



Providing Gender-Affirming Care to People with HIV

2022 National Ryan White Conference on HIV Care and Treatment

August 25, 2022

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Nurse Consultant, Division of Community HIV/AIDS Programs (DCHAP)

HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Health Resources and Services Administration (HRSA)

Overview



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.



HRSA's Ryan White HIV/AIDS Program (RWHAP) Overview

- Provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV.
- Funds grants to states, cities, counties, and local community-based organizations to improve health outcome and reduce HIV transmission.
 - Recipients determine service delivery and funding priorities based on local needs and planning process.
- Provided services to nearly 562,000 people in 2020—more than half of all people with diagnosed HIV in the United States.
- 89.4% of RWHAP clients receiving HIV medical care were virally suppressed in 2020, exceeding national average of 65.5%ⁱ.



Objectives

- Understand and define the unique gender affirming care and treatment needs of transgender people with HIV
- Help better articulate the principles of gender affirming care
- Identify Ryan White HIV/AIDS Program and other services that can be used to provide gender affirming care to transgender people with HIV



Gender Affirming Care in the RWHAP Program Letter

- Reaffirms the importance of providing culturally-affirming health care and social services to the transgender community
- Letter is *not* new policy or approach to the services delivered by the RWHAP
- Accessible via:
<https://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/gender-affirming-care-in-the-rwhap.pdf>



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Rockville, MD 20857
HIV/AIDS Bureau

December 16, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

Ensuring that transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV is a priority for the Health Resources Services Administration's (HRSA) HIV/AIDS Bureau (HAB). Of the more than half a million people served by the Ryan White HIV/AIDS Program (RWHAP) 2.1 percent, approximately 11,600, are transgender.¹ Providing gender-affirming care is an important strategy to effectively address the health and medical needs of transgender people with HIV. HRSA HAB strongly encourages RWHAP service providers to harness and mobilize the existing RWHAP infrastructure and services to support gender-affirming services within allowable RWHAP parameters.

Gender-affirming care and treatment services are described in the *HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV (Guidelines)*.² According to the Guidelines, gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including: social (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity); medical (e.g., use of hormones or surgery); legal (e.g., legal name change or changing gender markers on identity documents); and psychological (e.g., the degree of self-acceptance and comfort with their gender identity).

RWHAP funds may be used to support gender affirming care across various HRSA RWHAP core medical and support service categories as outlined in *Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.³ Many RWHAP AIDS Drug Assistance Programs (ADAPs) provide access to gender-affirming ~~services~~.⁴ RWHAP ADAPs, along with RWHAP funds allocated under the ~~same~~



Gender Diverse People with HIV

- Transgender and non-binary people bear a **disproportionate burden of HIV**.
- Encounter a number of social and structural barriers to HIV care.
- Gender affirming care and inclusive environments of care play a key role in entry and engagement in HIV care.

Gender affirmation:

- ✓ Improves engagement in care
- ✓ Improves viral suppression
- ✓ Improves adherence to ART
- ✓ Improves mental health outcomes and well being

Examples of Gender-Affirming Care in the RWHAP

Training on cultural humility, cultural sensitivity, and inclusive environments of care

Behavioral & Mental Health Services

Housing & Case Management

Access to gender affirming hormone therapy

Purchase and maintenance of private health insurance, Medicaid and Medicare coverage

Activities that support patient centered, trauma informed, and inclusive environments of care

Gender Affirming Care Activities in the RWHAP

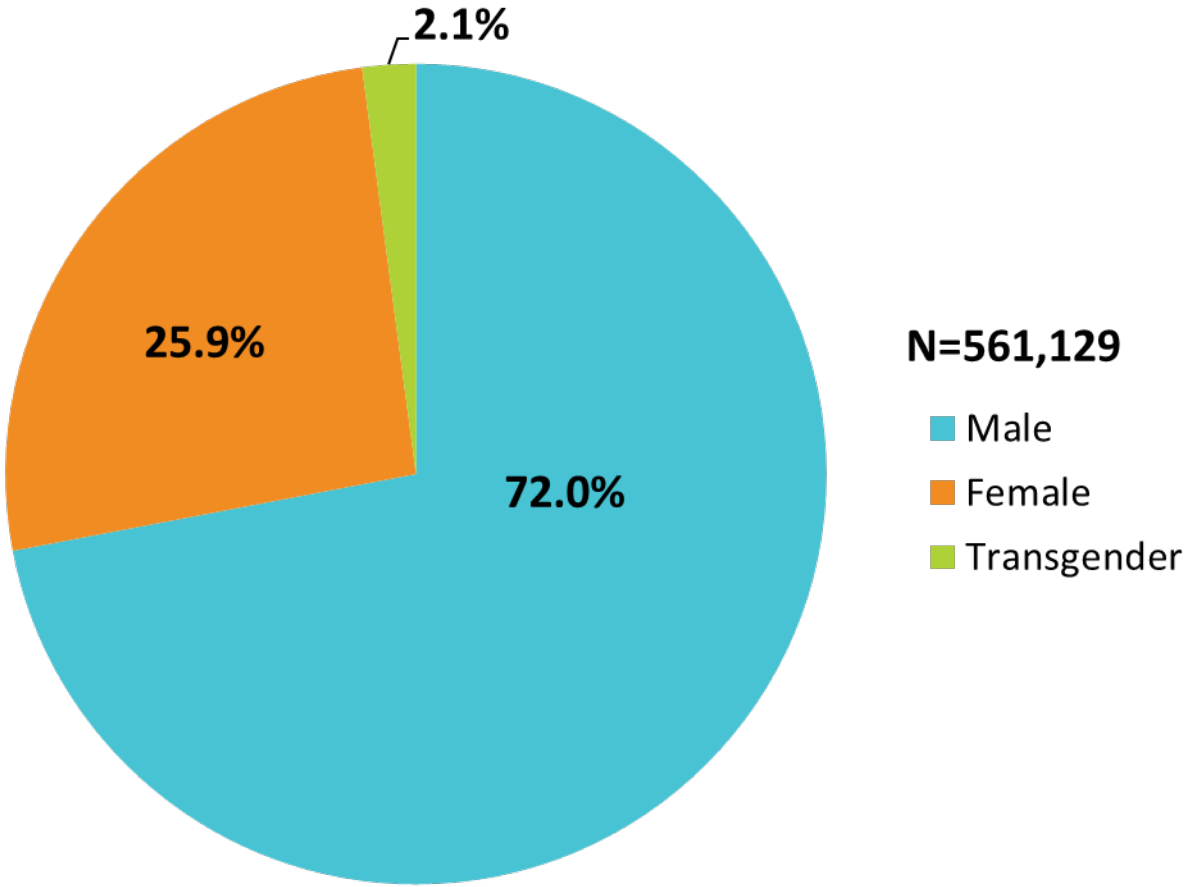
- Updated language in the RWHAP Part D NOFO FY22
- Considering supplemental RWHAP Part D FY23 funding for gender affirming care innovation.
- Gender affirming care presentations at the 2022 NRWC.
- Collaborating with other federal partners to integrate and consolidate gender-affirming care resources and leverage expertise across various agencies.



