns as expressed by their client. Trans people who develop trusting relationships with providers are more likely to be continually engaged in their health care, and HIV testing and prevention services.

### A. HIV Testing Issues Related to Trans People

Trans people experience key HIV testing-related issues in compounding ways. For example, a trans woman of color who identifies as Latina, speaks limited English, and engages in sex work may experience issues that affect her ability to access testing. In this case, the intersection of language accessibility, race, class, cultural norms, and employment plays a role in her ability to seek HIV testing services. During risk assessment, these barriers must be identified and addressed in a sensitive and



culturally responsive approach by staff. Although we do not have an exhaustive list of key issues for HIV testing, these points may be considered starting points for improved communication and competencies for HIV testing providers:

- Population includes specific issues that are experienced by groups within the broader trans community.
- Social determinants include larger contextual issues that are associated with the lived experiences of trans people that impact the individual's decision/motivation to test or not to test for HIV.
- Interventions are HIV testing and prevention strategies that support dialogue and engagement of trans people and HIV testing programs.

The list below is based on a compilation of research and study of best practices of trans people and HIV programs throughout the United States.





Table 2.1. HIV Testing Key Issues to Increase Provider Testing Competency with Trans People By Population

POPULATION		
Transgender Populations	Description	Key Issues to HIV Testing
Trans Women	<p>Trans women experience multiple layers of discrimination, transphobia, and institutional barriers that increase their risk for HIV</p> <p>Although HIV prevalence rates are higher among trans women of color, white trans women also share a burden of HIV</p> <p>In addition to the social and institutional barriers, trans women of color experience other forms of oppression including racism</p> <p>Some who transition from male to female do not identify as trans at all, but simply as women</p>	<ul style="list-style-type: none"> <li>▪ Anticipate/be prepared for a trans woman’s possible increased sensitivity to her perception of an unwelcoming/ignorant reception and plan accordingly. Strive to create a welcoming, affirming environment.</li> <li>▪ Overlapping structural barriers to HIV testing include stigma, discrimination, racism, poverty, education</li> <li>▪ Fewer opportunities to negotiate safer sex practices because of the sometimes power imbalance between genders, resulting in riskier behavior</li> <li>▪ Incentives for engaging in high-risk sexual behaviors outweigh the long term risks</li> <li>▪ Social, cultural issues regarding trust in health care services</li> <li>▪ Transphobia produces stress that can reduce one’s ability or willingness to engage in testing</li> <li>▪ HIV prevention and testing efforts should be targeted to African American, Latina,</li> <li>▪ Asian/Pacific Islander, and Native American trans women</li> </ul>





POPULATION		
Transgender Populations	Description	Key Issues to HIV Testing
<b>Trans Men</b>	<p>Assigned 'female' at birth and have a male gender identity and/or masculine gender expression</p> <p>May self-identify and express their gender in a variety of ways and often prefer certain terms and not others</p> <p>Some who transition from female to male do not identify as trans at all, but simply as men</p> <p>In general, trans men identify with male/masculine pronouns</p>	<ul style="list-style-type: none"> <li>▪ The trans community is diverse and not enough research has been conducted with trans people in general.</li> <li>▪ We have limited information about trans men in particular.</li> <li>▪ Special HIV testing and prevention efforts can be directed towards trans men who have sex with men (TMSM).</li> <li>▪ Trans men are often not easily identifiable or choose to not reveal their sex assigned at birth, "stealth", that may affect their comfort in accessing HIV testing.</li> <li>▪ There is a lack of trust among trans men regarding health care services.</li> </ul>
<b>Trans Youth</b>	<p>Transgender and gender non-binary youth face challenges at home, at school, in foster care, and in juvenile justice systems</p> <p>Studies show that familial rejection can:</p> <ul style="list-style-type: none"> <li>▪ Increase LGBT youth's likelihood for engaging in behaviors that put their health at risk;</li> <li>▪ Trigger depression and other mental health problems; and</li> <li>▪ In the worst of cases – may result in homelessness or suicide.</li> </ul> <p>Trans youth experience high rates of homelessness and suicide.</p>	<ul style="list-style-type: none"> <li>▪ In the US, the age of consent for HIV testing varies from state to state. Some states have different ages of consent, as young as 12 or older at 14</li> <li>▪ Issues are developing trust and understanding regarding the complexities of gender identity development.</li> <li>▪ Adolescents do not always understand the full implications of living with HIV and the responsibilities that come with it.</li> <li>▪ Different testing strategies need to be utilized with youth than are used for adults.</li> <li>▪ Youth who are marginally housed and have lower economic backgrounds are often at greater risk for HIV.</li> </ul>



POPULATION		
Transgender Populations	Description	Key Issues to HIV Testing
<b>Gender Non-Binary Individuals</b>	<p>Discrimination from society and even sometimes within the trans community</p> <p>Discrimination and denial of services or respecting gender non-binary identity from service providers</p> <p>Barriers in changing legal identification documents and having no legal acknowledgement of gender identity</p>	<ul style="list-style-type: none"> <li>Service providers do not understand their identity as gender non-binary individuals.</li> <li>Service providers do not know how to discuss appropriate risk factors with gender non-binary individuals.</li> </ul>
<b>Trans People who Inject Drugs (PWIDs)</b>	<p>Trans individuals who engage in injection drug use experience many levels of risk: high vulnerability, stigma, invisibility, and behaviors</p> <p>This population is highly underserved</p>	<ul style="list-style-type: none"> <li>Differentiate between hormone or silicone (soft tissue fillers) use vs. street drug use and risk associated with those activities.</li> <li>Integrate harm reduction model with HIV testing communication</li> </ul>
<b>Sex Partners</b>	<p>Sex partners of trans people are also at risk for HIV</p> <p>Sex partners of trans people are often left out of HIV testing and prevention efforts</p>	<ul style="list-style-type: none"> <li>Support HIV positive trans people to disclose HIV status</li> <li>Encourage STIs testing</li> <li>Offer partner notification services</li> <li>Include the benefits of couples testing and opportunities to include partners of trans people</li> <li>May not identify themselves at risk for HIV because they don't identify as men who have sex with men (MSM)</li> </ul>



Table 2.2. HIV Testing Key Issues to Increase Provider Testing Competency with Trans People by Social Determinants

SOCIAL DETERMINANTS		
Issue	Description	Key Issues to HIV Testing
<b>Socioeconomic Status (SES)</b>	<p>Socioeconomic status (SES) underlies three major determinants of health: health care, environmental exposure (e.g., industrial waste, residential crowding, noise pollution), and health behavior</p> <p>Influences access to HIV testing services due to limited income, education, and occupation opportunities</p> <p>Living in an economically depressed and dangerous neighborhood</p>	<ul style="list-style-type: none"> <li>Trans people don't go outside their neighborhoods because they don't feel safe. Alternatively, some trans people don't feel safe in their own neighborhoods.</li> <li>HIV testing site locations should be convenient to the community</li> <li>Sites should assess safety, testing confidentiality, and other barriers to testing</li> </ul>
<b>Linguistic Competence</b>	<p>The system of linguistic knowledge possessed by native speakers of a language</p> <p>Language can be a barrier to testing</p>	<ul style="list-style-type: none"> <li>Increase capacity for HIV testing for non-native speakers (e.g. mono-lingual trans Latinas)</li> <li>HIV testing and outreach materials can be made available in various languages</li> <li>Increase trust in HIV confidentiality</li> <li>Utilize peers to reach out to this segment of the population</li> <li>Use of family members as translators may breach client confidentiality</li> </ul>



