ELEVATE

Your Gender-Affirming Healthcare Environment for Optimal HIV Care

ANNENBERG CENTER FOR HEALTH SCIENCES AT EISENHOWER

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Cultural Competency Training Certificate
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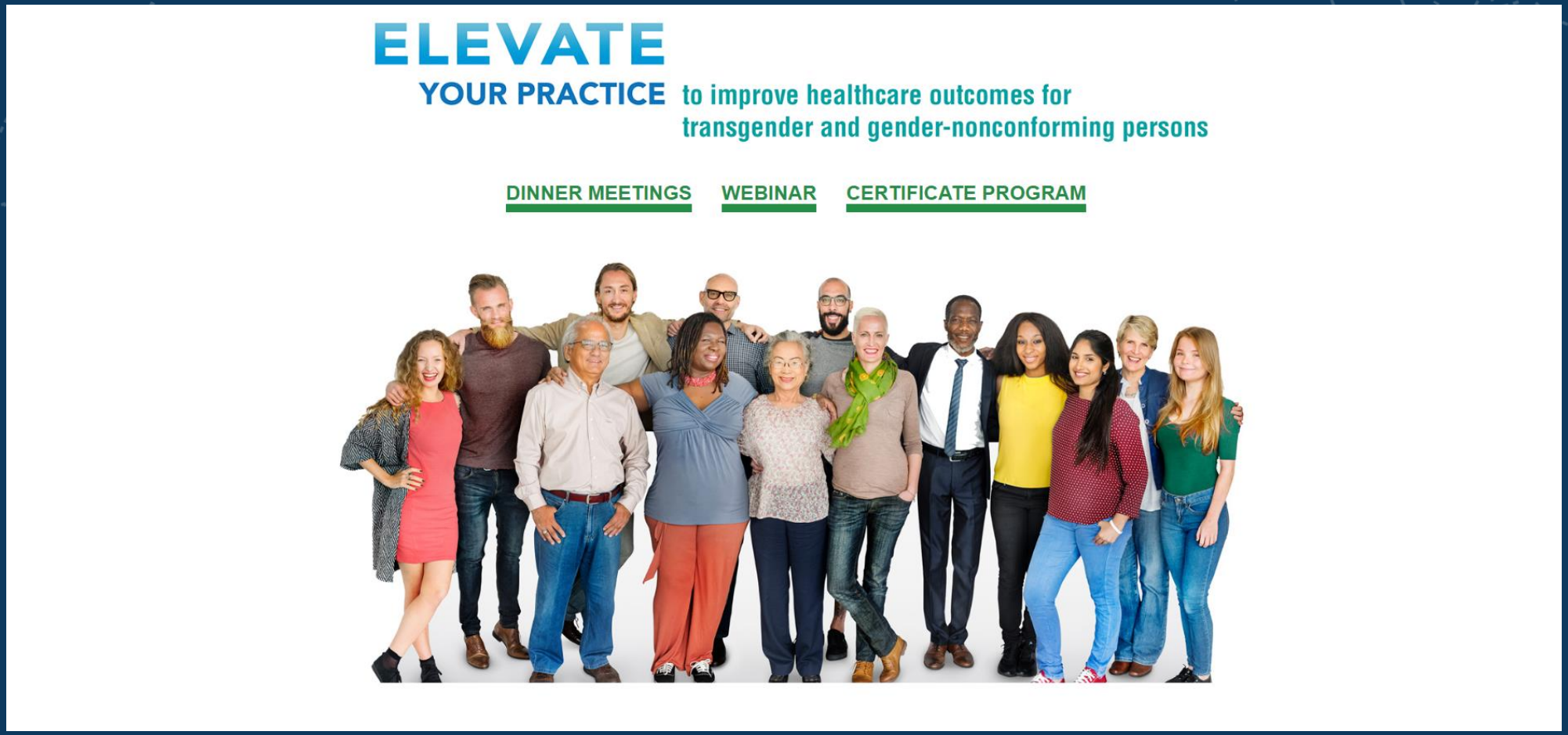

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Step 1

Attend the live activity

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Step 2

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Cultural Competency Training Certificate
Step 3

Provide feedback

60-minute phone interview with the Annenberg Center 45-60 days later

Once all 3 steps are completed, individuals and practices will receive personalized, gender-affirmation–healthcare training certificates

For more information, visit elevate.annenberg.net

Objectives

- Discuss culturally competent terminology and practices for creating a gender-affirming clinical environment
- Explain the vulnerabilities that transgender and gender non-conforming (TGNC) persons experience specific to HIV
- Identify opportunities to implement TGNC-inclusive prevention strategies for HIV
- Employ sustainable strategies to ensure HIV care retention for TGNC persons living with HIV

EXPERIENCES OF TRANSGENDER AND GENDER NON-CONFORMING PERSONS IN HEALTHCARE ENCOUNTERS

PATIENT VIDEO

EXPERIENCES WITH HCPS

Experiences with HCPs

Case 1: Maria

- 52 y/o Latina transgender woman
- Has had thirst + urinary frequency for 4 months
- She has recently moved and is seeing a new medical provider
  - Last saw a medical provider 6 months prior
- Medical history
  - Has used gender-affirming hormones since age 21
  - Underwent gender-affirming surgery at ages 26 and 35 (breast implants, tracheal shave)
- Current medications
  - Oral estradiol 2mg twice daily
  - Spironolactone 100 mg twice daily

Maria (*cont*)

- Maria has not yet officially changed her name
- Name on insurance differs from the name Maria uses
- Clinic registration form = M or F
  - Nowhere to put sex assigned at birth
  - No place to document pronoun

Maria is unsure whether to list her name or the legal name on her insurance

Question 1

Which 2-step process is recommended to determine gender identity at intake?

A. Sexual history and sexual orientation
B. Sexual orientation and current sexual identify
C. Sexual orientation and current gender identity
D. Gender identity and sex assigned at birth

What Is Known About Transgender Identities?

Image source: Callen-Lorde Community Health Center, New York, New York

Definitions

Transgender woman/trans woman: assigned male at birth with a female/feminine gender

Transgender man/trans man: assigned female at birth with a male/masculine gender

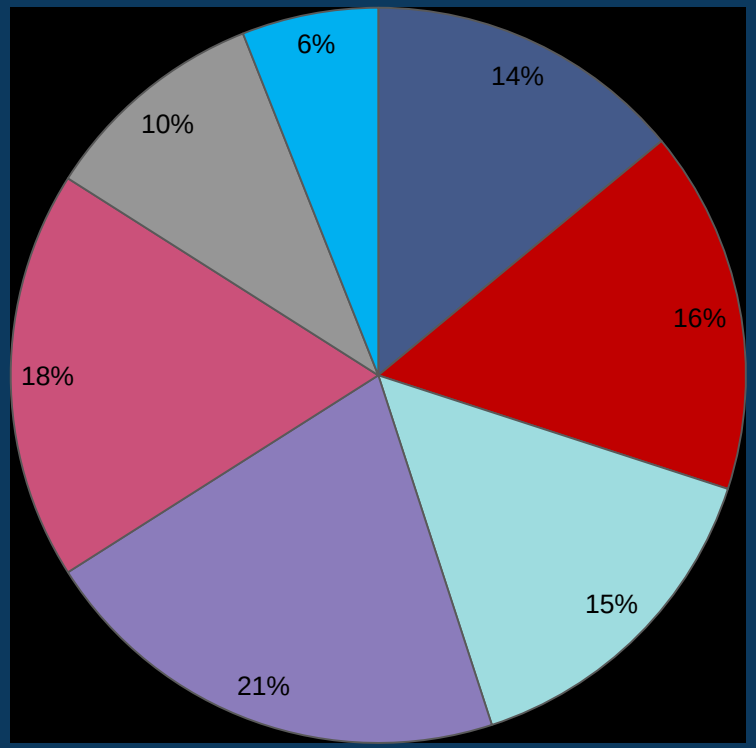
Genderqueer/non-binary/non-gender conforming: identify as neither entirely male nor female, or a combination of both, or who identify on a gender spectrum or with their own definition of gender

Cisgender (cis): non-transgender

Image source. http://www.amfar.org/around-the-world/gmt/gmt-blog/cape-town,-south-africa--transgender-transformations

Sexual Orientation Among Transgender/Gender Non-Conforming People in the US, 2015

- Gender identity ≠ sexual orientation
- Transgender people can have any sexual orientation



James SE, et al. 2016. National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Transgender Populations in the US

- Transgender people are under-represented in population data

- Recent meta-analysis estimated that 1 in 250 adults is transgender (1 million)

Image source: Callen-Lorde Community Health Center, New York, New York

Meerwijk EL, et al. *Am J Pub Health*. 2017;107(2):e1-e8. doi:10.2105/AJPH.2016.303578

PATIENT VIDEO

IMPACT OF NEGATIVE EXPERIENCES

Impact of Negative Experiences

Maria (*cont*)

- Receptionist is initially pleasant
  - Becomes visibly uncomfortable when Maria hands over forms with her insurance card and ID documents
  - Tells Maria she needs to use legal name

- Receptionist misgenders Maria to the nurse
  - Uses incorrect pronouns and legal name vs Maria’s name

Stigma and Discrimination: 2015 US Transgender Survey

K-12 school

- Verbal harassment = 54%
- Physical attack = 24%
- Sexual assault = 13%
- Left school in response to mistreatment = 17%

Economic disparities

- Living in poverty = 29%
- Unemployment = 15%
- Home ownership = 16%
- Homelessness = 30%