Transgender Clients served by the RWHAP



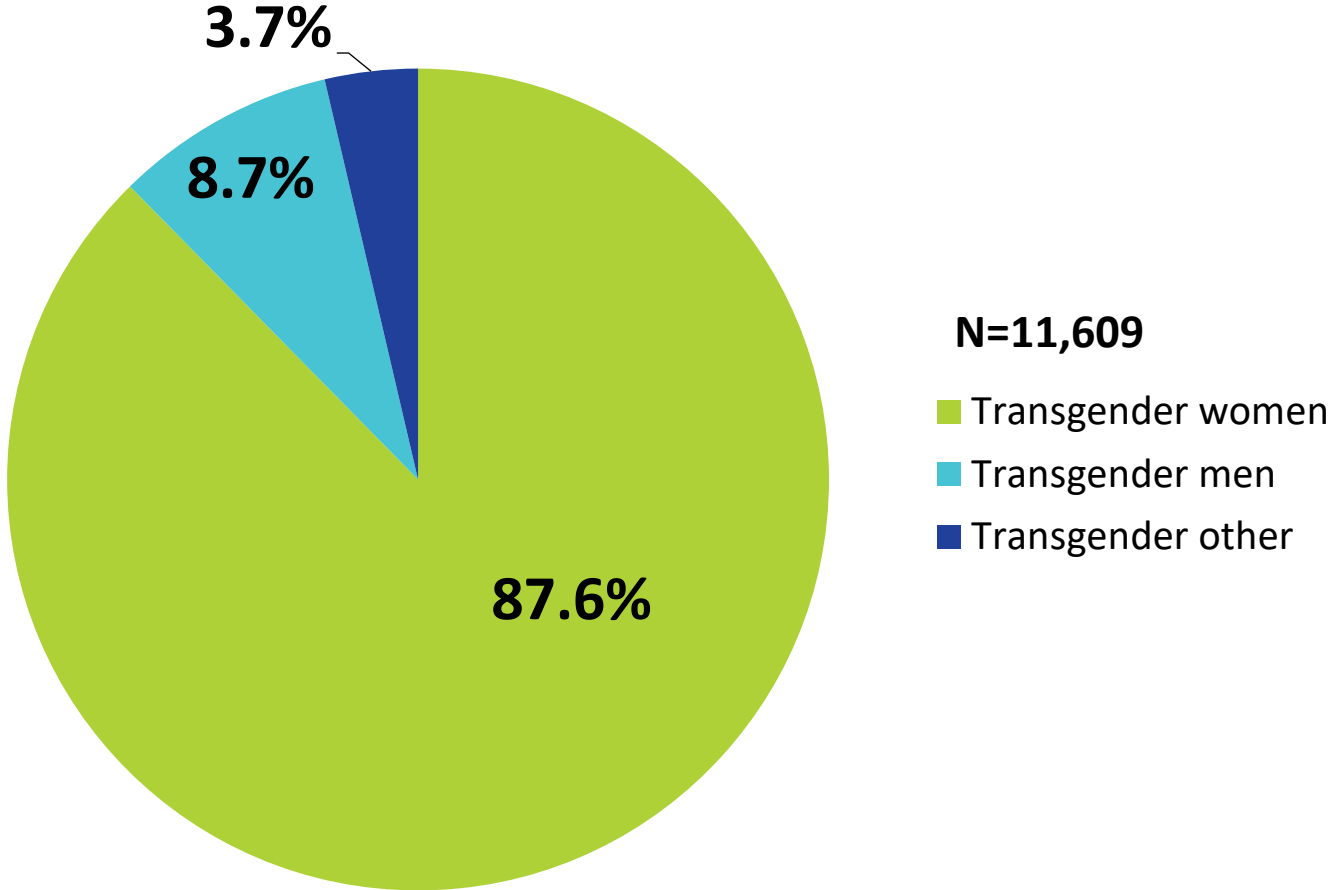
Clients Served by the Ryan White HIV/AIDS Program, by Gender, 2020—United States and 3 Territories^a



^a Guam, Puerto Rico, and the U.S. Virgin Islands.



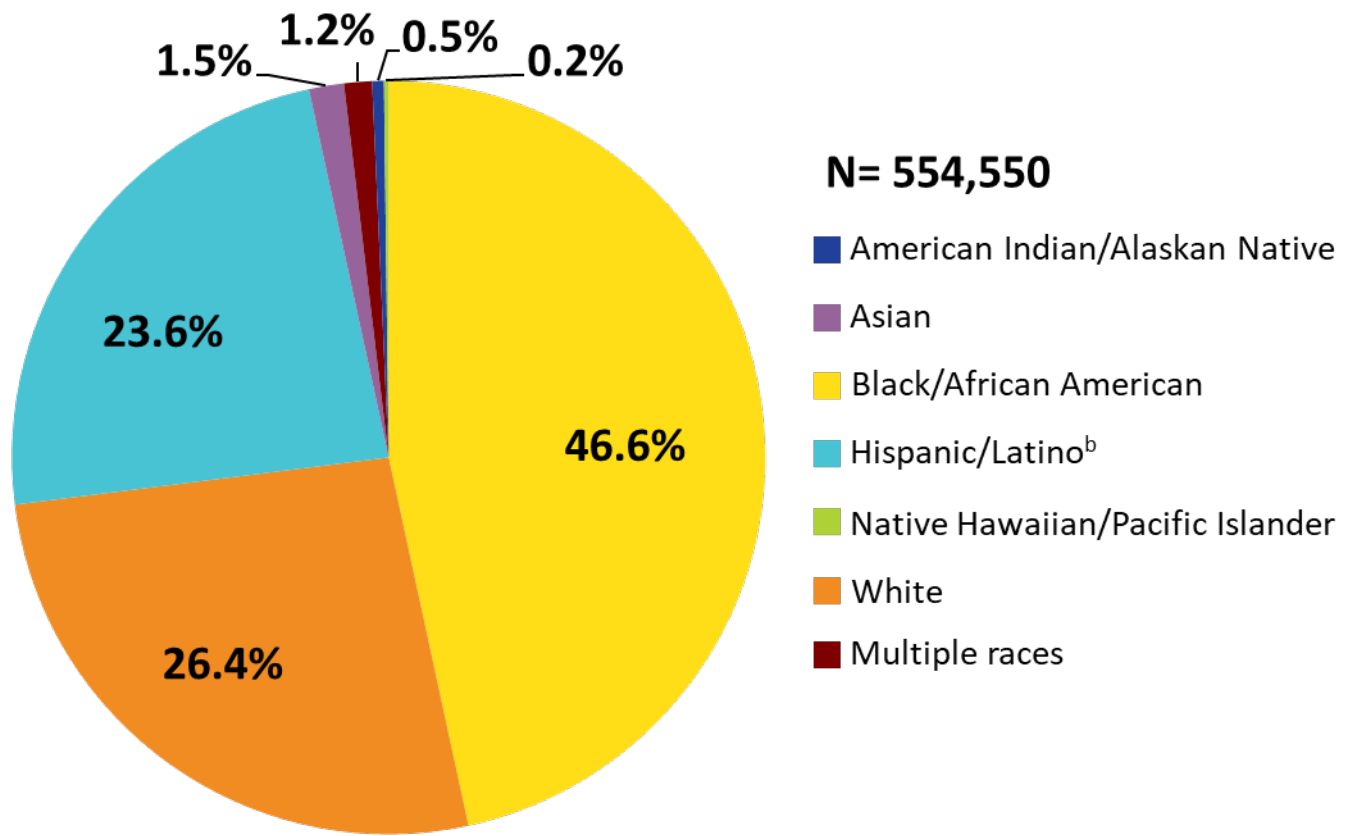
Transgender Clients Served by the Ryan White HIV/AIDS Program, by Gender Identity, 2020—United States and 3 Territories^a



^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Clients Served by the Ryan White HIV/AIDS Program, by Race/Ethnicity, 2020—United States and 3 Territories^a

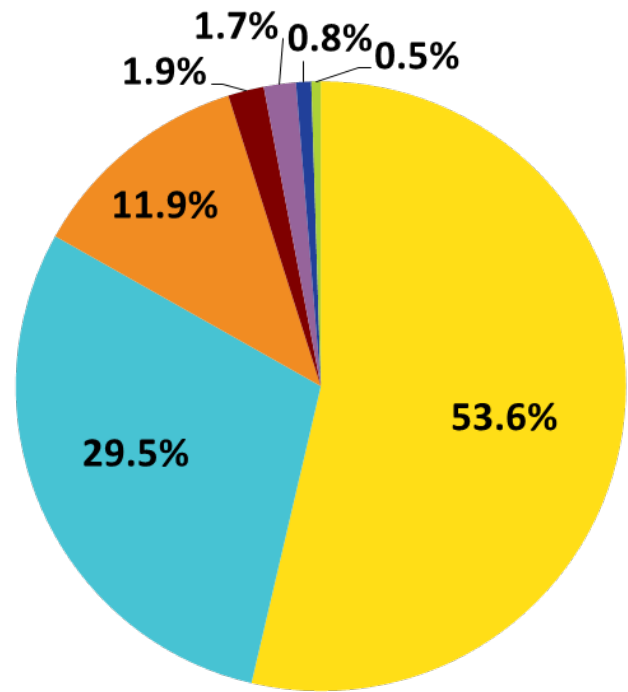


^a Guam, Puerto Rico, and the U.S. Virgin Islands.
^b Hispanics/Latinos can be of any race.