SOCIAL DETERMINANTS		
Issue	Description	Key Issues to HIV Testing
<b>Immigration Status</b>	Trans people immigrate to the United States to flee persecution and seek safety	<ul style="list-style-type: none"> <li>Immigration status can create a level of distrust due to concerns about residency status</li> <li>Acculturation may affect high levels of discrimination</li> <li>CBOs may consider being responsive to local demographics and target populations</li> </ul>
<b>Sex Work</b>	<p>One of the few viable work roles for some trans people</p> <p>A segment of the trans female community engages in sex work for a variety of motivational factors</p> <p>Multiple sex partners, fewer opportunities to negotiate harm reduction practices, and underlying substance use issues may contribute to greater HIV exposure</p>	<ul style="list-style-type: none"> <li>Reduce stigma</li> <li>Be sensitive to shaming</li> <li>Offer PrEP or PEP as an HIV prevention tool</li> <li>Session can be focused on HIV risk reduction and immediate needs of client</li> <li>Sex work can have different contextual meaning (survival, career, street)</li> <li>Assess for signs of violence and coercion</li> </ul>



Table 2.3. HIV Testing Key Issues to Increase Provider Testing Competency with Trans People by Interventions

INTERVENTIONS		
Approach	Description	Key Issues to HIV Testing
<b>Sexual Networks</b>	A group of people that are connected to one another through intrapersonal sexual activity	<ul style="list-style-type: none"> <li>Consider including sexual networks in HIV testing recruiting strategies</li> <li>Disclosure can be challenging among some networks due to internalized transphobia or stigma</li> <li>Disclosure around gender identity with sexual partners</li> <li>Invisibility of some partners</li> </ul>
<b>Couples Testing</b>	<p>Both partners tested at the same time</p> <p>HIV testing approach that involves both partners' testing and receiving their results together, encouraging open communication and trust</p> <p>Couples can be understood as "traditional" (primary sex partners) or "non- traditional" (casual sex partners)</p>	<ul style="list-style-type: none"> <li>Lack of HIV testing provider awareness around HIV testing needs of trans couples, including serodiscordant relationships</li> <li>Need to increase communication skills</li> <li>Disclosure among partners or sex networks can be challenging due to internalized transphobia, stigma, or shaming.</li> <li>Invisibility of some partners (e.g., cis men whose primary partners are trans women)</li> </ul>



INTERVENTIONS		
Approach	Description	Key Issues to HIV Testing
<b>Disclosure of HIV-positive Status</b>	<p>HIV status sharing by HIV positive trans person</p> <p>Sharing HIV status is a personal choice, however various states have differing laws regarding sharing of HIV status with partners</p> <p>Laws that criminalize HIV discourage testing and knowing one's status because knowing one's status can hold the person criminally liable if they transmit the virus to someone else</p>	<ul style="list-style-type: none"> <li>▪ HIV status can be stigmatizing particularly for trans people</li> <li>▪ Criminalization laws discourage trans people from knowing their status</li> <li>▪ Increase communication skills among HIV positive trans women regarding status sharing</li> <li>▪ Reduce internalized transphobia and stigma related to HIV status</li> </ul>
<b>Partner Counseling and Referral Service (PCRS)</b>	<p>The PCRS can help an individual with notifying their partners regarding HIV and STIs diagnosis</p> <p>PCRS programs are often led by local health departments. This can occur in four ways: 1) self referral; 2) provider referral; 3) contact referral; and 4) dual referral</p>	<ul style="list-style-type: none"> <li>▪ PCRS programs are often not tailored to the specific needs of trans people. Trans relationships and sexual partners are complex (e.g., primary, exchange, casual)</li> <li>▪ Fear and shame associated with health department involvement</li> <li>▪ Trans people have higher potential for loss to follow up</li> </ul>
<b>Linkages</b>	<p>An integral part of the Continuum of Care linking patients who have received a diagnosis of HIV to engagement in care</p> <p>Due to structural issues, research has reported trans HIV positive people are often lost to care</p>	<ul style="list-style-type: none"> <li>▪ HIV testing without linkage does not provide optimal benefit Programs and services are often not culturally competent to trans community needs</li> <li>▪ Follow-up and adherence to care can be challenging due to conflicting priorities</li> </ul>

INTERVENTIONS		
Approach	Description	Key Issues to HIV Testing
<b>HIV Testing Incentives</b>	<p>Aims to increase HIV testing by offering incentives (e.g. voucher, cash, gift card) as a motivational factor</p> <p>Has shown to increase HIV testing</p>	<ul style="list-style-type: none"> <li>▪ Efficacy in use of HIV testing incentives</li> <li>▪ Potential incentive misuse</li> <li>▪ Costly</li> </ul>



*“Recognizing the distinction that trans people refer to their body parts and identify their risk behaviors differently is beneficial to HIV test providers. This allows HIV test providers to address the unique HIV testing needs of trans people.”*

### III. HIV TESTING RECOMMENDATIONS FOR TRANS PEOPLE

CDC recommends health care providers test everyone between the ages of 13 and 64 at least once as part of routine health care. A general rule for those with risk factors is to get tested at least annually. Additionally, CDC has recently reported that sexually active gay and bisexual men may benefit from getting an HIV test more often, perhaps every 3-6 months.<sup>7</sup> Although this recommendation does not specifically include trans people, research on HIV prevalence among this population puts trans women at high risk for HIV.

Behaviors that put people at risk for HIV include having vaginal or anal sex (without a condom or without being on medicines that prevent or treat HIV, or sharing injection drug equipment with someone who has HIV). Recognizing the distinction that trans people refer to their body parts and identify their risk behaviors differently is beneficial to HIV test providers. This allows HIV test providers to address the unique HIV testing needs of trans people.

If a trans client answers yes to any of the following questions, they are encouraged get an HIV test more often, every 3 – 6 months:

- Have you had sex with someone who is HIV-positive or whose status you didn't know since your last HIV test?
- Have you injected drugs (or steroids, hormones, or silicone) or shared equipment (such as needles and syringes) with others?
- Have you exchanged sex for drugs, housing, or money, etc.?
- Have you been diagnosed with or sought treatment for STIs (e.g. syphilis)?
- Have you been diagnosed with or sought treatment for hepatitis or tuberculosis (TB)?
- Have you had sex with someone who could answer yes to any of the above questions or someone whose history you don't know?



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<sup>1</sup> (n.d.). Retrieved December 1, 2015, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>

<sup>2</sup> National LGBT Health Education Center. Taking routine histories of sexual health: A system-wide approach for health centers. (August 2014). [http://www.lgbthealtheducation.org/wp-content/uploads/COM827\\_SexualHistoryToolkit\\_August2014\\_v7.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/COM827_SexualHistoryToolkit_August2014_v7.pdf) Accessed February 28, 2015.