Mental health

- Severe psychological distress = 39%
- Suicide attempts = 40%
- Negative experiences with healthcare providers = 33%
- Avoid seeking healthcare due to fear of mistreatment = 23%

These patterns of discrimination are compounded by other forms of discrimination:

— Race/ethnicity

— Disability

n=27,715

James SE, et al. 2016. National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Physical Violence

1 in 10
of those out to immediate family report violence from family member[1]

25 documented trans women murdered in the US in 2017[2]

n=27,715

James SE, et al. 2016. National Center for Transgender Equality. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf
TransMurder Monitoring Project. Update. October 2016-September 2017. https://transrespect.org/wp-content/uploads/2017/11/TvT_TMM_TDoR2017_SimpleTable_EN.pdf

Health Care Barriers Among Trans and Gender-Nonconforming People

Experiences of Discrimination[1]

Delay getting health care

- 28% delayed care when ill or injured
- 33% delayed or did not try to get preventive care

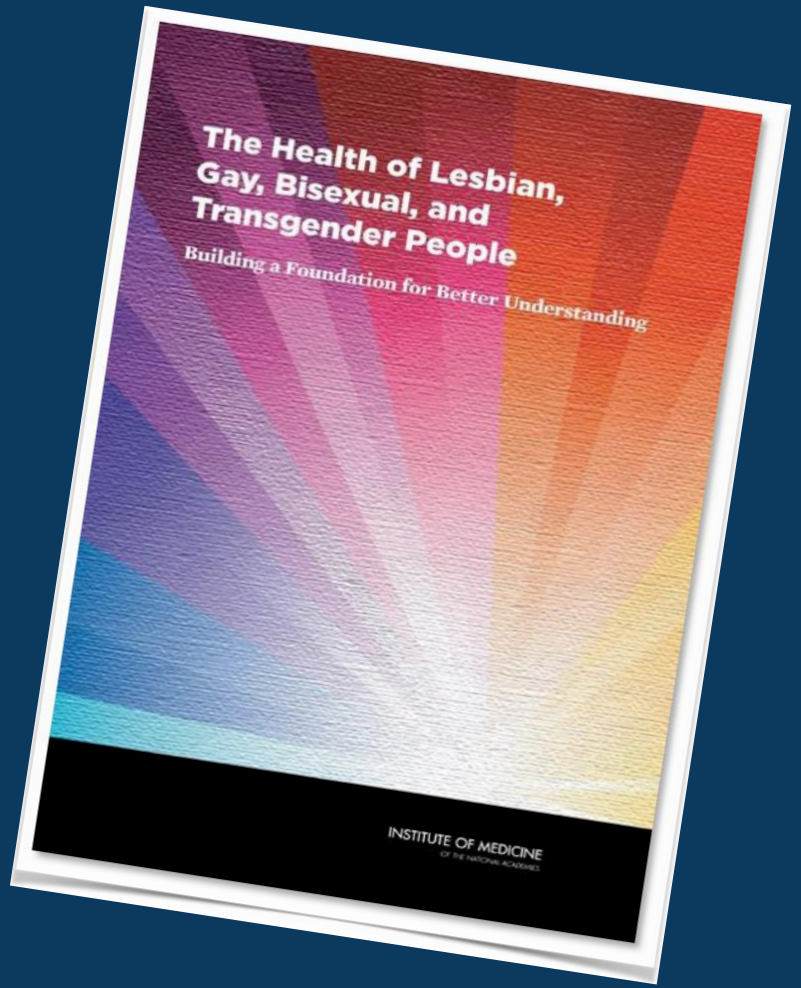
Anticipated Discrimination[2]

- 52% fear they will be refused care
- 73% worry they will be treated differently
- 89% feel that too few health care professionals are adequately trained to provide appropriate care for them

1. Grant JM, et al. 2011. National Center for Transgender Equality and National Gay and Lesbian Task Force. Available at http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf.
2. Lambda Legal 2010. Available at http://www.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf.

Transgender Health Disparities

- Substance abuse
- HIV and other sexually transmitted infections
- Tobacco use
- Violence and victimization
- Mental health
- Suicidality and self-harm
- Obesity
- Osteoporosis (trans women)
- Cardiovascular disease (trans women)
- Cerebrovascular accident (trans women)



California Department of Health Services-Tobacco Control Section. California LGBT Tobacco Survey 2003-04. Available at http://www.lgbttobacco.org/files/2004%20-%20Bye%20LGBTTobaccoStudy.pdf. Dhejne C, et al. *PLoS One.* 2011 Feb 22;6(2):e16885. Fredriksen-Goldsen, KI . *Public Policy Aging Rep.* 2011;21:3-7.
Institute of Medicine, 2011. Available at http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx. Wierckx K, et al. *Eur J Endocrinol.* 2013;169:471-478.

Answer to Question 1

Which 2-step process is recommended to determine gender identity at intake?

A. Sexual history and sexual orientation
B. Sexual orientation and current sexual identify
C. Sexual orientation and current gender identity
D. Gender identity and sex assigned at birth

CULTURALLY-COMPETENT TERMINOLOGY AND PRACTICES IN TRANS-AFFIRMING CLINICAL ENVIRONMENTS

Initial Assessment

- Do not assume gender identity or sexual orientation
- How do I know which pronoun to use (eg, he, she, they)?
  - Ask politely
  - Echo the language you hear
  - Make an effort to use the correct pronoun consistently
- Anatomical terms – what words to use
- Avoid post-op, pre-op