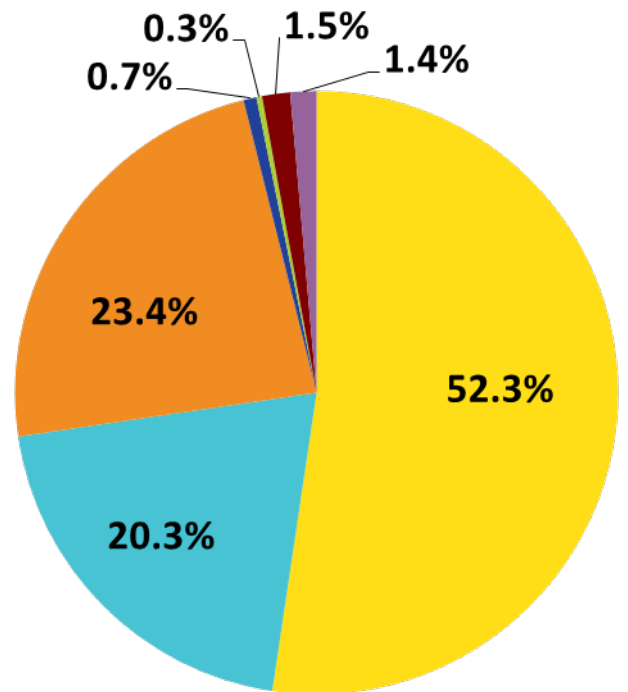


Transgender Clients Served by the Ryan White HIV/AIDS Program, by Gender Identity and Race/Ethnicity, 2020—United States and 3 Territories^a

Transgender women
N=10,073



Transgender men
N=994



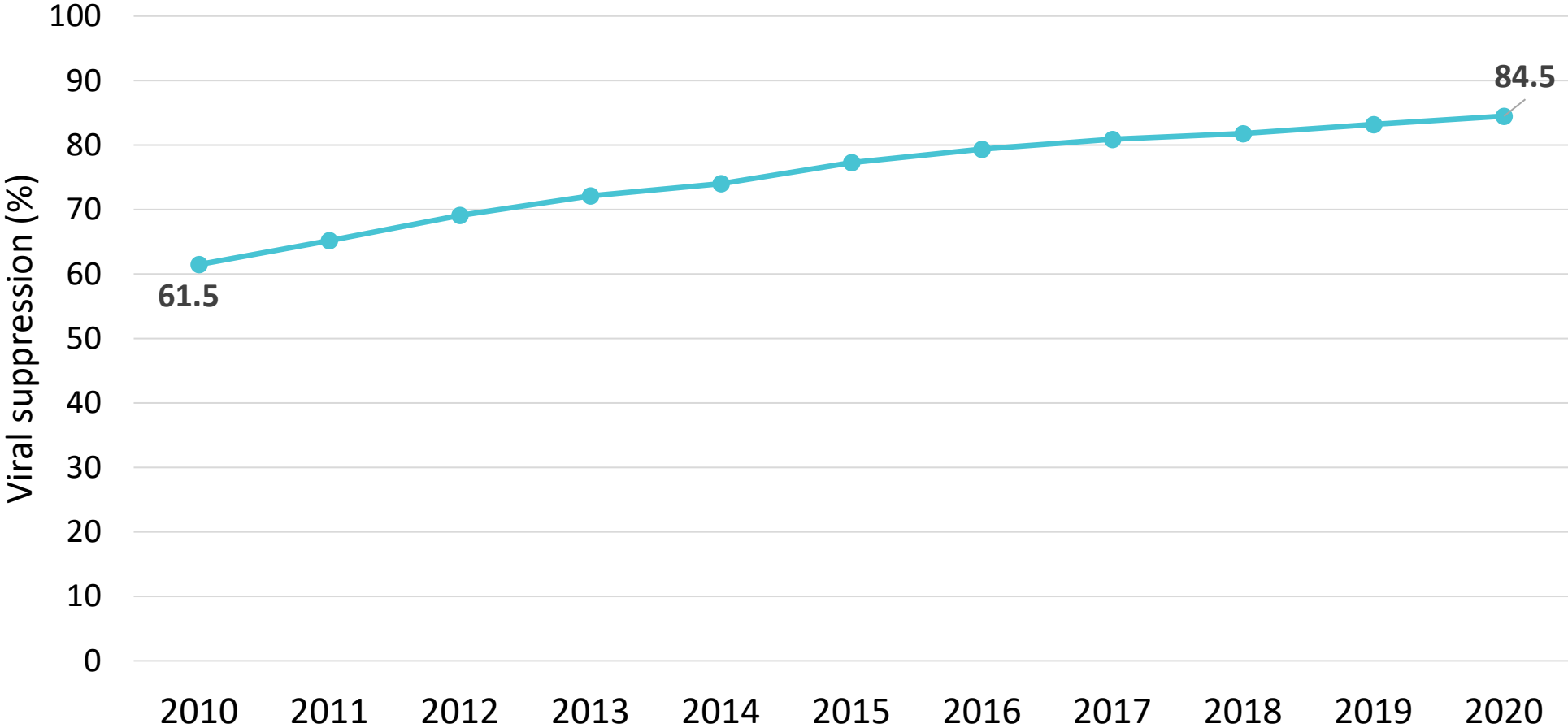
- American Indian/Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Multiple Races



Hispanics/Latinos can be of any race.
^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Viral Suppression among Transgender Clients Served by the Ryan White HIV/AIDS Program, 2010–2020—United States and 3 Territories^a

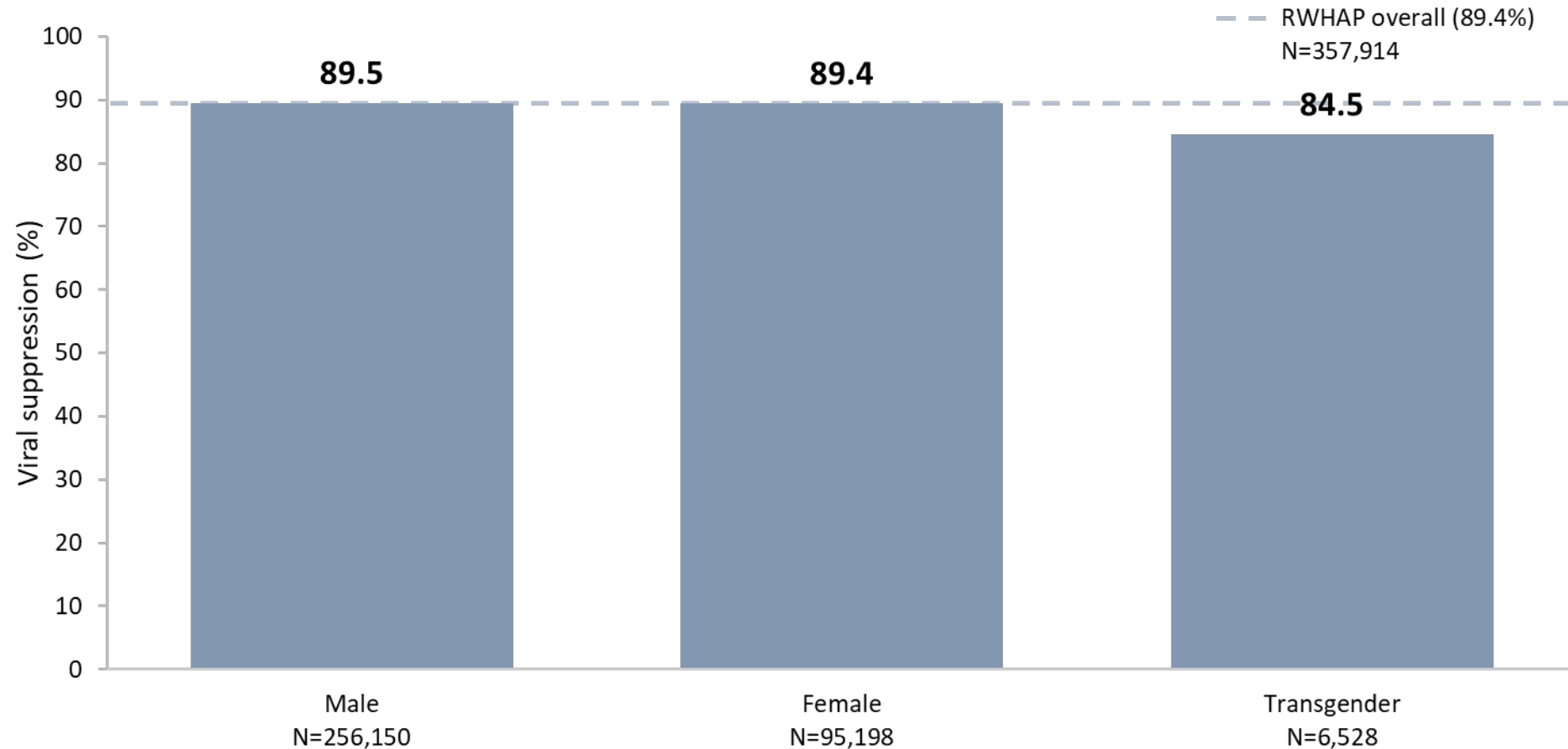


Viral suppression: ≥ 1 OAHS visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Gender, 2020—United States and 3 Territories^a



N represents the total number of clients in the specific population.
Viral suppression: ≥ 1 OAHs visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.
^a Guam, Puerto Rico, and the U.S. Virgin Islands.