<sup>3</sup> National LGBT Health Education Center. Taking routine histories of sexual health: A system-wide approach for health centers. (August 2014). [http://www.lgbthealtheducation.org/wp-content/uploads/COM827\\_SexualHistoryToolkit\\_August2014\\_v7.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/COM827_SexualHistoryToolkit_August2014_v7.pdf) Accessed February 28, 2015.

<sup>4</sup> Roberts,TK, Fantz, CR. Barriers to quality health care for transgender population. Clinical Biochemistry. 2014. doi: 10.1016/j.clinbiochem.2014.02.009

<sup>5</sup> Deutsch, MD, Green, J, Keatley, J, Mayer, G., Hastings, J., Hall, AM. Electronic medical records and the transgender patient: recommendations from the World Professional Association for transgender health EMR working Group. J Am Med Inform Assoc. 2013; 20(4), 700-703. doi: 10.1136/amiajnl-2012-001472

<sup>6</sup> Grant, J. M., Mottet, L. A., & Tanis, J. (2011). Injustice at Every Turn, A Report of the National Transgender Discrimination Survey (Rep.). Retrieved February 22, 2016, from National Center for Transgender Equality website: [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf)

<sup>7</sup> HIV Testing Frequency. (n.d.). Retrieved December 1, 2015, from <https://www.aids.gov/hiv-aids-basics/prevention/hiv-testing/hiv-testing-frequency/>

TRANS HIV TESTING TOOLKIT

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



***“Best practices represent the ongoing application of knowledge that is proven to achieve desired outcomes in a given context. The best practices included in this section represent decades of research and experience in serving the trans population that is ethically sound, relevant, and efficient.”***

Best practices represent the ongoing application of knowledge that is proven to achieve desired outcomes in a given context. The best practices included in this module represent decades of research and experience in serving the trans population that is ethically sound, relevant, and efficient.

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.
- 
- 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

*“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.”*

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/>



TRANS HIV TESTING TOOLKIT

MODULE 4: COMMUNITY ENGAGEMENT AND NATIONAL  
TRANSGENDER HIV TESTING DAY



***"A community-led outreach program supports the success of the HIV testing campaign. This outcome can be achieved by allowing trans people to become leaders in implementing outreach strategies and by doing so, it creates a strong foundation that increases the accessibility and acceptability of the HIV testing services."***

As discussed in previous modules, engaging trans people in HIV testing can be challenging but also dynamic and deeply appreciated by an underserved community. Understanding where trans people are and how to reach them is essential. A community-led outreach program supports the success of the HIV testing campaign. This outcome can be achieved by allowing trans people to become leaders in implementing outreach strategies and by doing so, it creates a strong foundation that increases the accessibility and acceptability of the HIV testing services.

In this module, HIV outreach strategies (street, venue-based, social media, peer-based, and mobile testing) for engaging trans people in HIV testing and prevention activities are presented. Note that these strategies can be implemented individually or in any appropriate combination.

Additional information regarding participation in the National Transgender HIV Testing Day (NTHTD) is discussed:

- Recommendations on how to create a trans-specific resource guide that reflects local geographic area
- How to be an NTHTD partner by registering your HIV testing site, event and services on Center of Excellence for Transgender Health (CoE) website ([transhealth.ucsf.edu](http://transhealth.ucsf.edu))
- Considerations after hosting the NTHTD campaign

*“Community outreach can be tailored to trans people’s needs and the specific aims of the engagement strategies (e.g., recruitment to inform individuals about HIV testing services provided elsewhere, or to offer HIV testing on-site). Involving the local trans communities and other key stakeholders in the initial planning of the HIV testing campaign is crucial to the success of the testing program.”*

## I. HIV TESTING ENGAGEMENT AND OUTREACH WITH TRANS PEOPLE

One of the ways to engage participants in HIV testing programs is through community-led outreach. Community outreach can be tailored to trans people’s needs and the specific aims of the engagement strategies (e.g., recruitment to inform individuals about HIV testing services provided elsewhere, or to offer HIV testing on-site). Involving the local trans communities and other key stakeholders in the initial planning of the HIV testing campaign is crucial to the success of the testing program.

Traditionally, outreach involves going to where the community “hangs out” and informing them of HIV testing and prevention services. As mentioned in the introduction, outreach strategies can be implemented in many ways such as street, venue-based, social media, and the utilization of peers. Each of these methods has benefits and challenges in terms of resources, time, and staffing.

Here are general recommendations to be considered when implementing community-led outreach strategies:

- Build a strong relationship with the local trans communities by hiring a trans person or partnering with local trans organization;
- Define clear outreach goals (be realistic), develop implementation plans and create an ongoing evaluation and monitoring of the strategies. Make adjustments if necessary;
- Provide basic training to all outreach staff and include competency in understanding gender and sexual diversity, knowledge of a range of trans issues (both health and non-health related) and interpersonal communication skills;
- Develop policies to ensure that there is adequate measure to obtain client consent and that there is no breach of confidentiality;
- Create and provide gender affirming health education outreach materials and HIV prevention tools (condoms, lube, HIV testing information, etc.). See the NTHTD and Toolkit Resources section for gender affirming health education material links;
- Offer lists of trans affirming community resources (food, shelters, showers);
- Provide participant incentives to encourage continuous participation;
- Develop a well thought-out plan handling emergency situations; create a list of emergency contacts and create a buddy system if necessary.

### Community-led Outreach Strategies

**Peer-Based** – is an outreach strategy that utilizes trans peers to implement outreach plans and disseminate accurate information that encourages activities promoting HIV testing.



Peer based outreach is an effective strategy because of the high degree of interpersonal contact. It is important to involve trans people that reflect the culture and lived experiences of the community being served. Trans peers are encouraged to be involved in leadership roles in HIV testing and prevention programs and be willing to provide support to their peers. Select peers that are well known and trusted in the community, work as catalyst to empower community members to engage in HIV testing and prevention services.

PEER-BASED OUTREACH	
Benefits	Challenges
<ul style="list-style-type: none"> <li>▪ Interpersonal connection</li> <li>▪ Peer Modeling</li> <li>▪ Social support</li> <li>▪ Mutual benefit</li> <li>▪ Community empowerment</li> <li>▪ Reinforces follow-up to HIV testing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Potential for gossip about HIV status among peers</li> <li>▪ Peer availability</li> <li>▪ On-going peer support</li> <li>▪ Structural and institutional support</li> </ul>

**Additional considerations when implementing peer-based outreach strategies:**

- Cultivate trusting and supportive relationships among trans peers
- Be mindful of the values and norms of the local trans communities

**Street** – a strategy where outreach members provide health information, handouts, and safer sex supplies to places where trans people congregate.

Many trans women congregate in areas where some agency staff may not be familiar. It is important to consider staff safety and also client safety when engaging potential testing participants in areas where sex work is common. It is recommended that staff get to know the area prior to conducting HIV testing outreach and identify a local gatekeeper within the community. Building a relationship with local businesses and non-trans organizations near outreach location can provide additional familiarity of the area.

Outreach conducted on the streets can make trans people vulnerable by being identified publically as a high risk individual or engaging in sex work. Prioritizing client safety establishes trust and credibility among community members. It is also encouraged to inform law enforcement that agency staff will be conducting HIV testing and outreach in their area. Outreach and testing staff benefits from continuous support and training in dealing with people and situations that might interfere with HIV testing and prevention services.