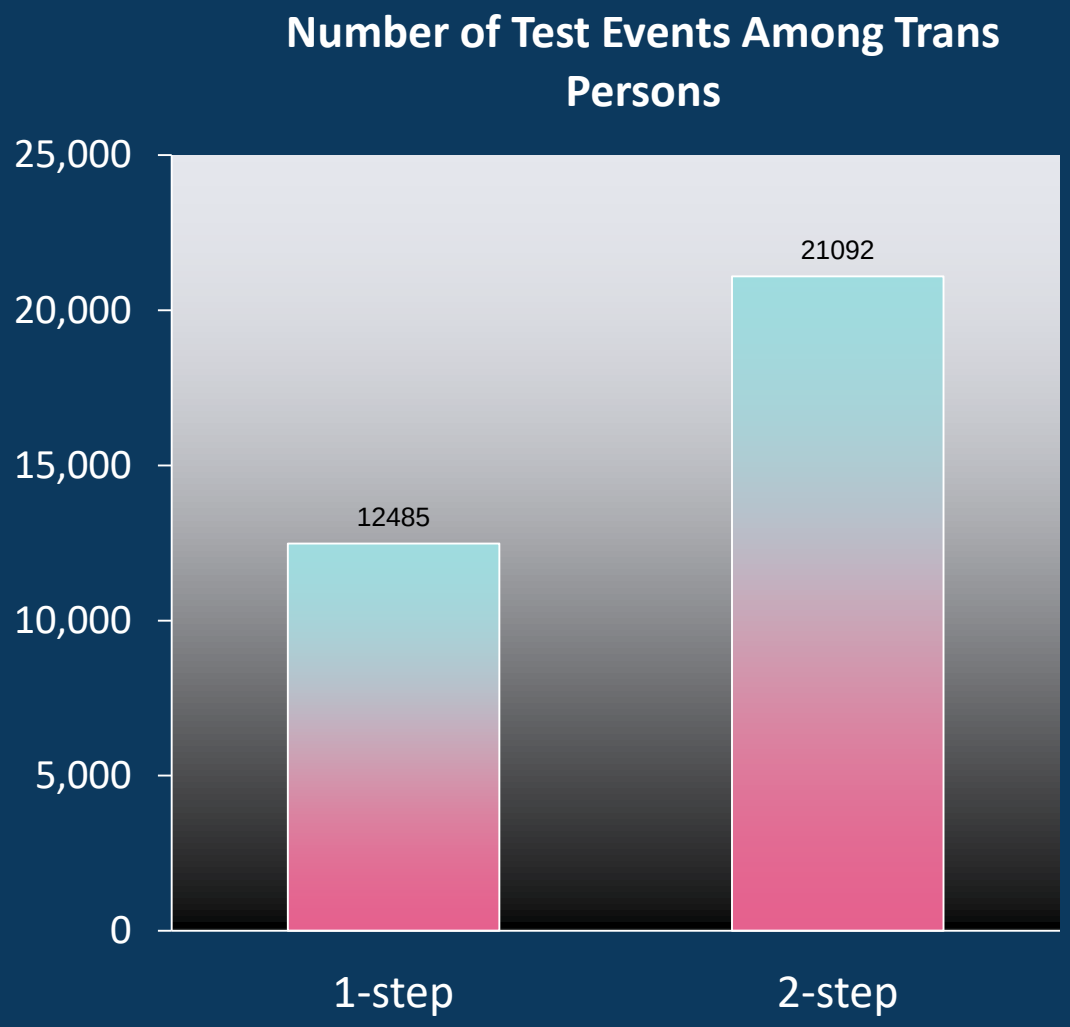
Trans-Affirming Clinic Environment

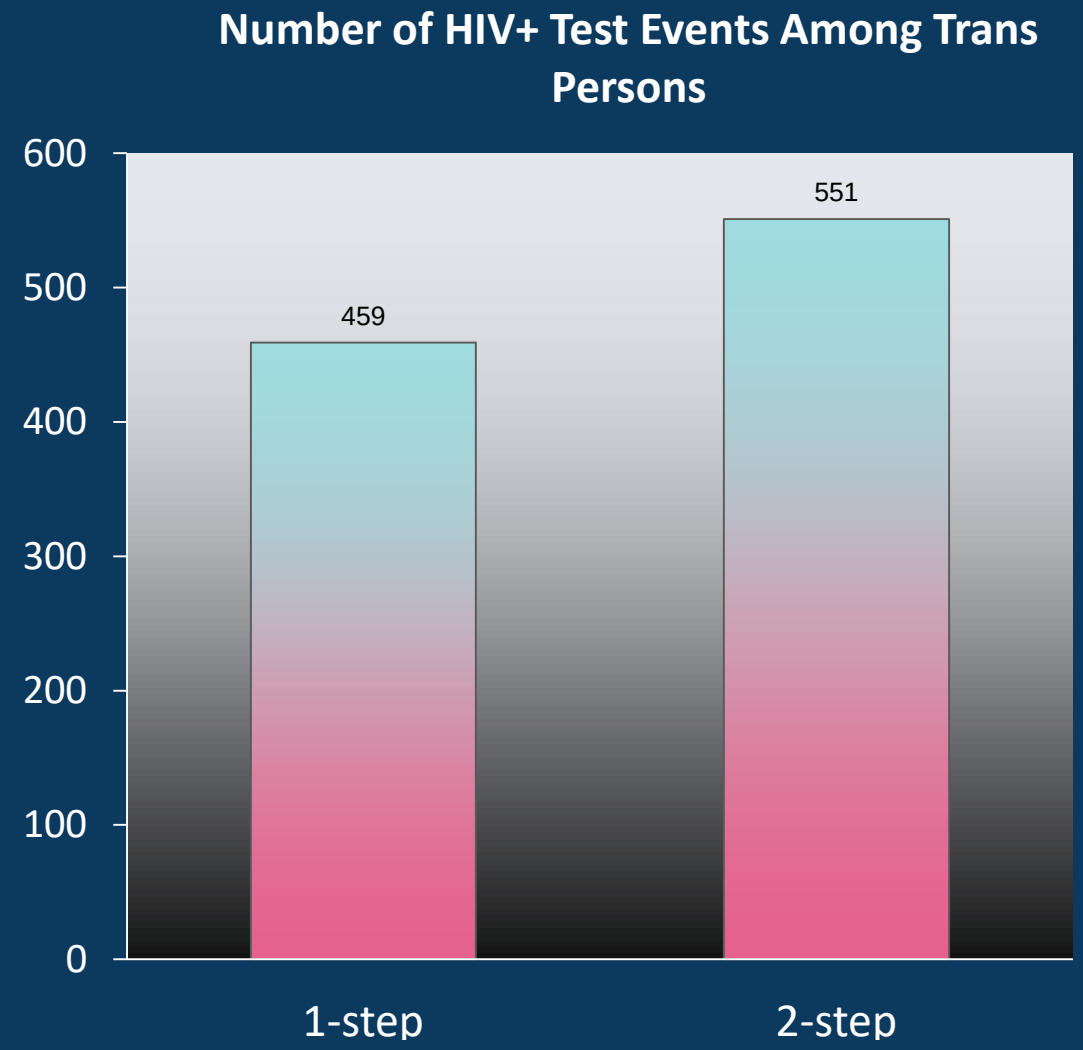
- Not all under the “transgender umbrella” self-identify as transgender
  - Anatomy, sexual practices, and sexual identities ≠ gender identity
- Avoid Ma’am, Sir, Mr/Mrs/Ms
- Use gender neutral forms of address
- Use 2-step process to determine gender identity at intake
  - Current gender terms vary by context and geographic location

- **1. What is your current gender identity? (Check and/or circle ALL that apply)**
- ☐ Male
- ☐ Female
- ☐ Transgender Male/Transman/FTM
- ☐ Transgender Female/Transwoman/MTF
- ☐ Genderqueer
- ☐ Additional category (please specify): _____
- ☐ Decline to answer
- **2. What sex were you assigned at birth? (Check one)**
- ☐ Male
- ☐ Female
- ☐ Decline to answer

1. UCSF Center of Excellence for Transgender Health. 2016. Available at http://www.transhealth.ucsf.edu/trans?page=lib-data-collection.
2. Mulatu M, et al. 2015 NHPC, Atlanta GA, December 6-9, 2015. Abstract 1559.

Efficacy of 2-Step Method of Determining Transgender Status





Mulatu M, et al. 2015 NHPC, Atlanta GA, December 6-9, 2015. Abstract 1559.

Cultural Competence

Use chosen pronouns/name

- ✓ Ask all patients in private for chosen name and pronoun
- ✓ Include chosen name on chart and train staff

Defer unnecessary questions/exams

- ✓ Build rapport before performing genital exams
- ✓ Avoid satisfying your curiosity
- ✓ Always explain the purpose of the exam

Acknowledge barriers + offer solutions

- ✓ Stress of stigma/discrimination
- ✓ Limitations of medical knowledge
- ✓ Offer to find out and get back to patient

Initial Assessment—Transition History

Transition

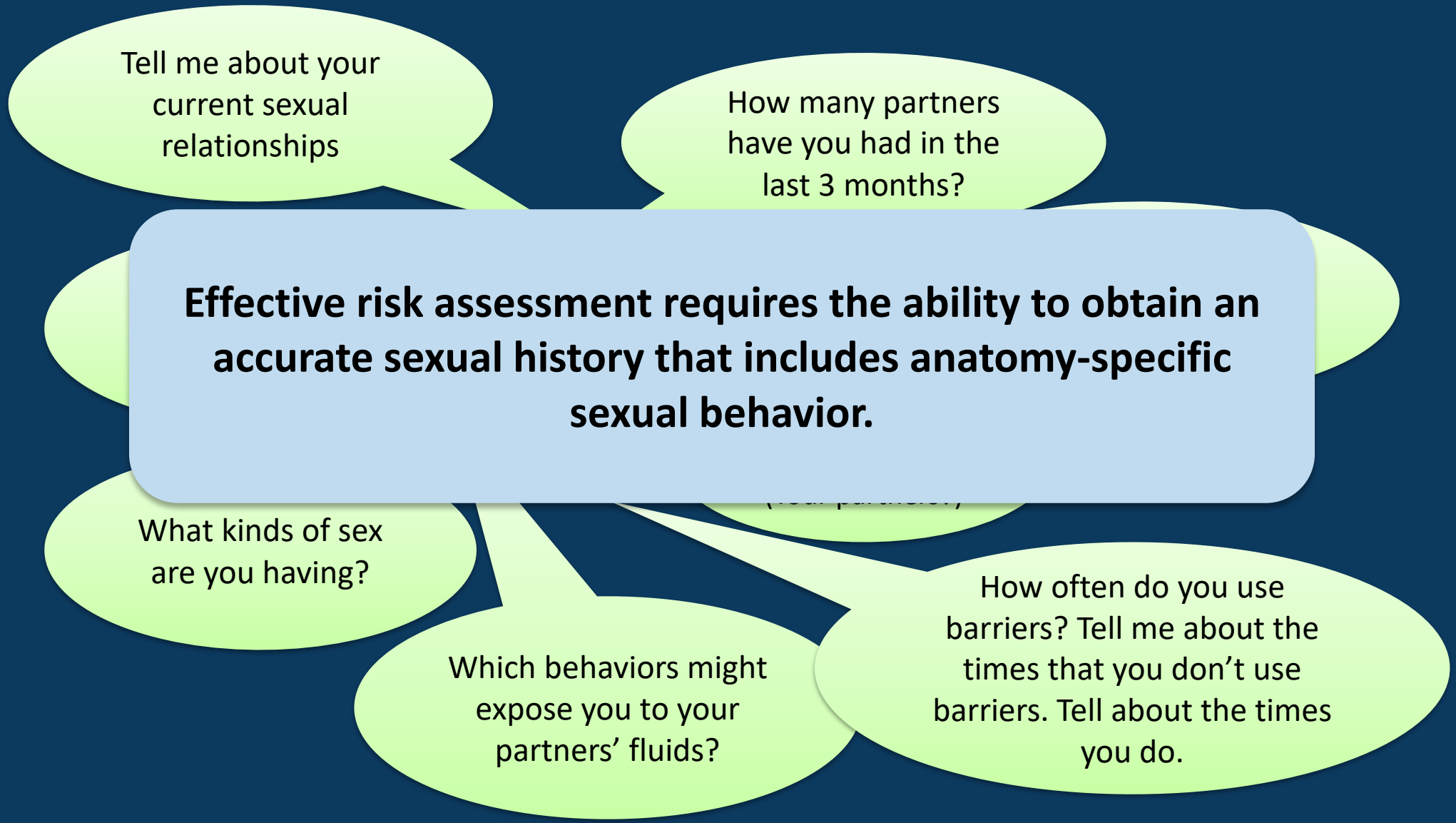
- How old was patient when they realized their gender identity?
- How long has patient been living in the gender with which they identify?
- Is patient socially transitioned (e.g., binding, tucking)?
- Hormone use, including dose, duration, obtained "on the street" or prescription
- Silicone use
- Future plans for surgery/hormones

Psychosocial issues: depression, PTSD, intimate partner violence, support network, employment, sex work, substance use

Legal concerns: Gender recognition certificate, ID

Sexual history

Sexual History



Maria: Significant Clinical Findings

- Urinalysis = 3+ glucosuria
- Random blood glucose = 260
- Assessment/evaluation = T2DM diagnosed

Despite being diagnosed with T2DM, Maria decides not to return to the clinic

- ❗ Providers unaware of hormone protocols
- ❗ Providers unfamiliar with TGNC-affirming healthcare
- ❗ Sexual history not taken = missed opportunity for HIV/STI screening