Contact Information

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www.ryanwhite.hrsa.gov



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<https://public.govdelivery.com/accounts/USHHSRSA/signup/29907>

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www.HRSA.gov



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Care for Transgender and Gender Diverse Communities

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 - Director, Division of Public and Community Psychiatry, Massachusetts General Hospital
 - Associate Professor of Psychiatry, Harvard Medical School

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Alex Keuroghlian received royalties as editor of a McGraw Hill textbook on transgender and gender diverse health care.

Disclosure will be made when a product is discussed for an unapproved use.

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Education and Training in Gender-affirming Care

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex and asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- ECHO Programs
- Online Learning
 - Webinars and Learning Modules
 - CE, and HEI Credit
- Resources and Publications
- www.lgbtqiahealtheducation.org



**Creating a Transgender Health Program
at Your Health Center:**

From Planning to Implementation

SEPTEMBER 2018

Sexual Orientation and Gender Identity are Not the Same

- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity \neq Sexual Orientation



Sex Assigned at Birth

- Female
- Male
- Intersex

Gender Identity and Gender Expression

- Gender identity
 - A person's inner sense of being a girl/woman, boy/man, both, beyond, or having no gender
 - All people have a gender identity
- Gender expression
 - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
 - May be on a continuum

A complete glossary of terms is available at <https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>

Gender Identity Terminology

- Transgender: gender identity beyond societal expectations related to sex assigned at birth
- Binary terminology
 - Transgender woman, trans woman
 - Transgender man, trans man
- Non-binary
 - Genderqueer person, gender fluid person
- Trans masculine, Trans feminine
- Gender identity is increasingly described as being on a continuum



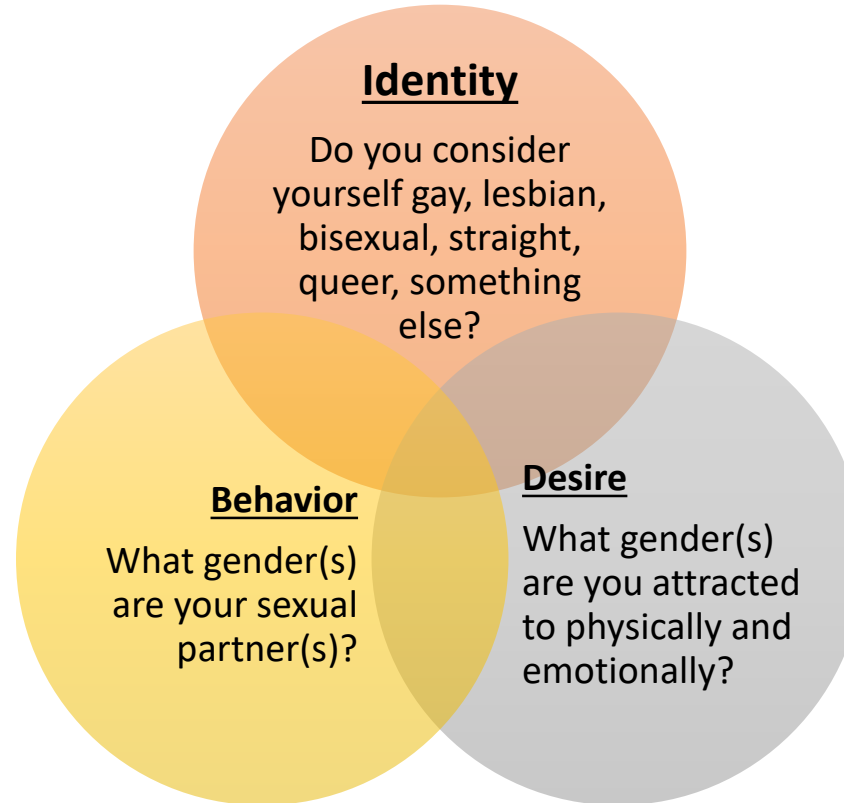
Understanding Gender Transition/Affirmation

- The process of changing from living and being perceived as the gender traditionally associated with the sex assigned at birth (e.g., F or M) to living and being perceived as the individual sees and understands themselves.
 - Social affirmation
 - Legal/document changes
 - Hormone therapy
 - Surgical affirmation

Sexual Orientation

- Sexual orientation: how a person experiences their physical, emotional and romantic attachments to others
- Desire
- Behavior
 - Risk of sexually transmitted infections is related to behavior, not identity
- Identity
 - e.g., gay, straight, lesbian, bisexual, queer, asexual, pansexual

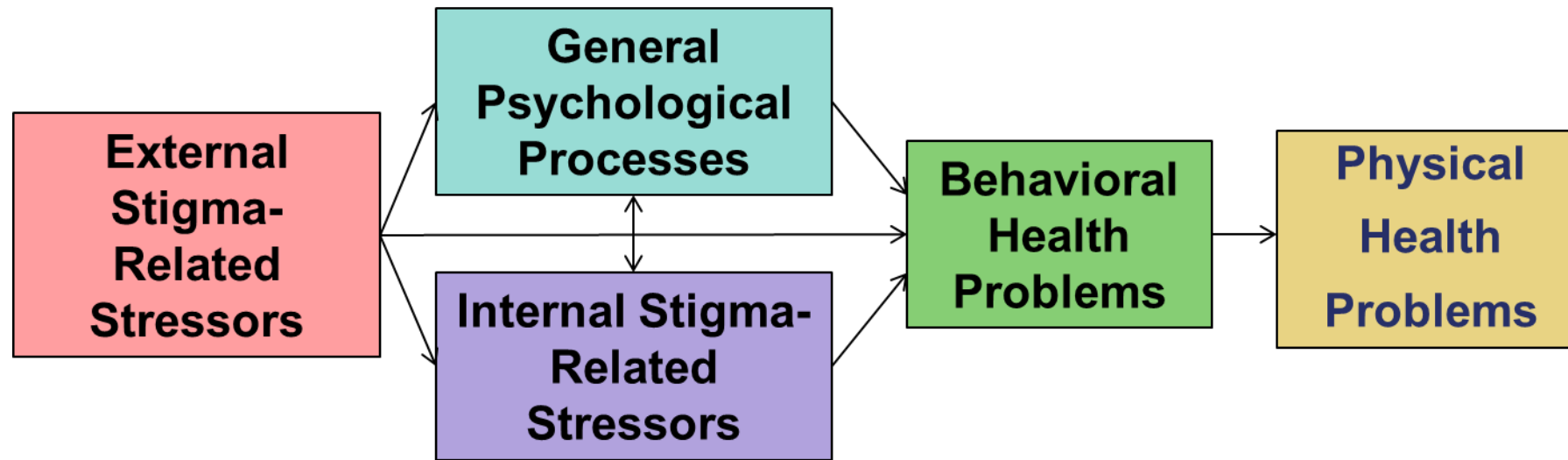
Dimensions of Sexual Orientation:



What Does 'Q' Stand For?

- 'Q' may reflect someone who is 'questioning' their gender identity or sexual orientation.
- 'Q' may stand for 'queer,' a way some people identify to state they are not straight or cisgender. It is now also a term of self-identification for many transgender and gender diverse people. The term queer is particularly commonly used by younger people, and also by people of all ages.

Gender Minority Stress Framework



Adapted from Hatzenbuehler (2009)

Gender Minority Stress Care Principles

- Normalize adverse impact of gender minority stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of transgender and gender diverse people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of gender

Adapted from Pachankis (2015)

Gender Minority Stress Care Principles



Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

September 2018

Psychosomatics 2020; ■:■-■ © 2020 Academy of Consultation-Liaison Psychiatry. Published by Elsevier Inc. All rights reserved.

Perspective

Strategies to Mitigate Clinician Implicit Bias Against Sexual and Gender Minority Patients

Michal J. McDowell, M.D., M.P.H., Hilary Goldhammer, S.M., Jennifer E. Potter, M.D.,
Alex S. Keuroghlian, M.D., M.P.H.

Background: *Implicit bias is an ingrained, unconscious cultural stereotype that can negatively affect a person's interactions with members of stigmatized groups, including sexual and gender minorities. Clinician implicit biases may negatively impact the quality of patient care.*
Methods: *This article uses 4 case scenarios to illustrate how implicit bias among psychiatrists and other clinicians can affect patient-clinician communication and diminish the quality of health care provided to sexual and*

gender minority people. We offer strategies for clinicians to recognize, challenge, and address implicit bias.