STREET OUTREACH	
Benefits	Challenges
<ul style="list-style-type: none"> <li>▪ Personable</li> <li>▪ Can build on-going client relationship</li> <li>▪ More responsive</li> <li>▪ More accessible</li> <li>▪ Hard to reach populations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Potential for gossip about HIV status among peers</li> <li>▪ Staff and client safety</li> <li>▪ Costly</li> <li>▪ Time consuming</li> <li>▪ Familiarity with the location and street culture</li> </ul>

**Additional considerations when implementing street-outreach strategy:**

- Conduct an assessment of the neighborhood including stakeholders, gatekeepers and commerce;
- Know the local law enforcement personnel to gain support; and
- Ensure that outreach workers utilize a buddy system.

**Venue-Based** - is an outreach strategy that focuses on venues and physical spaces where trans people congregate such as bars, clubs, and community centers.

Popular places that trans people tend to gather are local bars and nightclubs. These local venues can be trans-specific or known to cater to a general population. Getting to know these establishments and input from community members will inform outreach and engagement events in these sites.

Additional venues can include local support groups, place of worship groups, or other places that are known to staff as being trans community social spaces. It's important to establish relationship with venue management/organizers. Venue based engagement services will ensure your agency is visible to the community and are invested in engaging trans community members in HIV testing.

VENUE-BASED OUTREACH	
Benefits	Challenges
<ul style="list-style-type: none"> <li>▪ Personable</li> <li>▪ More responsive</li> <li>▪ Larger segments of community</li> <li>▪ Increased visibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal information such as HIV status or sexual partners may be "outed" by association.</li> <li>▪ Resources (increased staffing)</li> <li>▪ Only reach those who are able to go out</li> <li>▪ Community or partnership buy-in</li> </ul>

**Additional considerations when implementing venue-based outreach strategy:**

- Identify venues based on trans community input;
- Assess for appropriateness of HIV outreach site; and

*“Social media has played a key role in keeping trans people connected with their communities. In utilizing social media for outreach community engagement, it is important to keep in mind privacy practices and other*

- Establish relationship with venue (management, staff, and patrons) to gain permission to conduct on-site testing and distribute health information and other HIV prevention materials.

**Online and social media** – utilizing online and social media such as FaceBook, Twitter, Instagram, Craigslist, texting, on-line chat, and dating sites to disseminate outreach information.

Social media has played a key role in keeping trans people connected with their communities. In utilizing social media for outreach community engagement, it is important to keep in mind privacy practices and other limitations.

ONLINE AND SOCIAL MEDIA OUTREACH	
Benefits	Challenges
<ul style="list-style-type: none"> <li>▪ Available 24/7</li> <li>▪ Social network learning</li> <li>▪ Privacy</li> <li>▪ In the moment</li> <li>▪ Targets a larger audience</li> </ul>	<ul style="list-style-type: none"> <li>▪ Responsiveness</li> <li>▪ Access to and familiarity with technology</li> <li>▪ Some social media is not trans specific</li> <li>▪ Tracking/evaluation of effectiveness</li> </ul>

**Additional considerations when implementing online and social-media outreach strategy:**

- Utilize social media hash tags to create social awareness and increase communication on subject matter (e.g., #TransHIV);
- Create an online presence by developing a community informed resource page (e.g., Facebook Groups, listservs, etc.); and
- Make sure the information stays current and more importantly, that the resources you are providing are trans specific.

To learn more about best practices in utilizing social media, check-out [CDC’s The Health Communicator’s Social Media Toolkit](#).

**Mobile Testing** - utilizes a testing vehicle at designated trans community sites. Mobile testing provides an option to individuals who are not comfortable accessing agency testing sites.

If resources allow it, you may bring a mobile testing unit to facilitate testing for participants. Some trans women may not feel comfortable going to community-based organizations (CBOs) for testing due to stigma and/or convenience. Some stigma may be associated with HIV or transphobia since most agencies serving trans people also serve men who have sex with men (MSM). Historically, trans women have been categorized with MSM resulting in services not being culturally appropriate.



*“If your agency has the capacity to conduct mobile HIV testing in locations where trans community members congregate, make sure to park in an area that is safe and well lit, accessible and private enough for people to approach the testing unit to access HIV testing services.”*

To learn more about HIV related stigma, see Module 1: Get the Facts about Trans People and HIV of this toolkit.

If your agency has the capacity to conduct mobile HIV testing in locations where trans community members congregate, make sure to park in an area that is safe and well lit, accessible and private enough for people to approach the testing unit to access HIV testing services.

MOBILE TESTING	
Benefits	Challenges
<ul style="list-style-type: none"><li>▪ Convenience</li><li>▪ Time, day, location versatility</li><li>▪ Responsive to community needs</li><li>▪ Accesses hard-to-reach trans groups</li></ul>	<ul style="list-style-type: none"><li>▪ Personal information (HIV status, sexual partners) may be “outed” by association</li><li>▪ Resources</li><li>▪ Costly</li><li>▪ Safety</li></ul>

**Additional considerations when implementing mobile testing strategy:**

- Familiarize with public parking to minimize traffic obstructions;
- Inform local law enforcement about mobile HIV testing activities and acquire permits if necessary; and
- Schedule testing hours that reflects the needs of the community.



## II. ORGANIZE A NATIONAL TRANSGENDER HIV TESTING DAY FOR YOUR CBO

The CoE is taking leadership in organizing the inaugural NTHTD. Local CBOs are encouraged to develop their own HIV testing campaign on this day targeting trans communities. By registering on CoE website, CBOs can partner with CoE and other CBOs to promote trans HIV testing and prevention services on a national scale for the April 18<sup>th</sup> NTHTD.

### Steps to create a successful trans HIV testing campaign or event:

- 1. Hire a trans person and/or partner with local members of the trans communities.** First step is to partner with trans people in planning and hosting the event and whenever possible, hire a trans person to be a part of your team. Key members or leaders in your local trans community can help train your staff to sensitive issues and help your event be welcoming, respectful, sensitive and well informed.
- 2. Set goals for your event.** Define what your organization wants to accomplish. If your organization does not have the capacity for HIV testing, see the following *Ideas for events* section. Develop key take home messages to emphasize during your event using the national theme.
- 3. Engaging in your local traditional partners** such as faith-based organizations, universities, schools and other CBOs are encouraged. However, these traditional partners must be sensitive to the issues and needs of the trans community. These traditional partners must have an institutionalized *non-discrimination* policy and be welcoming, respectful and supportive of the trans community.
- 4. Trans specific promotional and educational materials.** Include the NTHTD promotional materials in your outreach materials. The images and language portrayed in your promotional materials should reflect the community you wish to serve. Inclusivity of the trans people in these materials is paramount in engagement of the trans community.
- 5. Understand the epidemiology of HIV in the trans community.** Studies show a high prevalence rate of HIV in the trans community. Know the incidence and prevalence rate of HIV in your local trans community (if available). It is important to remember that although your local trans organization or the Department of Public Health may have local prevalence rates of trans living with HIV, the numbers reported are likely an underestimate when taking into account fear of disclosure, fear of HIV testing, refusal of care and a single question data collection method on gender.