GENDER-AFFIRMING THERAPIES

Gender-Affirmation Care—“Transition”

Image source: Callen-Lorde Community Health Center, New York, New York

- Any of the processes a transgender/gender nonconforming person may go through to affirm a gender identity different than that assigned at birth
  - Social
  - Legal
  - Spiritual
  - Personal
  - Medical

Medical and Surgical Transition

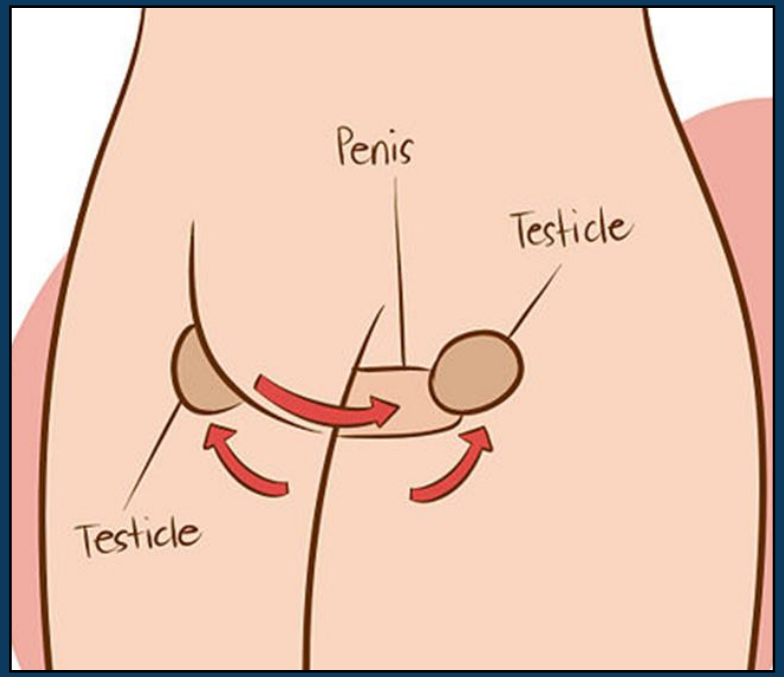
Feminizing

- Hormones (estrogen)
- Androgen blockers
- Breast augmentation
- Vaginoplasty and labiaplasty
- Orchiectomy
- Tracheal shave
- Facial bone reduction
- Rhinoplasty

Masculinizing

- Hormones (testosterone)
- Chest masculinization
- Hysterectomy, salpingo-oophorectomy
- Phalloplasty
- Metoidioplasty
- Vaginectomy
- Scrotoplasty
- Urethroplasty
- Testicular *prostheses*

Binding, Tucking, Silicone



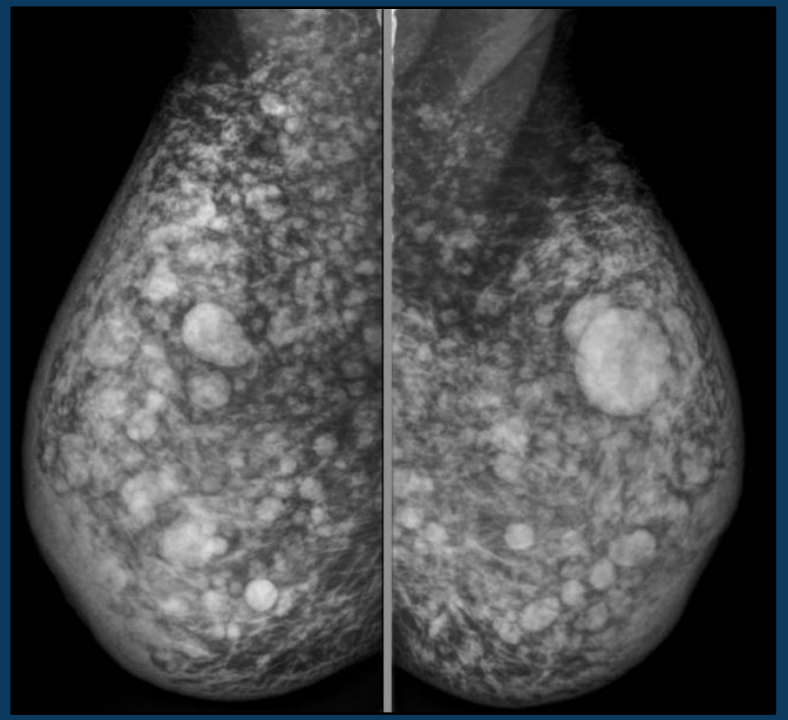


Image sources (left to right):
Bermant Plastic Surgery. http://www.plasticsurgery4u.com/a/no-surgery_body_shaping/chest_binders_breast_binding.htm.
Wikihow. http://www.wikihow.com/Tuck-and-Tape.
EuroRad Radiologic Case Database. http://www.eurorad.org/eurorad/view_figure.php?pubid=12041&figid=37925&nr=1&lang=en.

General Monitoring and Other Needs

- General monitoring: ongoing coordinated care
  - Case management
  - Articulation with mental health
  - Community resources and referrals
  - Support system (family/community/friends)
- Other needs
  - Support systems
  - Crisis management
  - Family, friends, relationships
  - Referral network
    - General surgeon
    - Urologist
    - Gynecologist
    - Others

Fenway Health 2015. *The Medical Care of Transgender Persons*

TGNC HIV PREVENTION STRATEGIES

Case 2: Jaye

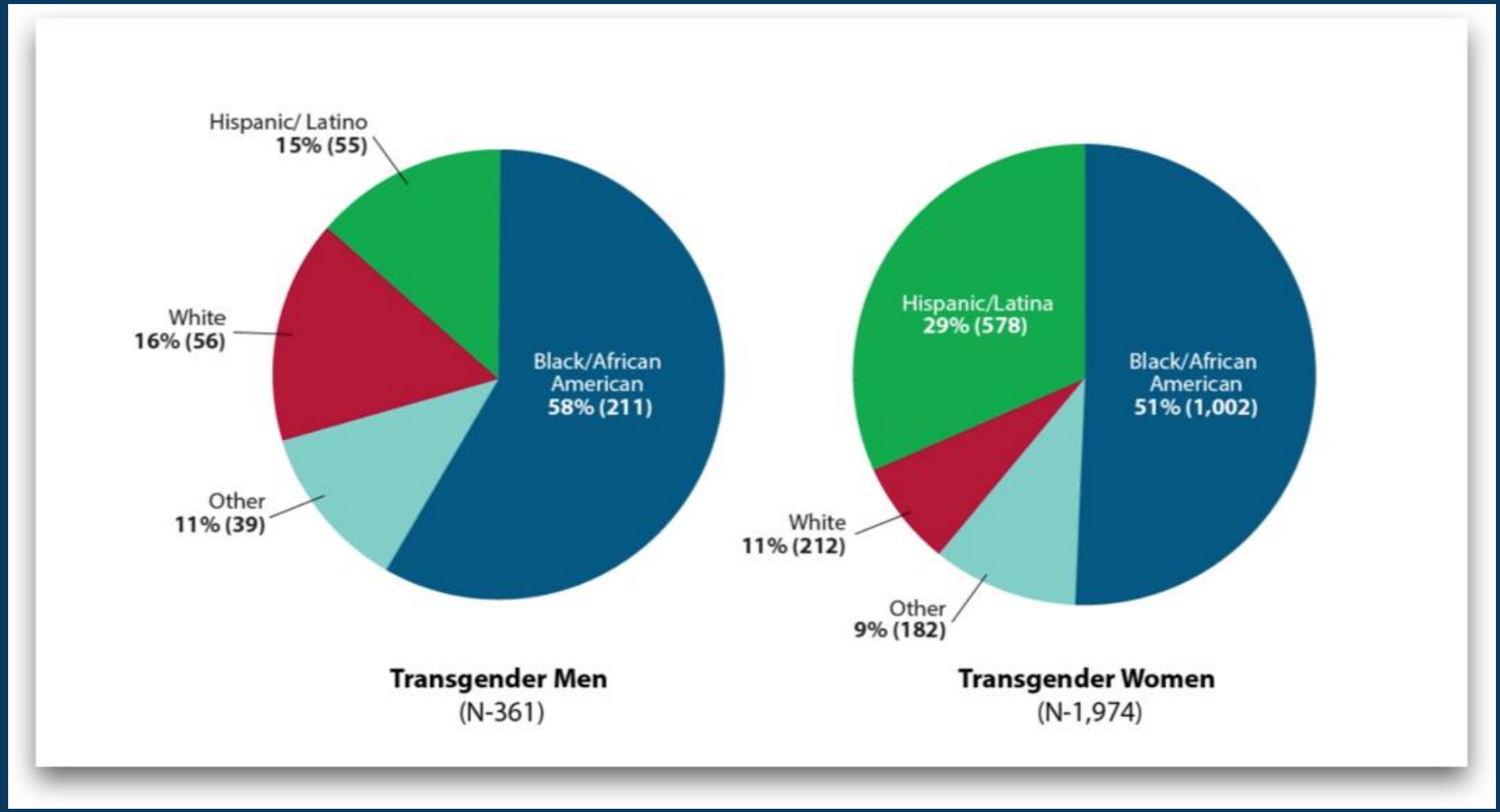
- 25 y/o transgender woman
- Sexually active with cisgender men
- Has had 1 new sexual partner in the last month
  - Anal receptive and insertive sex
- Dysuria over last 4 days
- Never diagnosed with STI
- Unaware of HIV status
- No PMH
- No gender affirming surgeries

Question 2

Which of the following assessment steps would you recommend for Jaye?