Discussion: *Through continuing education, self-reflection, and practice, psychiatrists and other clinicians can improve communication and foster more affirming care experiences for their sexual and gender minority patients, with the goal of addressing and ultimately eliminating sexual and gender minority health disparities.*

(*Psychosomatics* 2020; ■:■-■)

Key words: sexual minority, gender minority, implicit bias, unconscious bias, LGBT, communication.

Health Disparities: U.S. Transgender Survey

- 39% of respondents experienced **serious psychological distress** in the month prior (compared to 5% of the U.S. population)
- 40% had **lifetime suicide attempt** (compared to 4.6% of US population)
- In the preceding 12 months:
 - 48% had seriously thought about suicide
 - 24% made a plan to kill themselves
 - 7% had attempted suicide
- Of the 40% who attempted suicide at one point in their lives:
 - 34% had first attempt by age 13
 - 92% had first attempt by age 25

James *et al.* (2016)

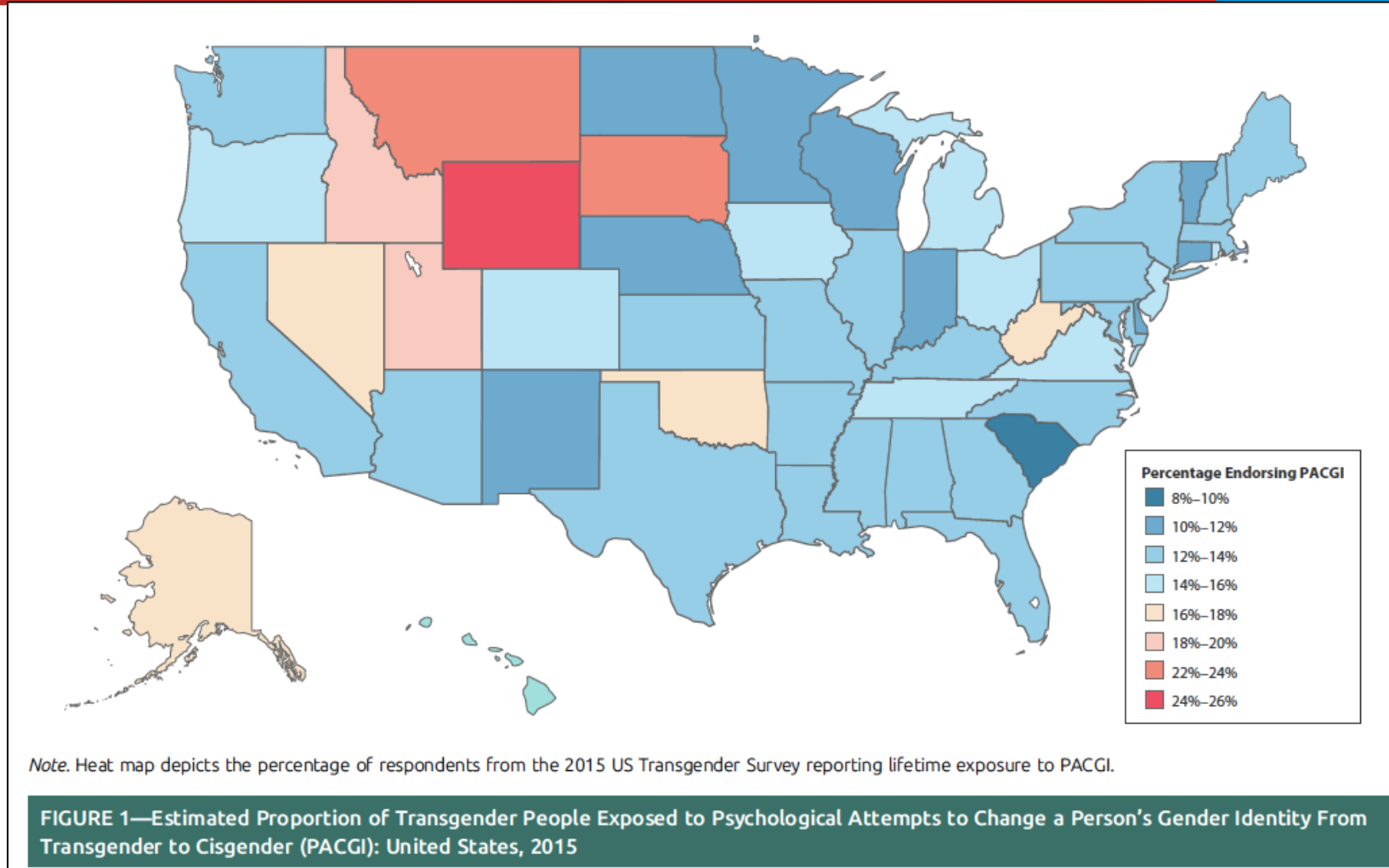
Prevalence of Status Quo Interventions

AJPH OPEN-THEMED RESEARCH

Psychological Attempts to Change a Person's Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States, 2015

Jack L. Turban, MD, MHS, Dana King, ALM, Sari L. Reisner, ScD, and Alex S. Keuroghlian, MD, MPH

Gender Identity Conversion Efforts Across the United States



Mental Health Effects of Gender Identity Conversion Efforts

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Research

JAMA Psychiatry | [Original Investigation](#)

Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults

Jack L. Turban, MD, MHS; Noor Beckwith, MD; Sari L. Reisner, ScD, MA; Alex S. Keuroghlian, MD, MPH

Conversion Efforts Associated with Increased Odds of Suicide Attempts

- Lifetime exposure associated with:
 - lifetime suicidal attempt (aOR 2.27; 95% CI 1.09 to 2.24; $P < .001$)
- Exposure before age 10 associated with:
 - lifetime suicide attempt (aOR 4.15; 95% CI, 2.44-7.69; $P < 0.001$)
- No difference in outcomes between conversion efforts by religious advisors versus secular-type professionals



Take Two: Asking Communities What Health Care They Want

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PLOS ONE

RESEARCH ARTICLE

Understanding community member and health care professional perspectives on gender-affirming care—A qualitative study

Stephanie Loo ^{1,2}, Anthony N. Almazan ³, Virginia Vedilago¹, Brooke Stott¹, Sari L. Reisner^{1,3,4,5}, Alex S. Keuroghlian^{1,3,6} †

PATH

Plan and Act for Transgender Health

Community-led Gender-affirming Priorities

- Psychosocial affirmation for children and adolescents
- Pubertal suppression
- Gender-affirming hormone therapy for adolescents and adults
- Gender-affirming surgery and hair removal
- Debunking ‘detransition’ and regret narratives
- Moving beyond psychiatric diagnosis requirements
- Guidelines for gender-affirming mental health care
- Harnessing gender identity data in electronic health records
- Blueprint for building a transgender health program

Social Gender Affirmation for Youth Associated with Good Adult Mental Health

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ELSEVIER

JOURNAL OF
ADOLESCENT
HEALTH

www.jahonline.org

Original article

Timing of Social Transition for Transgender and Gender Diverse Youth, K-12 Harassment, and Adult Mental Health Outcomes

Jack L. Turban, M.D., M.H.S.^{a,*}, Dana King, A.L.M.^b, Jason J. Li, B.A.^c, and Alex S. Keuroghlian, M.D., M.P.H.^{b,d}

^a Division of Child & Adolescent Psychiatry, Stanford University School of Medicine, Palo Alto, California

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Article history: Received February 11, 2021; Accepted June 1, 2021

Pubertal Suppression Associated with Decreased Lifetime Suicidal Ideation

PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation

Jack L. Turban, MD, MHS,^a Dana King, ALM,^b Jeremi M. Carswell, MD,^c Alex S. Keuroghlian, MD, MPH^{ab}



REUTERS JANUARY 23, 2020 / 4:12 PM / UPDATED 2 YEARS AGO

For some trans youth, suicide risk lowers with puberty suppression



health Life, But Better Fitness Food Sleep Mindfulness Relationships

LIVE TV Edition ▾

Puberty blockers can be 'life-saving' drugs for trans teens, study shows

Gender-affirming Hormones Associated with Better Adult Mental Health

PLOS ONE

RESEARCH ARTICLE

Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults

Jack L. Turban^{1*}, Dana King², Julia Kobe², Sari L. Reisner^{2,3,4,5}, Alex S. Keuroghlian^{2,6,7}



Early access to gender-affirming hormones linked to better mental health, study finds

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OUT HEALTH AND WELLNESS

Early access to gender-affirming hormones linked to better mental health, study finds

Trans people who had access to hormones during their early teens had less than half the odds of past-year suicidal thoughts than those who could not access them.