6. **Utilize the** NTHTD and Toolkit Resources **section provided in this toolkit.** The [Center of Excellence for Transgender Health \(CoE\)](#), Centers for Disease Control and Prevention (CDC), [HIV](#) and [Act Against AIDS campaign websites](#), and [AIDS.gov](#) have useful tools, such as fact sheets, graphics, posters, and more.
7. **Capacity building assistance (CBA).** The CoE has a CBA project specific to trans focused interventions. The CBA Project provides trainings, capacity building, and technical assistance throughout the United States to promote knowledgeable, sensitive, and effective HIV/AIDS prevention for diverse trans communities, particularly trans communities of color. The goal of the CBA project is to increase the capacity of CDC-funded CBOs to adapt, implement, and evaluate evidence-based HIV prevention interventions for trans communities. For more information about CBA services from the CoE visit us at <http://transhealth.ucsf.edu/> or access CBA through the UCSF CBA Partnership Team: <http://cba.ucsf.edu/>  
  
\*CBA Project is funded by CDC.
8. **Register your event or HIV testing campaign on the** [CoE website](#)

#### Questions your organization may consider:

- What resources, skills and knowledge does your organization already have to plan an event and help bring awareness to those most at risk in your area?
- Who and where are the trans community and trans leaders in your area? Can you enlist their help?
- How can the trans community and leaders help plan an event with your organization to assist those most at risk for HIV?
- How can you engage local media? Can they attend the event? Can you hold news conferences; submit an editorial or public service announcement?
- How can social media help promote your event? Does your organization have a Facebook page or twitter account?
- How can your local businesses, faith institutions, universities and schools help? Are they sensitive and non-discriminatory towards trans women and men?



### III. IDEAS FOR SPECIFIC EVENTS TO TRANS HIV TESTING AWARENESS DAY

Providing HIV testing services for trans people on NTHTD is not the only way to contribute to the NTHTD. Providers and community advocates are encouraged to host community engagement events that promote HIV testing and status awareness among trans people.

- Hold public forums about the impact of HIV/AIDS on your local trans community. If no local data are available, request the information from your local health department. If the health department does not have access to this information other information on trans data may be accessed through [CDC](#). You may additionally have a panel of trans women and trans men speak at this forum on how HIV impacts their health and affects their community.
- Invite a local celebrity or elected official to the forum. You may additionally ask your local official to send a letter or memo to all city employees to recognize this day.
- Collaborate with other CBOs to organize a health fair focusing on trans health. Ask community members or organizations from your local community to talk about HIV prevention services for the trans community. Highlight education about HIV testing options and other issues of HIV/AIDS impacting the trans community.
- Have a fundraiser event to benefit the trans community directly and offer HIV testing services at the event if your agency has the capacity or invite a mobile van to deliver HIV counseling and testing services while potential testing participants attend this event. Have local businesses and advocacy groups sponsor your event.
- Hold a movie/television watching night focusing on trans actors and actresses or trans specific issues. HIV testing services may be offered during the movie reception.
- Hold contests where the trans community develops posters or other promotional HIV prevention materials for your organization to use at future events.



#### IV. CONSIDERATIONS AFTER YOUR NATIONAL TRANSGENDER HIV TESTING DAY CAMPAIGN

In order to continue to engage trans people in HIV testing services and encourage them to know their status, here are some considerations after the NTHTD campaign:

- **Appreciation:** Thank those who helped plan, contribute, and attend the event.
- **Feedback:** Ask organizers and participants after the event for feedback to improve next year's event.
- **Self-evaluation:** Have your staff do a self-evaluation on the event. Measure the outcome of your event against the goals that were set.
- **Media:** Engage with local media both during and after your local event to report on the Day's events.
- **On-going services:** Continue to provide services, meetings, forums and educational groups throughout the year to the trans community. Continue to provide trans cultural sensitivity training to your staff.

Create your local trans community resource guide including HIV testing services. The purpose of this community resource guide is to highlight local, regional and state trans community services that are specific to trans HIV testing and prevention needs.

1. Identify community and state resources. Compile a list that includes what resources and services they provide, their physical locations and their contact numbers.
2. Identify the key groups within the trans community who can be considered as a resource. Engage your local community to help identify and involve key leaders in the trans community.
3. Specific resources should reflect the needs of trans people, with the idea that in obtaining resources, trans people will also receive information about HIV testing and prevention services. For example, a resource may provide pro-bono law services or have an understanding of specific issue that the trans person may face in getting their name and or gender mark changed, their driver's license updated or simply finding support.
4. Check the following for resources that have non-discriminatory policies and preferably are trans specific:



- a. State or city institutions
    - Department of public health
    - Universities or local schools
    - Local hospitals or health clinics
    - Medical facilities
    - Law enforcement agencies
  - b. Community-based organizations
    - Victim services for trans people
    - Advocacy groups for trans people
    - Food kitchens and distribution centers
    - Housing organizations
    - Mental health services
    - Emergency housing shelters, halfway houses, substance abuse homes
    - Legal services for trans people
  - c. Private sector
    - Local businesses who are supporters of the trans community
5. Make sure the resource list is current and updated. Add new resources as you and your organization become aware of them. Delete the ones that have become obsolete.



## TRANS HIV TESTING TOOLKIT

# MODULE 5: NTHTD AND TOOLKIT RESOURCES







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 \(Slide Presentation, SFPDH, 2013\)](#)
- [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](#)
- [Full Report: Injustice at Every Turn: A Report of the National Transgender Discrimination Survey \(National Center for Transgender Equality, 2011\)](#)
- [High-Impact HIV Prevention: CDC's Approach to Reducing HIV Infections in the United States](#)
- [HIV/AIDS Programming in the United States: Considerations Affecting Transgender Women and Girls. \(2011\)](#)
- [Optimizing Transgender Health: A Core Course for Healthcare Providers](#)
- [Presidential Advisory Council on HIV/AIDS \(PACHA\): Resolution on Effectively Addressing the HIV/AIDS Epidemic in Transgender Populations \(AIDS.gov, 2013\)](#)
- [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. \(2013\)](#)



- [The National HIV/AIDS Strategy for the United States: Updated to 2020 \(AIDS.gov, 2015\)](#)
- [What are transgender men's HIV prevention needs? \(UCSF CoE, 2015\)](#)
- [What are transgender women's HIV prevention needs? \(UCSF CoE, 2015\)](#)
- [World Professional Association for Transgender Health \(WPATH\) Standards of Care](#)

#### **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**

- [Animation for Transgender HIV/AIDS Outreach and Prevention \(Eng Subtitles\) Mplus Thailand. \(Outreach Educational Video in Thai language, 2012\)](#)
- [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](mailto: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



Gigi Angelina and Marilyn Sulay



Prada



Michelle Enfield

Posters/Videos:

Websites:

Hashtags:

[Posters](#)

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

#DoingIt

[Videos](#)

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

#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](#)  
[Jennifer's Poster](#)  
[Jennifer's Video](#)