A. Condom use/risk reduction counseling, STI screen
B. Full sexual history, STI screen, rapid HIV test, condom use/risk reduction counseling
C. Rapid HIV test, HBV screen, STI screen, evaluate for PrEP, condom use/risk reduction counseling
D. Rapid HIV test, condom use/risk reduction counseling, HBV screen, STI screen

HIV Diagnoses Among Transgender People in the US by Race/Ethnicity, 2009-2014

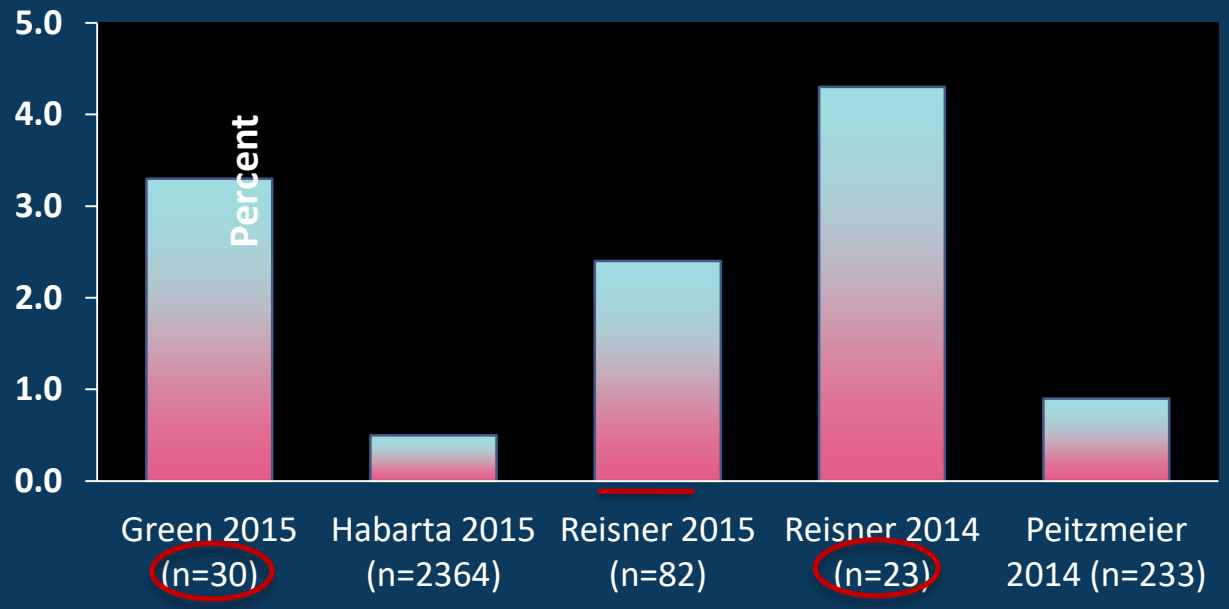


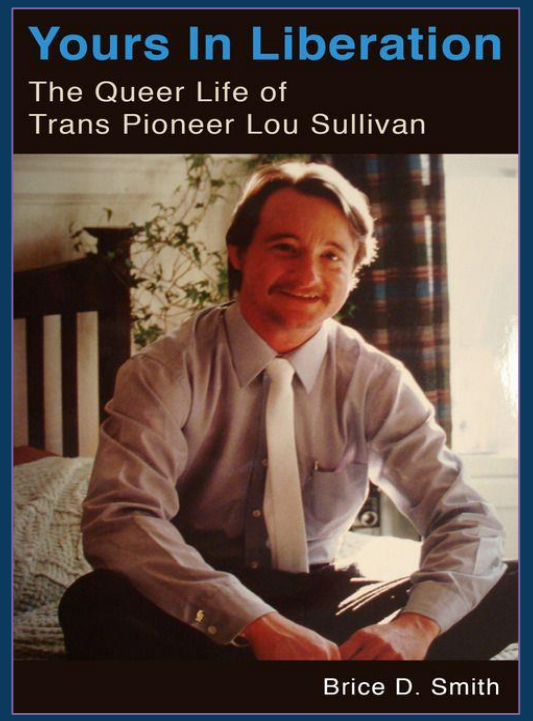
Clark H, et al. *AIDS Behav*. 2017;21(9):2774-2783
https://www.cdc.gov/hiv/group/gender/transgender/index.html

HIV Estimates: Transgender Men

- **Systematic review (2012 – 2015); 6 U.S. prevalence studies**
  - 1 self-report: 0.4%
  - **5 laboratory-tested**: 0.5% – 4.3 (n=1)

Laboratory-confirmed HIV Prevalence: Trans Men





"I took a certain pleasure in informing the gender clinic that even though their program told me that I could not live like a gay man, it looks like I'm going to die like one."

—Lou Sullivan, gay trans activist, 1951-1991

Green N, et al. *Medicine.* 94(41):e1830; Habarta N, et al. *Am J Public Health.* 2015;105:1917-1925; Reisner SL, et al. *AIDS Care.* 2015;27:1031–1036; Reisner SL, et al. *AIDS Care.* 2014;26:857-864; Peitzmeier SM, et al. *Gen Intern Med.* 2014;29:778-784; Feldman J, et al. *J Homosex.* 2014;61:1558-1588; Poteat TC. CROI 2016, Boston, MA, February 22-25, 2016. Abstract 79.

HIV Estimates: Trans Women

- Global meta-analysis of laboratory-confirmed HIV (2000 – 2011)[1]
  - 39 studies, 15 countries
  - Overall prevalence: **19%** (OR=49 vs all adults of reproductive age)
  - Prevalence in US: **22%** (OR=34); highest prevalence among trans women of color
- Systematic review and data synthesis (2012 – 2015)[2]
  - 49 new studies, exponential increase in research, ongoing burden
  - Estimates range from 2% in youth to 45% in sex workers and women of color
  - 3 incidence estimates: **1.2 – 3.6 per 100 person-years**

Trans women who have sex with men have the highest HIV burden of any key population

1. Baral SD, et al. *Lancet Infect Dis.*2013;13:214–222.
2. Poteat T, et al. *Journal of Acquired Immune Deficiency Syndromes.* In press.
3. Reisner SL, et al. *Lancet.* In press.

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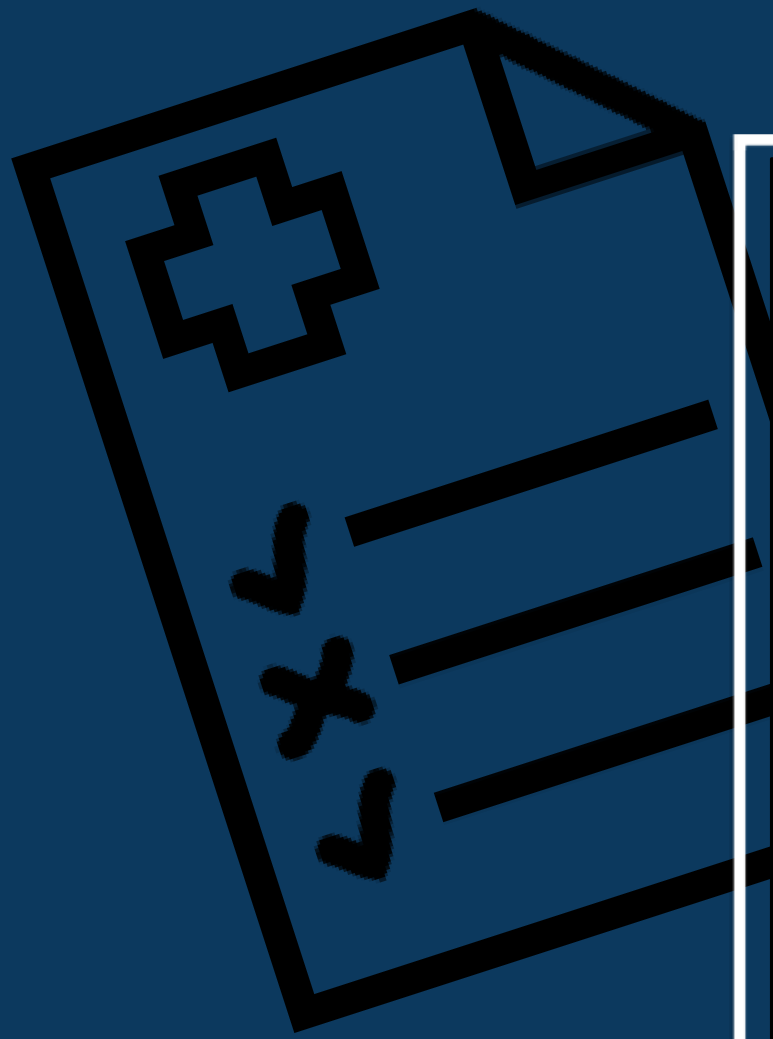
C. Rapid HIV test, HBV screen, STI screen, evaluate for PrEP, condom use/risk reduction counseling
D. Rapid HIV test, condom use/risk reduction counseling, HBV screen, STI screen

Jaye (*cont*)



Test Results

- Anal: *N. gonorrhoeae*
- Urethral: *C. trachomatis*
- Rapid HIV test: negative

Treatment

- Ceftriaxone, doxycycline, valacyclovir

STDs resolved

PATIENT VIDEO

BARRIERS TO HIV PREVENTION

Barriers to HIV Prevention

Question 3

What do you tell Jaye when she asks you if she is a candidate for PrEP?