Gender-affirming Surgeries Associated with Decreased Odds of Suicide Attempts

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Research

JAMA Surgery | **Original Investigation**

Association Between Gender-Affirming Surgeries and Mental Health Outcomes

Anthony N. Almazan, BA; Alex S. Keuroghlian, MD, MPH

 **NEWS**

Gender-affirming surgery linked to better mental health, study finds

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OUT HEALTH AND WELLNESS

Gender-affirming surgery linked to better mental health, study finds

“We should be expanding gender-affirming care, not limiting it,” the report’s lead author said.

Gender-affirming Hair Removal Associated with Decreased Suicidal Ideation



Dermatology

Hair removal in gender-affirming care not covered by most Medicaid, ACA policies

Letters

RESEARCH LETTER

Association Between Gender-Affirming Hair Removal and Mental Health Outcomes

Michelle S. Lee, BA
Anthony N. Almazan, BA
Vinod E. Nambudiri, MD, MBA
Alex S. Keuroghlian, MD, MPH

JAMA
Dermatology

Understanding “Detransition” and Dynamic Gender Presentations

TRANSGENDER ▶

60 Minutes Story Focuses on Transition Regret, Gets Slammed



Understanding “Detransition” and Dynamic Gender Presentations

Factors Leading to “Detransition” Among Transgender and Gender Diverse People in the United States: A Mixed-Methods Analysis

Understanding Pediatric Patients Who Discontinue Gender-Affirming Hormonal Interventions

JAMA Pediatrics

Dynamic Gender Presentations: Understanding Transition and “De-Transition” Among Transgender Youth

Journal of the American Academy of
**CHILD & ADOLESCENT
PSYCHIATRY**

Moving Beyond Psychiatric Diagnosis Requirements

BJPsych

The British Journal of Psychiatry (2020)
Page 1 of 2. doi: 10.1192/bjp.2020.124

Editorial

Envisioning a future for transgender and gender-diverse people beyond the DSM

Jacob E. Perlson, Oakland C. Walters and Alex S. Keuroghlian

COMMENTARY ►

Why Must We Keep Diagnosing Trans People as Ill?



Thinking of a future where trans identity is not connected to pathology.

BY ALEX KEUROGHLIAN

Developing Guidelines for Gender-affirming Behavioral Health Care

JAMA Network Insights

Psychopharmacologic Considerations for Transgender and Gender Diverse People

Jack L. Turban, MD, MHS; Marija Kamceva, BS; Alex S. Keuroghlian, MD, MPH


Affirming Gender Identity of Patients With Serious Mental Illness

William B. Smith, M.D., Hilary Goldhammer, S.M., Alex S. Keuroghlian, M.D., M.P.H.

Transgender people who experience serious mental illness represent a uniquely vulnerable population. Because of limited research, however, recommendations for treating this population are scarce. In this article, the authors describe the challenge of recognizing gender dysphoria in people with serious mental illness. They then discuss why existing evidence and clinical experience support provision of gender-affirming

medical and surgical treatments for transgender people who have serious mental illness and also demonstrate capacity to make informed medical decisions. More research is needed to develop evidence-based treatments and programs for transgender people with serious mental illness.

Psychiatric Services 2018; 0:1–3; doi: 10.1176/appi.ps.201800232

 PERSPECTIVES

Distinguishing and Addressing Gender Minority Stress and Borderline Personality Symptoms

Hilary Goldhammer, SM, Cary Crall, MD, and Alex S. Keuroghlian, MD, MPH

Abstract: As transgender and gender-diverse people are gaining increased visibility in clinical settings, clinicians are requesting better guidance on providing affirming care to improve the mental health and well-being of these patients. In particular, more direction is needed on whether, when, and how to diagnose and treat borderline personality disorder among gender minorities, partially in response to beliefs among some mental health clinicians that a gender minority identity may be a manifestation of identity diffusion. In this Perspectives article, we argue that gender minority identity, even when fluid, is rarely a sign of identity diffusion. By taking a careful history of a patient's gender identity development, the clinician can clarify and gain more conviction regarding the presence of a patient's gender minority identity. Moreover, multiple stigma-related stressors experienced by gender minorities may produce symptoms and behaviors that can mimic or be consistent with certain diagnostic criteria for borderline personality disorder. We therefore conclude with recommendations for adopting a gender-affirming framework to treat borderline personality symptoms when present among gender minority patients, with implications for future research and practice.

Keywords: borderline personality disorder, gender dysphoria, gender identity, gender minority, transgender

Screening, Counseling, and Shared Decision Making for Alcohol Use with Transgender and Gender-Diverse Populations

Jacob Arellano-Anderson, BS¹ and Alex S. Keuroghlian, MD, MPH¹⁻³

Abstract

At-risk alcohol use occurs among transgender and gender-diverse (TGD) populations, yet current alcohol use screening tools and guidelines do not distinguish between sex- and gender-related characteristics, having been developed without accounting for natal sex-based physiology, effects of gender-affirming medical care, and gendered drinking behavior among TGD people. More research on how sex- and gender-related factors independently influence alcohol use can help validate gender-inclusive screening protocols and develop evidence-based guidelines meaningful for people of all genders. In the interim, clinicians must be mindful of gender diversity and engage in transparent, collaborative discussions when screening for and counseling about alcohol use.

Keywords: alcohol, counseling, gender identity, nonbinary, screening, transgender

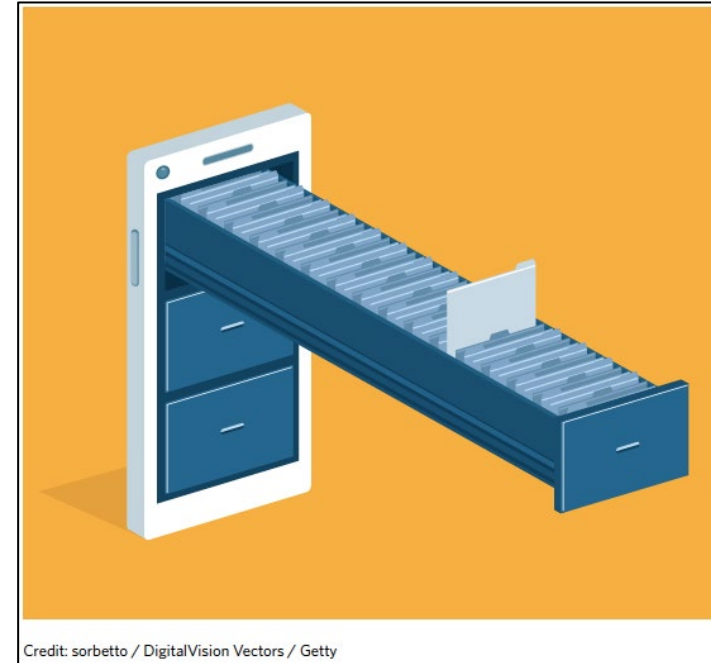
Harnessing Patient Gender Identity Data in Electronic Health Records

Planning and implementing sexual orientation and gender identity data collection in electronic health records

Chris Grasso,^{1,*} Michal J McDowell,^{2,4,*} Hilary Goldhammer,³ and Alex S Keuroghlian^{2,3,4}

Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems

Chris Grasso,¹ Hilary Goldhammer,² Julie Thompson,³ and Alex S. Keuroghlian^{4,5}



Credit: sorbetto / DigitalVision Vectors / Getty

Electronic health records as an equity tool for LGBTQIA+ people

Collection of data on sexual orientation, gender identity and intersex status will help to reduce health disparities that affect people from sexual and gender minority communities.