**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 \(Raquel\)](#)  
[Raquel's Video \(Spanish\)](#)



[Erica's Poster](#)  
[Erica's Video](#)

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

***"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."***

## 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.<sup>1</sup>

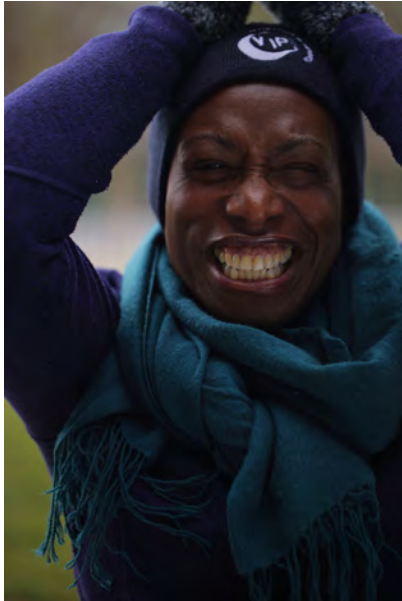
#### Gender

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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<sup>1</sup> Sevelius, J. M. (June 2013). Gender Affirmation: A Framework for Conceptualizing Risk Behavior among Transgender Women of Color. *Sex Roles*, 1(68), 11-12, 675-689.





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)

<ul style="list-style-type: none"> <li>✓ <b>Do understand that gender identity is internal and not necessarily apparent to others.</b></li> </ul>	<ul style="list-style-type: none"> <li>✗ Don't assume that only trans people have a gender identity. If your gender identity matches your body, you may not think about it.</li> </ul>
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### 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.

<ul style="list-style-type: none"> <li>✓ <b>Do ask individuals how they identify.</b></li> <li>✓ <b>Do ask individuals how they would like to be addressed.</b></li> </ul> <p><i>Examples: What pronouns do you use?</i></p>	<ul style="list-style-type: none"> <li>✗ Don't assume their gender on how they appear.</li> <li>✗ If a mistake is made, politely apologize and ask for clarification about their gender identity.</li> </ul>
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### 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.

<ul style="list-style-type: none"> <li>✓ <b>Do use transgender or trans as an adjective.</b></li> </ul> <p><i>Examples: transgender people, transgender person, transgender man, transgender woman.</i></p>	<ul style="list-style-type: none"> <li>✗ Don't use transgender or trans as a noun.</li> <li><i>Example: She is a transgender.</i></li> <li>✗ Don't add -ed or -ism suffixes to the word.</li> <li><i>Example: She is transgendered.</i></li> </ul>
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***"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."***

	<ul style="list-style-type: none"><li>✗ Don't use the word tranny. This is a derogatory term and is considered a slur.</li><li>✗ Don't name a trans woman's partner as men who have sex with men (MSM).</li><li>✗ Don't use "trans" if the context is unclear. Most people will not understand what trans is referring to without context.</li><li>✗ Avoid using "trans" as an identifier to describe a person if the person is not "out" about their gender identity.</li></ul>
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**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.

<ul style="list-style-type: none"><li>✓ <b>Do use the term cisgender as an adjective to understand gender diversity, differences, and privileges.</b></li></ul>	<ul style="list-style-type: none"><li>✗ Don't use cisgender as a noun.</li></ul>
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### 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.

<ul style="list-style-type: none"><li>✓ <b>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.</b></li><li>✓ <b>Do understand that the physical, cognitive, and emotional changes that one experiences while taking transitional hormones will differ from person to person.</b></li></ul>	<ul style="list-style-type: none"><li>✗ Don't use sex change or pre/post-operative in its place.</li><li>✗ Don't ask how long a person has taken hormones, unless you need to know for medical treatment.</li></ul>
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## 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.

***"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."***

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.



# NATIONAL TRANS HIV TESTING DAY CONDENSED TOOLKIT

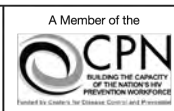


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APRIL 18

*"Through various sections, including outreach, this document covers practical strategies that will assist health departments (HDs) to conduct activities that are known to be effective strategies for engaging trans people in HIV testing and prevention activities."*

## COMMUNITY ENGAGEMENT AND NATIONAL TRANSGENDER HIV TESTING DAY

This document will provide resources for health departments (HDs) to increase HIV testing engagement among trans communities. Through various sections, including outreach, this document covers practical strategies that will assist HDs to conduct activities that are known to be effective strategies for engaging trans people in HIV testing and prevention activities. The full version of the National Transgender HIV Testing Day (NTHTD) toolkit is available through the UCSF [Center of Excellence for Transgender Health \(CoE\)](#).

The document has been arranged in five different sections:

1. Organize a NTHTD event
2. Helping you meet your HIV testing goals
3. Ideas for events specific to trans HIV testing awareness
4. HIV testing engagement and outreach with trans people



## I. ORGANIZE A NATIONAL TRANSGENDER HIV TESTING DAY

Health departments are encouraged to develop their own and/or support their grantees to develop an HIV testing campaign on this day targeting trans communities. By registering on [CoE's website](#), HDs/CBOs can partner with CoE and community based organizations to promote trans HIV testing and prevention services on a national scale for NTHTD. The campaign is using a social media hash tag #TransHIV.

### Questions your organization should consider:

1. What resources, skills and knowledge does your HD have to plan an event to help bring awareness to those most at risk in your area?
2. Who and where are the trans community and trans leaders in your area?
  - Can you enlist their help?
3. How can the trans community/leaders help plan an event with your HD to assist those most at risk for HIV?
4. How can you engage local media?
  - Can they attend the event? Can you hold news conferences; submit an editorial or public service announcement?
5. How can social media help promote your event?
  - Does your organization have a Facebook page or twitter account?
6. How can your local businesses, faith institutions, universities and schools help?
  - Are they sensitive and non-discriminatory towards trans women and men?



REGISTER YOUR ORGANIZATION AS A HOST		
<b>STEP 1</b>	Partner with your local trans community	Partner with trans people in planning and hosting the event. Key members or leaders in your local trans community can help train your staff to sensitive issues and help your event be welcoming, respectful, sensitive and well informed. These key members may also consider being spokespeople for your event.
<b>STEP 2</b>	Set goals for your event	Define what your organization wants to accomplish. If your HD does not offer HIV testing, see the following <i>Ideas for events</i> section. Develop key take home messages to emphasize during your event using the national theme.
<b>STEP 3</b>	Engage your local traditional partners	These traditional partners must have an institutionalized <i>non-discrimination</i> policy and be welcoming, respectful and supportive of the trans community. Some examples include faith-based organizations, universities, schools and other CBOs.
<b>STEP 4</b>	Develop promotional and educational materials specific for trans people	Include the NTHTD promotional materials in your outreach materials. The images and language portrayed in your promotional materials should reflect the community you wish to serve. Inclusivity of the trans people in these materials is paramount in engagement of the trans community.
<b>STEP 5</b>	Understand the epidemiology of HIV in the trans community	Studies show a high prevalence of HIV in the trans community. Know the incidence and prevalence rate of HIV in your local trans community. It is important to remember that, although your local trans organization or the department of public health may have local prevalence rates of trans living with HIV, the numbers reported are likely an underestimate when taking into account fear of disclosure, fear of HIV testing, refusal of care and a single question data collection method on gender.
<b>STEP 6</b>	Utilize the NTHTD and Toolkit Resources section provided in this toolkit.	The <a href="#">CoE</a> , Centers for Disease Control and Prevention ( <a href="#">CDC</a> ), <a href="#">Act Against AIDS</a> , <a href="#">Doing It</a> campaign and <a href="#">AIDS.gov</a> also have useful tools, such as fact sheets, graphics, posters, and more.