A. PEP is likely to be more effective for Jaye than PrEP
B. PrEP may reduce the risk of HIV acquisition in transgender women
C. PrEP is ineffective among transgender women
D. Jaye is not a candidate for PrEP

Pre-Exposure Prophylaxis
Why Do We Need PrEP If We Have TasP?

- ~1,122,900 adults + adolescents living with HIV 2015
- 1 in 7 people with HIV are unaware of their HIV+ status
- 15% undiagnosed
- Significant disparities in access to care remain
    - People of color, primarily MSM and transgender women
- Individuals with HIV and high CD4 counts may not want to start ART

https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf

PrEP: FDA Approval

July 16, 2012: FDA approved the use of
combination FTC-TDF for HIV for PrEP
in adults who are at high risk for becoming HIV-infected

Dosage: 200 mg FTC/300 mg TDF in a single tablet, taken orally once daily with or without food

FDA. 2012. Available at http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm312199.htm.

CDC Recommendations for PrEP

- *Any adult who is HIV-negative and*
  - Is in an ongoing relationship with an HIV-infected partner
  - Is not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and who is a
    - Gay or bisexual man who has had anal sex without a condom or been diagnosed with a sexually transmitted infection within the past 6 months ***OR***
    - Man who has sex with both men and women ***OR***
    - Heterosexual man or woman who does not regularly use condoms when having sex with partners known to be at risk for HIV*
  - Has injected illicit drugs within the past 6 months and has shared needles or been in drug treatment within the past 6 months

*For example, injecting drug users or bisexual male partners of unknown HIV status.

CDC
Centers for Disease Control and Prevention

AIDS.gov. 2016. https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/pre-exposure-prophylaxis/.
CDC. 2014. http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf.

PrEP in Transgender Women

- **Many trans women meet WHO 2015 PrEP guideline criteria**
  - Incidence > 3 per 100 person-years[1]
  - IAS-USA guidelines: > 2 per 100 person-years[2]
- **Trans women have low knowledge about PrEP**
  - < 14% of trans women in San Francisco had heard of PrEP in population-based sample (2013)[3]
- **Barriers to PrEP[4]**
  - Lack of trans-inclusive marketing
  - Concerns about hormone interactions
  - Medical mistrust/avoidance
- **Facilitators to PrEP[4]**
  - Trans-competent services
  - Empowerment approach

Image source: National Center for Innovation in HIV Care. 2015. Available at https://careacttarget.org/sites/default/files/file-upload/resources/PrEP%20and%20Transgender%20Women%20NCIHC%20Brief.pdf

1. WHO. 2015. Available at http://apps.who.int/iris/bitstream/10665/186275/1/9789241509565_eng.pdf?ua=1
2. Marrazzo JM, et al. *JAMA.* 2014;312:390-409.
3. Wilson E, et al. 2015. *PLoS One.* 10:e0128971.
4. Sevelius JM, et al. *Glob Public Health.* 2016;10:1-16.

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VULNERABILITIES FOR TGNC PERSONS IN RELATION TO HIV

PATIENT VIDEO

BARRIERS TO HIV TREATMENT

Barriers to HIV Treatment

Case 3: Renee

- 27 y/o transgender female presents with rectal burning and discharge (5 d)
- Reports condomless receptive anal sex with one male partner
- Unemployed, previous sex work
- HIV screening < 3 y ago: negative
- Socially transitioned at age 20 y
- Silicone use
- Conjugated estrogen and spironolactone
  (for 5 y; obtained via internet)
- No gender-affirming surgeries

Renee (*cont*)

- Anal exam (anoscopy)
  - Fissure noted, purulent blood-streaked discharge
- Differential
  - Gonorrhea
  - Chlamydia/Lymphogranuloma venereum
  - Syphilis
  - Herpes simplex virus
- Tests ordered
  - Oral, anal, urethral chlamydia/gonorrhea (nucleic acid amplification test)
  - Anal herpes simplex virus
  - Rapid plasmin regain
  - HIV screen

Case #3 Renee (cont)

- Renee is offered STI and HIV testing
  - Rapid HIV test: positive
    - Subsequent CD4 count: 56/mm^3
    - Viral load 32,650 copies/mL
  - Anal chlamydia test: positive

Question 4

Which of the following factors is a contraindication to ART?

A. Concurrent hormone therapy
B. Low baseline viral load
C. Presence of STI
D. None of the above

Trans Women-Specific HIV Vulnerabilities

Vulnerability	HIV risk/prevention	Disease progression
Biological		
Hormones	Interaction with PrEP? Impact on anal mucosa?	Interaction with ART?
Surgery	Neovaginal acquisition?	None known
Fillers	Contaminated equipment?	Chronic inflammation?
Social/Structural		
Sexual networks	Partner pool	Fear of disclosure
Employment	Sex work	Access to care
Housing	Transience	Engagement in care
Mental health/substance use	Reduced condom use	Adherence

Trans Women-Specific HIV Vulnerabilities: Estrogen and Antiretroviral Agents

- Most available data is based on studies with oral contraceptives (ethinyl estradiol)
- No published data available on interactions with 17-beta estradiol or conjugated estrogen
- Metabolism of estrogens occurs via the cytochrome P450 enzyme system
  - PIs and NNRTIs are also metabolized by cytochrome P450*
  - Potential for drug interactions with estrogens

*NRTIs do not affect cytochrome P450 enzymes and thus are unlikely to pose a risk of drug interaction with synthetic estrogen.

UCSF. Center of Excellence for Transgender Health. Available at http://transhealth.ucsf.edu/trans?page=protocol-hormones-arvs.

Androgen Blockers

- No known drug-drug interactions between ART and androgen blockers
- BUT: low free testosterone levels are common in patients with HIV (affecting ≈1 in 5*); thus lower doses of androgen blockers may be effective

*Rietschel P, et al. *Clin Infect Dis.* 2000;31:1240-1244
Radix A, et al. *J Int AIDS Soc*. 2016;19(3 Suppl 2):20810.

HIV and Hormones

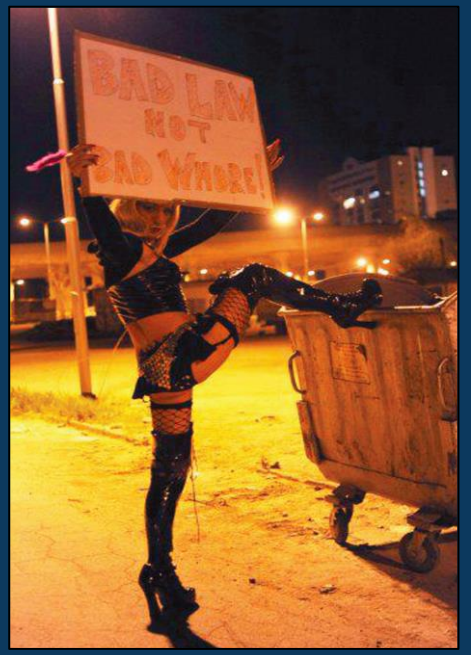
- HIV disease is not a contraindication to gender-confirming hormone therapy
- Avoid co-administration of estrogens with amprenavir and fosamprenavir
- Estrogen doses may need to be adjusted when co-administered with antiretroviral agents
- Consider monitoring estradiol levels when initiating or changing antiretroviral therapy

Callen-Lorde Community Health Center Protocols for the Provision of Hormone Therapy, 2014.
Available at http://callen-lorde.org/transhealth/.

Trans Women-Specific HIV Vulnerabilities: Social/Structural Drivers–Stigma

- Consequences of stigma
  - Employment discrimination
    - Sex work (15% – 64%)
  - Housing discrimination
    - Transience, homelessness
  - Violence and victimization
  - Depression/suicide
  - Substance use
- Impact on partnerships
  - Limited partner pool
  - High risk partners and clients
  - Gender norms
  - Receptive role

Seattle University. http://students.seattleu.edu/vredenbu/web/Transgender%20Rights.htm.



Lancet Special Series On Sex Workers. July 2014.

Deutsch M, et al. NHPC, December 6-9, 2015, Atlanta GA. Abst. 1886. Gamarel KE, et al. *AIDS Care.* 2016;28:104-111. Grant JM, et al. 2011. National Center for Transgender Equality and National Gay and Lesbian Task Force. http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf. Nemoto T, et al. *AIDS Care.* 2012;24:210-219. Operario D, et al. *AIDS Behav.* 2011;15:674-682. Poteat T, et al. *Lancet.* 2015;385:274-286. Sevelius KM. *Sex Roles.* 2013; 6:675-689.

Question 4

Which of the following factors is a contraindication to ART?