Alex S. Keuroghlian

NATURE MEDICINE | www.nature.com/naturemedicine

A Blueprint for Building a Transgender Health Program

A Blueprint for Planning and Implementing a Transgender Health Program

Anna M. Morenz, MD¹

Hilary Goldhammer, SM³

Cei A. Lambert, MFA⁴

Ruben Hopwood, MDiv, PhD^{4,5}

Alex S. Keuroghlian, MD, MPH^{2,3,6}

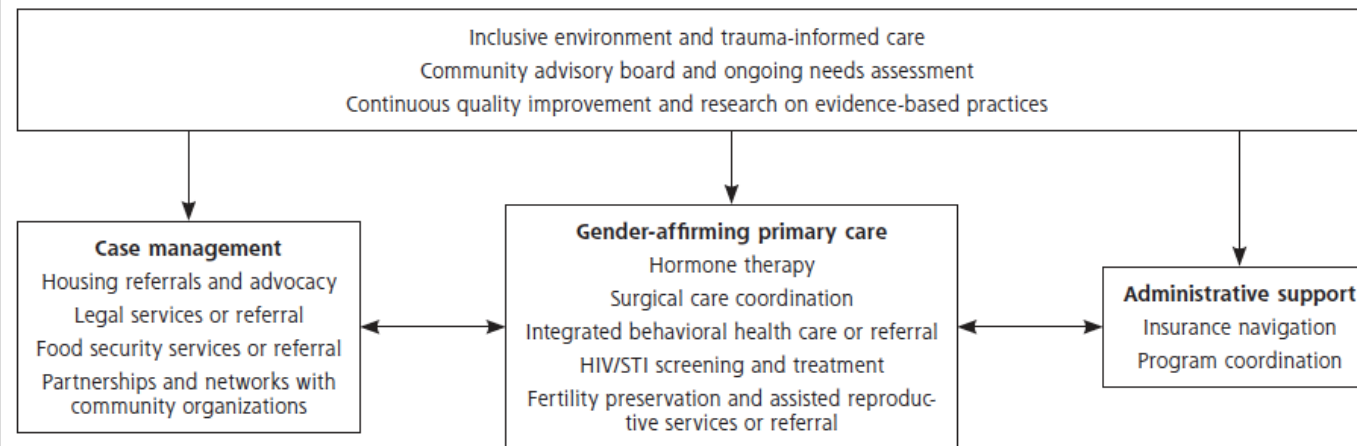
¹Department of Medicine, University of Washington, Seattle, Washington

²Harvard Medical School, Boston, Massachusetts

ABSTRACT

Transgender and gender-diverse people face multiple barriers to accessing appropriate health care, including denial of service, harassment, and lack of clinician knowledge. This article presents a blueprint for planning and implementing a transgender health program within a primary care practice in order to enhance the capacity of the health care system to meet the medical and mental health needs of this underserved population. The steps described, with emphasis on elements specific to transgender care, include conducting a community needs assessment, gaining commitment from leadership and staff, choosing a service model and treatment protocols, defining staff roles, and creating a welcoming environment.

Figure 1. Suggested components of a comprehensive transgender health program.



STI = sexually transmitted infection.

Role of Providers in Gender Affirmation Process

- Fostering gender identity exploration, discovery and affirmation
- Presenting appropriate medical and non-medical strategies for gender affirmation
- Assistance in making fully informed decisions regarding personalized gender affirmation process:
 - relevant options
 - risks/benefits
 - evaluate capacity for medical decision making/informed consent
 - arranging suitable referrals to care

Pronouns

People may have a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).



Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. The doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

Collecting Data on Gender Identity

- What name do you go by?
- What name is on your insurance records?
- What are your pronouns (e.g., she/her, he/him, they/them)?
- What is your current gender identity?
- What sex were you assigned at birth?



Anticipating and Managing Expectations

- Transgender and gender diverse people have a history of experiencing stigma and discrimination in diverse settings
- Don't be surprised if a mistake results in a patient becoming upset
- Don't personalize the reaction
- Apologizing when patients become upset, even if what was said was well-intentioned, can help defuse a difficult situation and re-establish a constructive dialogue

Avoiding Assumptions

- You cannot assume someone's gender identity based on how they look or sound.
- To avoid assuming gender identity:
 - *Instead of:* "How may I help you, Ma'am/Sir?"
 - *Say:* "How may I help you?"
 - *Instead of:* "He/She is here for his/her appointment."
 - *Say:* "The patient is here in the waiting room."

Keeping Up with Terminology

- Obvious “don’ts” include
 - Use of any disrespectful language
 - Gossiping about a person’s appearance or behavior
 - Saying things about someone not necessary for their care:
 - “You look great, you look like a real woman/real man!”

Avoid these Outdated Terms (in English)	Consider these Terms Instead
Homosexual	Gay, lesbian, bisexual, or LGBTQIA+
Transvestite; Transgendered	Transgender
Sexual preference; Lifestyle choice	Sexual orientation
Sex Change	Gender-affirming care

Inclusive Registration and Medical History Forms

Avoid these terms...	Replace with...
Mother/Father	Parent/Guardian
Husband/Wife	Spouse/Partner(s)
Marital Status	Relationship Status
Family History	Blood Relatives
Nursing Mother	Currently Nursing
Female Only/Male Only	Allow patients to choose <i>not applicable</i> .



Focus on Forms and Policy:

**Creating an Inclusive Environment
for LGBT Patients**

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Gender-inclusive Diagrams

- Images that have a specific gender may limit identification of certain medical issues
- Use gender-inclusive images to document areas of concern

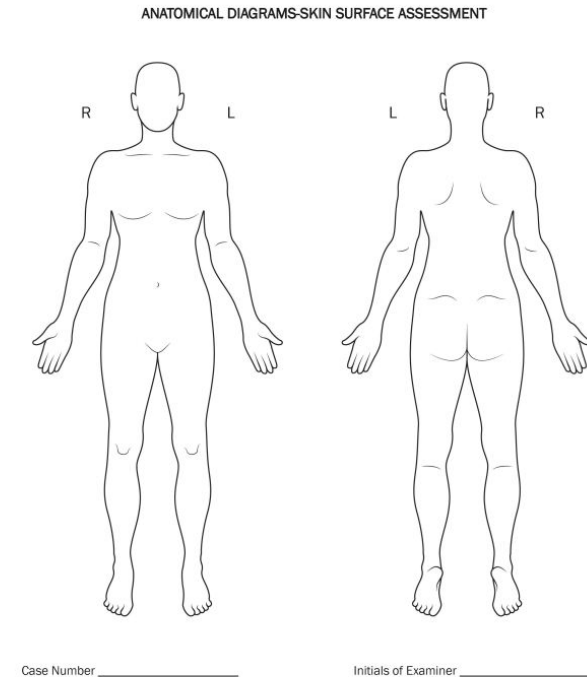


Image by: Katja Tezlaff
(<https://ktetzlaff.com/tag/transgender/#jp-carousel-456>)



A SPECIAL PROJECT OF NATIONAL SIGNIFICANCE

Evidence-informed Interventions for transgender women with HIV

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Topical Review

PUBLIC
HEALTH
REPORTS

HIV Care Continuum Interventions for Transgender Women: A Topical Review

Hilary Goldhammer, SM¹ ; Linda G. Marc, ScD^{1,2};
Demetrios Psihopaidas, PhD, MA³; Nicole S. Chavis, MPH³ ;
Massah Massaquoi, MPH¹; Sean Cahill, PhD^{1,4,5};
Greg Rebchook, PhD⁶; Sari Reisner, ScD^{1,2,7,8};
Kenneth A. Mayer, MD^{1,2,8,9}; Stacy M. Cohen, MPH³;
and Alex S. Keuroghlian, MD, MPH^{1,8,10}

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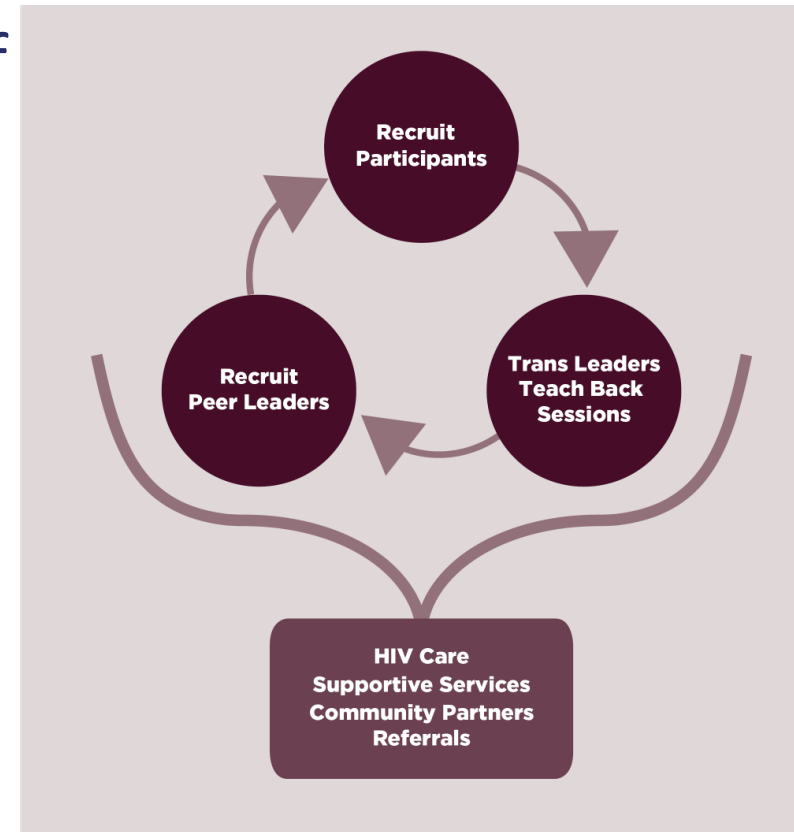
- Culturally affirming programs that serve as gateway to HIV care and combined gender-affirming care and social services with HIV care
- Interventions to improve behavioral health outcomes
- Peer-led counseling, education and navigation
- Technology-based interventions to increase access to care management and online social support



Transgender Women Engagement and Entry to Care Project (T.W.E.E.T.)