<p><b>STEP 7</b></p>	<p>Access capacity building assistance (CBA)</p>	<p>The CoE has a CBA project specific to trans focused interventions. The CBA Project provides trainings, capacity building, and technical assistance throughout the United States to promote knowledgeable, sensitive, and effective HIV/AIDS prevention for diverse trans communities, particularly trans communities of color. The goal of the CBA project is to increase the capacity of CDC-funded agencies to adapt, implement, and evaluate evidence-based HIV prevention interventions for trans communities. For more information about CBA services from the CoE visit <a href="http://transhealth.ucsf.edu/">http://transhealth.ucsf.edu/</a> or access CBA through the UCSF CBA Partnership Team: <a href="http://cba.ucsf.edu/">http://cba.ucsf.edu/</a></p> <p>*For more information regarding Health Department CBA services visit Shared Action<sup>HD</sup>'s webpage, <a href="http://www.sharedactionhd.org">www.sharedactionhd.org</a>, or contact them at 212-201-1595.</p> <p><i>*CBA Project is funded by CDC.</i></p>
<p><b>STEP 8</b></p>	<p>Register your event or HIV testing campaign</p>	<p>Go to the <a href="#">CoE website</a> to start the registration process or for more information about NTHTD.</p>



## II. HELPING YOU MEET YOUR HIV TESTING GOALS

Participating in, organizing, or supporting an NTHTD event does not only help you support the trans community but it helps you reach your HIV testing goals. In the last funding opportunity announcement (FOA) by CDC for health departments, PS12-1201, it emphasizes the implementation of high-impact HIV prevention activities. Out of three activities, HIV testing categories are directly related to two of them. The following is a brief summary of these two categories and the activities that directly affect and could potentially benefit you in reaching your HIV testing goals:

1. CORE PREVENTION PROGRAMS	
<b>HIV testing:</b>	<ul style="list-style-type: none"> <li>Targeting testing programs in non-health care settings, particularly venues most likely to reach individuals with undiagnosed infections</li> </ul>
<b>Comprehensive prevention with HIV-positive individuals:</b>	<ul style="list-style-type: none"> <li>Providing linkages to care and treatment, and interventions to improve retention in care and treatment for people living with HIV</li> <li>Providing referrals to other medical and social services, such as substance abuse and mental health services</li> </ul>
<b>Condom distribution:</b>	<ul style="list-style-type: none"> <li>Providing condoms to people living with HIV and those at highest risk of infection</li> </ul>
<b>Social marketing, media, and mobilization:</b>	<ul style="list-style-type: none"> <li>Marketing campaigns to educate and inform high-risk populations, health care providers, and other relevant audiences about HIV</li> <li>Using current technology (e.g., social networking sites, texting, and web applications) to reach the highest-risk populations</li> <li>Increasing awareness through community mobilization, addressing stigma, and encouraging safe behaviors</li> </ul>
<b>PrEP and nPEP:</b>	<ul style="list-style-type: none"> <li>Planning, education, personnel, and other support for pre-exposure prophylaxis (PrEP) for men who have sex with men (MSM). Some trans people strongly object to being categorized as MSM</li> <li>(CDC funds may not be used for the purchase of PrEP medications). For more details on PrEP, see CDC's interim guidance at <a href="http://www.cdc.gov/hiv/prep/">www.cdc.gov/hiv/prep/</a></li> <li>Non-occupational post-exposure prophylaxis (nPEP) for high-risk groups</li> </ul>





<p><i>*The core prevention work described above must be guided and supported by the following health department activities, which are also supported by CDC's core prevention funding:</i></p>	
<p><b>Capacity building and technical assistance:</b></p>	<ul style="list-style-type: none"> <li>▪ Offering CBA services for local HIV prevention service providers</li> <li>▪ Training for health department and health care facility staff, community-based organizations, and other partners</li> <li>▪ Offering peer-to-peer consultation and technical assistance</li> </ul>
<p><b>Program planning, monitoring and evaluation, and quality assurance:</b></p>	<ul style="list-style-type: none"> <li>▪ Employing the most current epidemiological and surveillance data to guide planning</li> <li>▪ Developing a comprehensive monitoring, evaluation, and quality assurance plan</li> </ul>
<p><b>2. EXPANDED HIV TESTING FOR DISPROPORTIONATELY AFFECTED POPULATIONS</b></p>	
<p><b>Targeted HIV testing in non-health care venues</b></p>	<ul style="list-style-type: none"> <li>▪ Prioritizing up to 30% of funding towards high-risk individuals</li> </ul>



*"Providing HIV testing services for trans people on NTHTD on April 18th is not the only way to contribute to the NTHTD. Funders, providers and community advocates are encouraged to host community engagement events that promote HIV testing and status awareness among trans people."*

### III. IDEAS FOR EVENTS SPECIFIC TO TRANS HIV TESTING AWARENESS

Providing HIV testing services for trans people on NTHTD on April 18th is not the only way to contribute to the NTHTD. Funders, providers and community advocates are encouraged to host community engagement events that promote HIV testing and status awareness among trans people.

<b>Hold public forums about the impact of HIV/AIDS on your local trans community.</b>	In addition to your epidemiological data, other information on trans data may be accessed through CDC. You may additionally have a panel of trans women and trans men speak at this forum on how HIV impacts their health and affects their community.
<b>Invite a local celebrity or elected official to the forum.</b>	You may additionally ask your local official to send a letter or memo to all city employees to recognize this day.
<b>Collaborate with your grantees to organize a health fair focusing on trans health.</b>	Ask people, organizations from your local community and resource guide to talk about HIV prevention services for the trans community. Highlight education about HIV testing options and other issues of HIV/AIDS impacting the trans community.
<b>Have a fundraiser event to benefit the trans community directly</b>	Offer HIV testing services if your agency has the capacity or invite a mobile van to deliver HIV counseling and testing services while potential testing participants attend this event.
<b>Hold a movie night focusing on trans actors and actresses or trans specific issues.</b>	HIV testing services may be offered during the movie reception.
<b>Involve the trans community while promoting HIV testing.</b>	Hold contests where the trans community develops posters or other promotional HIV prevention materials for your HD to use at future events.



#### IV. HIV TESTING ENGAGEMENT AND OUTREACH WITH TRANS PEOPLE

Participants can be engaged in HIV testing programs through community outreach. Traditionally, community outreach has involved going to where the community “hangs out” and informing them of HIV testing and prevention services. These outreach methods should be tailored to trans people’s needs and the specific aims of the engagement strategy (e.g. recruitment for testing, condom distribution, information dissemination). Involving trans community and stakeholder input is crucial to identifying appropriate spaces to conduct outreach.

The following tables review types of outreach, its benefits, its challenges and some recommendations.