A. Concurrent hormone therapy
B. Low baseline viral load
C. Presence of STI
D. None of the above

SUSTAINABLE STRATEGIES TO ENSURE CARE RETENTION

Gender Affirmation and HIV Care

Top 5 health concerns of HIV+ trans people (N=157 surveyed)[1]

1. **Gender-affirming and non-discriminatory care (59%)**
2. **Hormone therapy and side effects (53%)**
3. Mental health care, including trauma (49%)
4. Personal care, eg, nutrition (47%)
5. ART and side effects (46%)

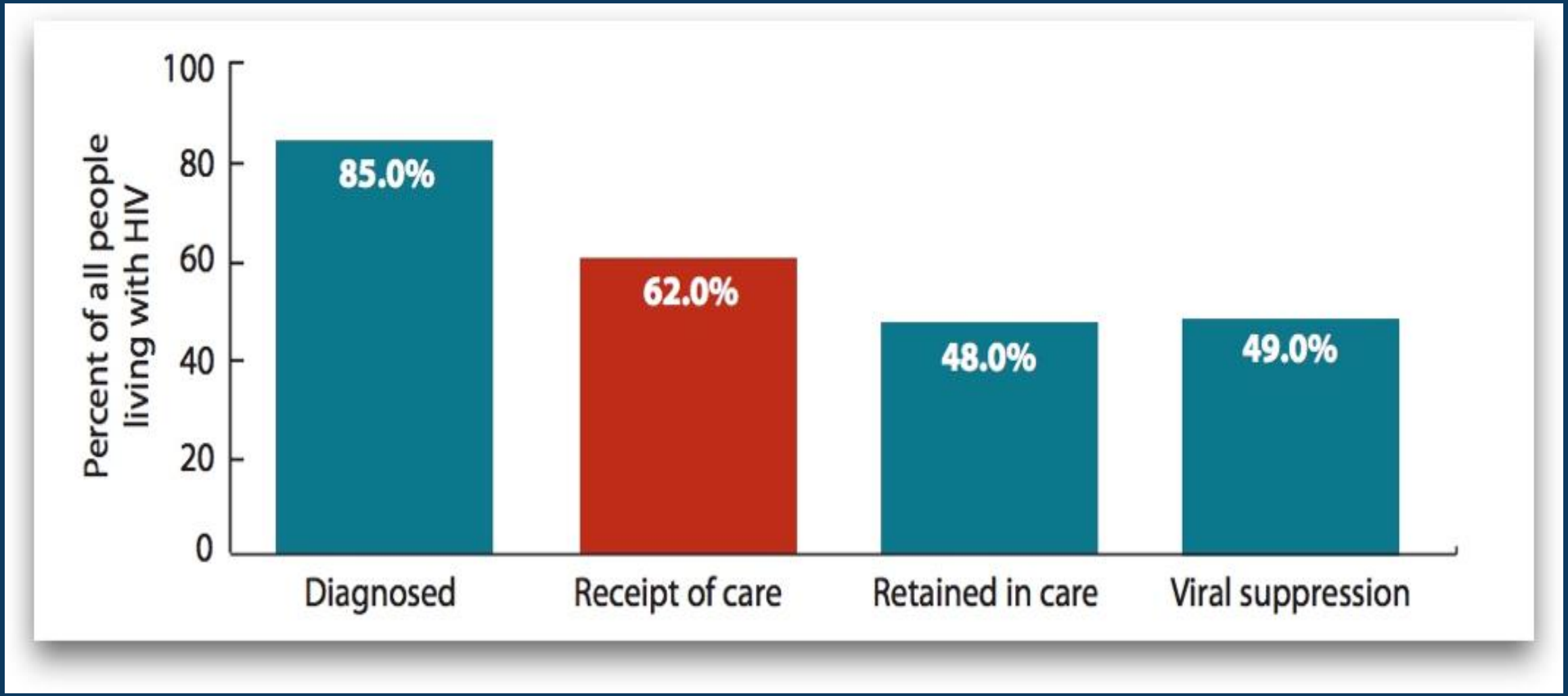
Image source: Transgender Law Center, Oakland, CA.

400 transgender women in 9 demonstration SPNS sites[2]

- 47.5% used hormones within previous 6 months
- **If HIV primary care provider was hormone prescriber**, trans women were ≈**3 times more likely** to:
  - Have an undetectable viral load
  - Have an HIV primary care visit in the previous 6 months

1. Chung, et al. 2016. Transgender Law Center, Oakland CA. Available at http://transgenderlawcenter.org/wp-content/uploads/2016/02/PositivelyTrans-2015-7-border-FINAL.pdf.
2. Deutsch M, et al. 2015 NHPC. Dec 6-9, 2015, Atlanta GA. Abstract 1886.

Prevalence-Based HIV Care Continuum, 2014*



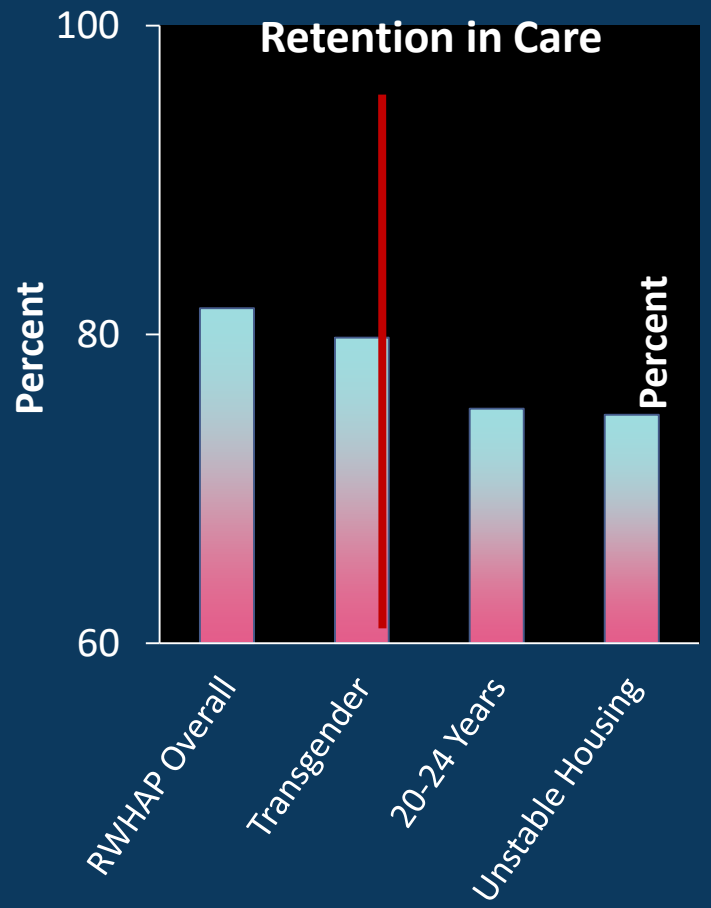
In 2015, 75% of persons receiving a diagnosis of HIV were linked to care within 1 month

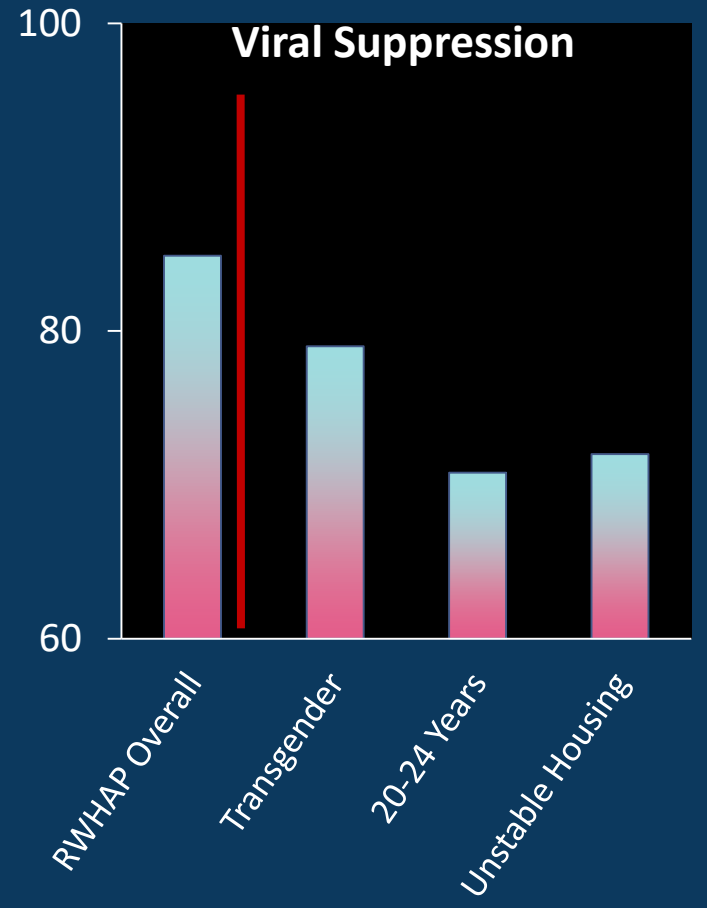
*Prevalence-based HIV care continuum = number of people who are at easch step of the continuum as a % of the total number of people living with HIV
https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf

Transgender Adults and Adolescents Served by RWHAP Retention in Care and Viral Suppression, 2016

Total Transgender Population, N=5,869

Race/Ethnicity*	%
Black/African American	1.5
Hispanic/Latino	1.6
White	0.6
Multiple Races	2.4
Asian	1.6
American Indian/Alaskan Native	2.1
Native Hawaiian/ Pacific Islander	4.1





AP-annual-client-level-data-report-2016.pdf
and transgender, 2016

PATIENT VIDEO

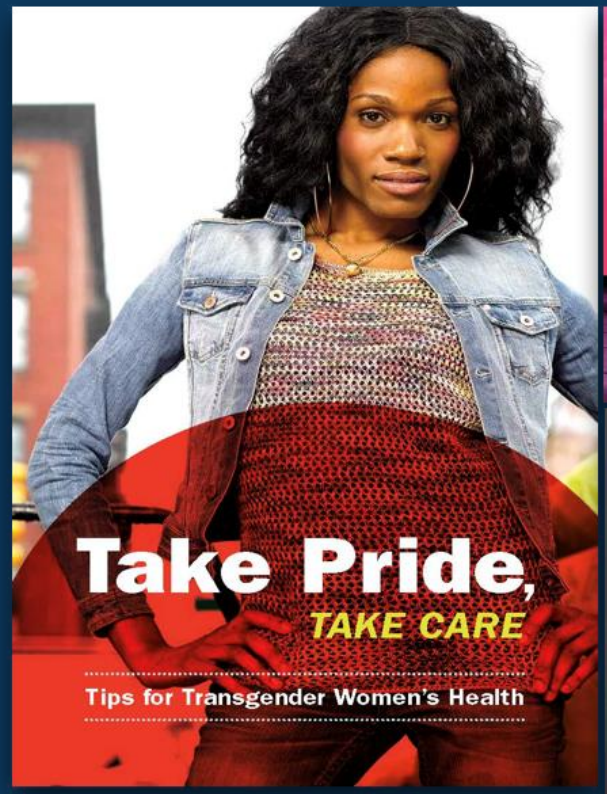
CONNECTING TRANS-HIV CARE

Connecting Trans-HIV Care

What Will It Take To Better Engage Transgender People in HIV prevention, Testing, and Treatment?