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- Link and engage women of transgender experience into HIV care
- Popular Opinion Leaders
- 5 Trans Leaders (TL)-Teach Back Sessions
- Peers engage community partners for supportive services



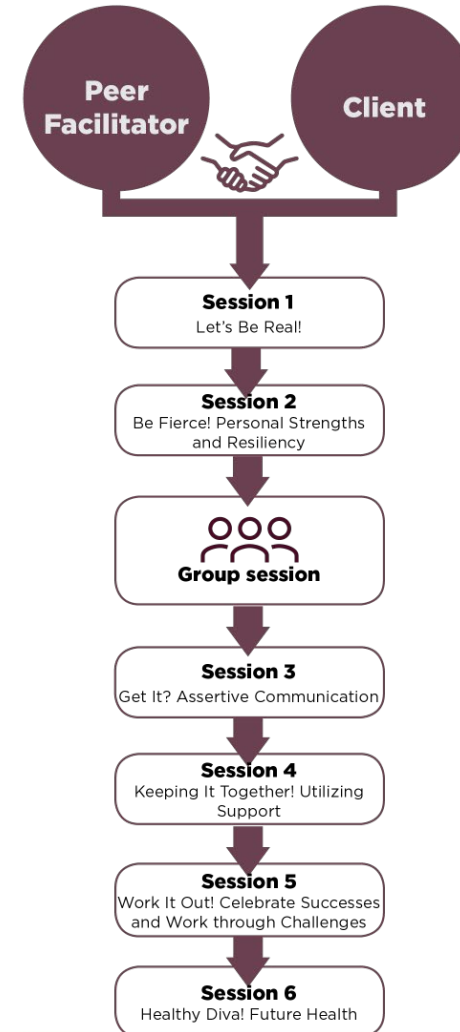


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Healthy Divas

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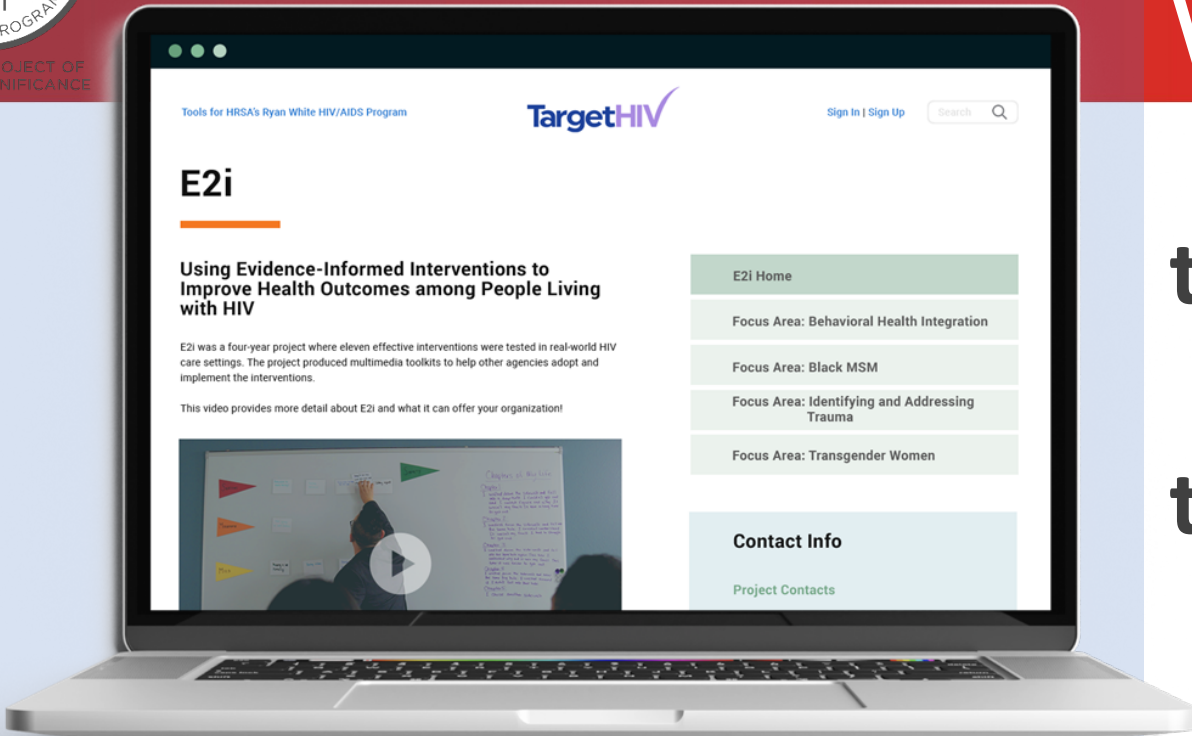
- Gender affirmation framework
- Peer facilitation
- 6 individual sessions
- 1 group workshop
 - Peer facilitators
 - Health care providers
- Supportive services & referrals





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Where?



targethiv.org/e2i

targethiv.org/bestpractices

- All about the E2i initiative
- Video trailers for focus areas and interventions
- The 11 E2i Toolkits
- Links to peer-reviewed publications

E2i's commitment and easy-to-use toolkits are designed to support clinical practices, community-based organizations, and other direct service providers across The Ryan White HIV/AIDS Program in adapting evidence-informed interventions for their local communities.

E2i's eleven interventions fall into four focus areas:

- Transgender women with HIV
- Black men who have sex with men (MSM) with HIV
- Integrating behavioral health with primary medical care for people with HIV
- Identifying and addressing trauma for people with HIV

About E2i

- + Overview
- + Funding Source
- + Funded Organizations
- + Intervention Strategy Selection Process

How To Claim CE Credit

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Providing Gender Affirming Care: El Rio Health – FQHC, Tucson, AZ

Paul Sacamano, PhD, MPH, NP-C, AAHIVS

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El Rio Health, Special Immunology Associates

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Drs. Paul Sacamano and Jamie Weinand have no relevant financial interests to disclose.

Disclosure will be made when a product is discussed for an unapproved use.

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There was no commercial support for this activity.

Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe potential intersectionality within gender affirming care for diverse communities of people living with HIV
2. Identify the impact of providing gender affirming care on primary care and HIV management.
3. Explain mental health benefits of gender affirming care for transgender individuals.

- Demographics overview:
 - Total patients within healthcare system: 125,449
 - Total patients within El Rio Ryan White clinic: 1,582
 - Racial and ethnic: White 52%; Hispanic 33%; Black 10%; Native American 3%
 - Note: Data on citizenship status not collected.
 - Gender identity: Male 1,296, Female 205, Transgender 19
 - Substance use disorders: 48%



Intersectionality

Regional considerations with patients living on both sides of the Mexican-American border

- Collaborations: El Rio x Mexican Consulate and El Rio x Mexican Secretariat of Health (CAPASITS)
- Barriers: Immigration status, language, cultural and religious beliefs
- Crossing border to access medications and care, bidirectional
- Opportunities: Navigation to medical home and other services

Intersectionality

Local indigenous communities

- Native American culture x western culture and religion
- Urban vs tribal residents
- Case 1: Tohono O’Odham Nation: gender non-conforming presentation and roles, “addition” of other
- Case 2: Pascua Yaqui: Tribal nurse navigator, patient rights
- Case 3: Variability of cultural beliefs across tribes



Gender affirming care as primary care

- Gender affirming care:
 - Primary care
 - Case 1: Gender affirming care is part of primary care.^{1,2} Smoking cessation, estradiol, identifying with gender-affirmed body
 - Improves care related to HIV:
 - Case 2: Gender affirming hormone therapy may improve HIV viral suppression.³ Taking antiretrovirals for HIV management and estradiol
 - Life-saving care
 - Case 3: Transgender suicide attempt rate has been cited at 41%, with notable improvements in psychological functioning, depression with gender-affirming hormone therapy.^{4,5} New diagnosis of HIV and restarting of gender affirming hormone therapy.

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