**Street Outreach** – A strategy where outreach members provide health information, handouts, and safer sex supplies to places where trans people congregate.

Benefit	Challenge	Recommendations
<ul style="list-style-type: none"> <li>▪ Personable</li> <li>▪ Can build on-going client relationship</li> <li>▪ More responsive</li> <li>▪ More accessible</li> <li>▪ Hard to reach populations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Potential for gossip about HIV status among peers</li> <li>▪ Staff and client safety</li> <li>▪ Costly</li> <li>▪ Time consuming</li> <li>▪ Familiarity with the location and street culture</li> </ul>	<ul style="list-style-type: none"> <li>▪ Always consider staff safety who are directly working on the streets;</li> <li>▪ Develop policies to ensure that there is no breach of privacy;</li> <li>▪ Conduct an assessment of the neighborhood including stakeholders, gatekeepers and commerce;</li> <li>▪ Know the local law enforcement personnel to gain support;</li> <li>▪ Provide trans specific health education materials and HIV prevention tools (condoms, lube, HIV testing information);</li> <li>▪ Offer list of trans affirming community resources (food, shelters, showers).</li> </ul>



**Venue-Based Outreach** - Staff goes to bars, clubs, and social spaces where trans people “hang out”.

Benefit	Challenge	Recommendations
<ul style="list-style-type: none"> <li>▪ Personable</li> <li>▪ More responsive</li> <li>▪ Larger segments of community</li> <li>▪ Increased visibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal information such as HIV status or sexual partners may be “outed” by association.</li> <li>▪ Resources (increased staffing)</li> <li>▪ Only reach those who are able to go out</li> <li>▪ Community or partnership buy-in</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify venues based on trans community input;</li> <li>▪ Assess for appropriateness of HIV outreach site;</li> <li>▪ Establish relationship with venue (management, staff, patrons);</li> <li>▪ Develop a plan to evaluate the effectiveness of venue for trans people;</li> <li>▪ Identify or establish community partnerships to increase capacity;</li> <li>▪ Offer resources or incentives to maintain engagement.</li> </ul>

**Social Media Outreach** – Facebook, Twitter, Instagram, texting, on-line chat and dating sites.

Benefit	Challenge	Recommendations
<ul style="list-style-type: none"> <li>▪ Available 24/7</li> <li>▪ Social network learning</li> <li>▪ Privacy</li> <li>▪ In the moment</li> <li>▪ Targets a larger audience</li> </ul>	<ul style="list-style-type: none"> <li>▪ Responsiveness</li> <li>▪ Access to and familiarity with technology</li> <li>▪ Some social media is not trans specific</li> <li>▪ Tracking/evaluation of effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop clear and simple objectives for engaging trans people in HIV outreach (advertising a community event) via social media;</li> <li>▪ Use texting features to receive information (program updates and information);</li> <li>▪ When sending information, use a call text feature to deliver messages that will ensure confidentiality;</li> <li>▪ Utilize social media hash tags to create social awareness and increase communication on subject matter (#TransHIV);</li> <li>▪ Create an online presence by developing a community informed resource page;</li> <li>▪ Make sure the information stays current and more importantly, that the resources you are providing are trans specific.</li> </ul>



**Peer Based Outreach** - Social networks and peers who share knowledge and experiences.

Benefit	Challenge	Recommendations
<ul style="list-style-type: none"> <li>▪ Interpersonal connection</li> <li>▪ Peer Modeling</li> <li>▪ Social support</li> <li>▪ Mutual benefit</li> <li>▪ Community empowerment</li> <li>▪ Reinforces follow-up to HIV testing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Potential for gossip about HIV status among peers</li> <li>▪ Peer availability</li> <li>▪ On-going peer support</li> <li>▪ Structural and institutional support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop a trans peer-based outreach program (staffing, program support, training);</li> <li>▪ Identify and recruit trans individuals via peer support and/or outreach;</li> <li>▪ Cultivate trusting and supportive relationships among trans peers;</li> <li>▪ Offer HIV incentives for continued engagement in HIV testing services (initial testing, repeat, follow-up);</li> <li>▪ Be mindful of the values and norms of the local trans communities.</li> </ul>

**Mobile Testing** - Mobile HIV testing vehicle at designated trans community sites.

Benefit	Challenge	Recommendations
<ul style="list-style-type: none"> <li>▪ Convenient to trans community members</li> <li>▪ Time, day, location versatility</li> <li>▪ Responsive to community needs</li> <li>▪ Accesses hard-to-reach trans groups</li> </ul>	<ul style="list-style-type: none"> <li>▪ Personal information (HIV status, sexual partners) may be “outed” by association</li> <li>▪ Resources</li> <li>▪ Costly</li> <li>▪ Safety</li> </ul>	<ul style="list-style-type: none"> <li>▪ Although mobile HIV testing in trans communities is the primary service, community outreach reinforces presence and provides opportunities for education and continued engagement;</li> <li>▪ Engages people who do not normally go to traditional HIV testing sites;</li> <li>▪ Familiarize with public parking to minimize traffic obstructions;</li> <li>▪ Inform local law enforcement about mobile HIV testing activities;</li> <li>▪ Provide continuous training and support to deescalate dangerous street activities.</li> </ul>



## V. CONSIDERATIONS AFTER YOUR NATIONAL TRANSGENDER HIV TESTING DAY CAMPAIGN

Here are some considerations after the NTHTD campaign to continue to engage trans people in HIV testing services and to know their status:

- Appreciation: Thank those who helped plan, contribute, and attend the event.
- Feedback: Ask organizers and participants after the event for feedback to improve next year's event.
- Self-evaluation: Have your staff do a self-evaluation on the event. Measure the outcome of your event against the goals that were set.
- Media: Engage with local media to report on the Day's events.
- On-going services: Continue to provide services, meetings, forums and educational groups throughout the year to the trans community. Continue to provide trans cultural sensitivity training to your staff.

Create your local trans community resource guide including HIV testing services. The purpose of this community resource guide is to highlight local, regional and state trans community services that are specific to trans HIV testing and prevention needs.

1. Compile a list that includes community and state resources and services they provide, their physical locations and their contact numbers.
2. Identify the key groups within the trans community who can be considered as a resource. Engage your local community to help identify and involve key leaders in the trans community.
3. Specific resources should reflect the needs of trans people, with the idea that in obtaining resources, trans people will also receive information about HIV testing and prevention services. For example, a resource may provide pro-bono law services or have an understanding of specific issue that the trans person may face in getting their name and/or gender mark changed, their driver's license updated or simply finding support.
4. Check for resources that have *non-discriminatory* policies and preferably are trans specific:
  - Internet
  - State or city institutions
    - Department of public health
    - Universities or local schools
    - Local hospitals or health clinics



- Medical facilities
  - Law enforcement agencies
  - Community-based organizations
    - Victim services for trans people
    - Advocacy groups for trans people
    - Food kitchens and distribution centers
    - Housing organizations
    - Emergency housing shelters, halfway houses, substance abuse homes
    - Legal services for trans people
  - Private sector
    - Local businesses who are supporters of the trans community
5. Make sure the resource list is current and updated. Add new resources as you and your organization become aware of them. Delete the ones that have become obsolete.