- Trans-inclusive policies
- Addressing social determinants of health
- Increasing number of trans-competent providers
- Cultivating trans-competent referral networks (eg, general and specialized health care, dentistry, mental health, substance abuse)
- Better integration of biomedical and behavioral strategies

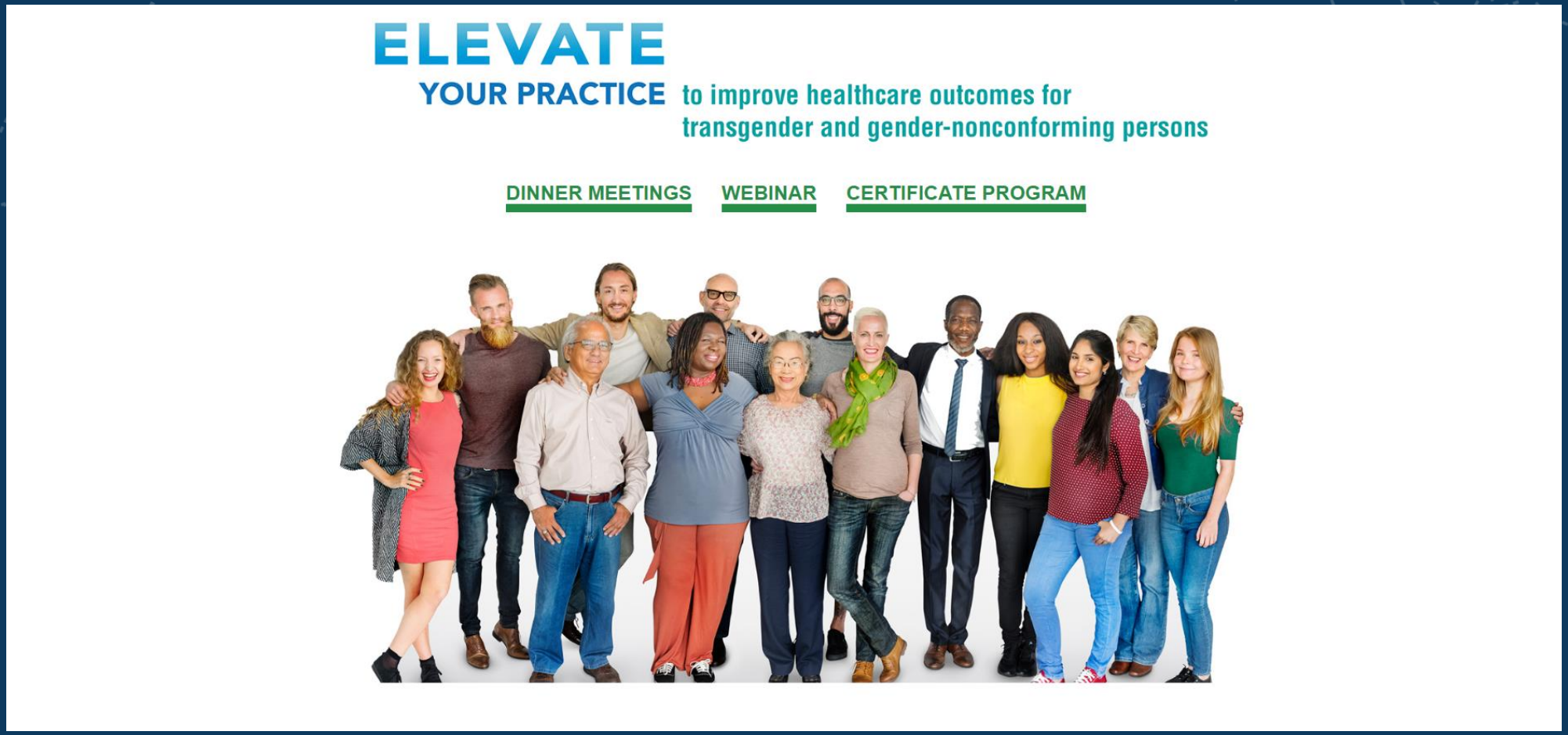
Targeted Prevention Materials



Targeted Prevention Materials (*cont*)

Image sources: http://www.queertransmen.org/15gms004_primedguide-redo_vfa4_booklet_eng.pdf
http://librarypdf.catie.ca/pdf/ATI-20000s/26424.pdf Accessed: 2.26.16

Cultural Competency Training Certificate
3 Easy Steps to Earn a Certificate



For more information, visit elevate.annenberg.net

Cultural Competency Training Certificate
Step 1

Attend the live activity

For more information, visit elevate.annenberg.net

Cultural Competency Training Certificate
Step 2

Watch online training webinar

All individuals in the practice — including healthcare professional colleagues and staff — are invited to watch a 60-minute, online training module available at **elevate.annenberg.net**

For more information, visit elevate.annenberg.net

Cultural Competency Training Certificate
Step 3

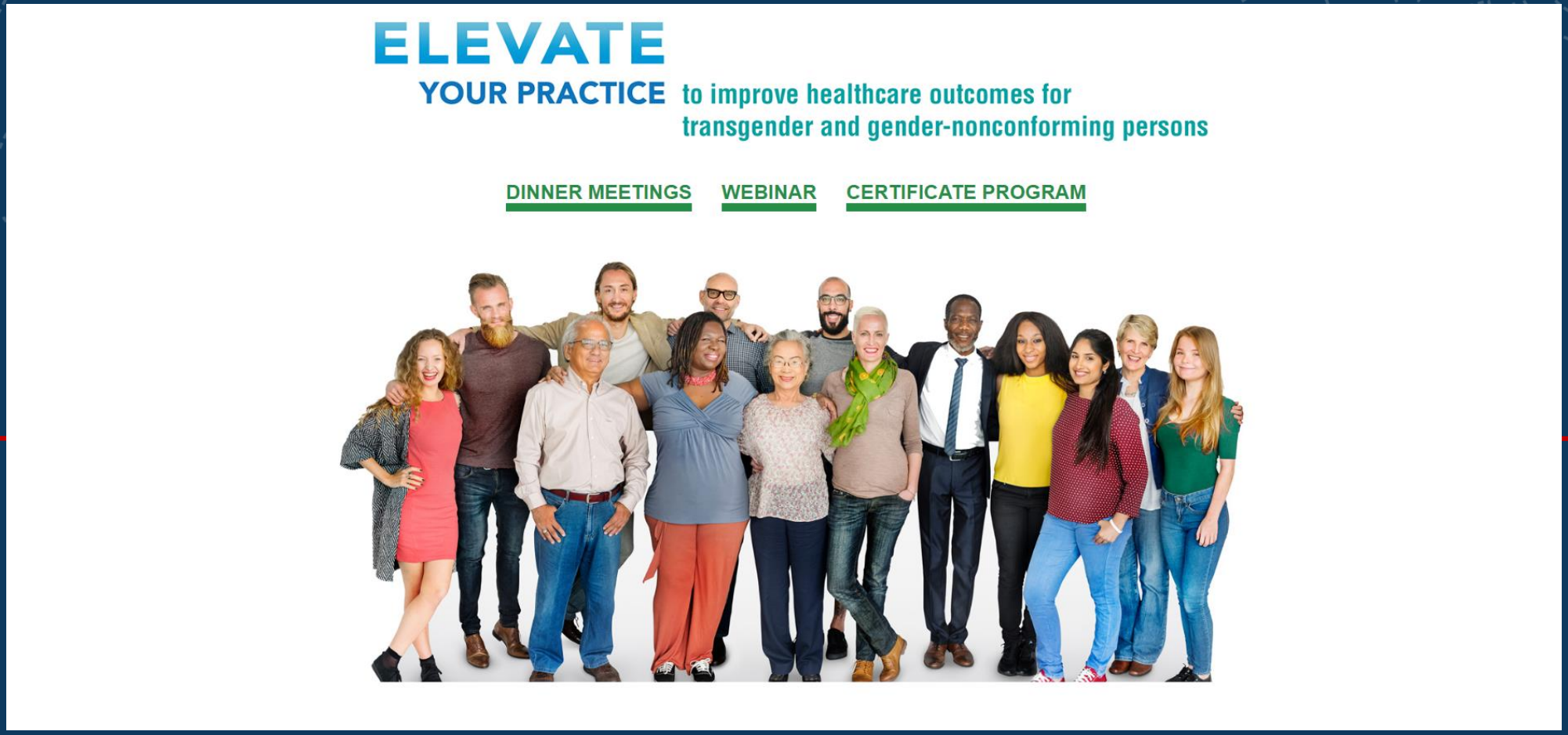
Provide feedback

60-minute phone interview with the Annenberg Center 45-60 days later

Once all 3 steps are completed, individuals and practices will receive personalized, gender-affirmation–healthcare training certificates

For more information, visit elevate.annenberg.net

QUESTIONS



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