

Engaging Trans/GNC Communities

Louisiana Health Department

Valerie Spencer, MSW

National Engagement Consultant
Holistic Life Coach
Integrative Behavioral Health Therapist



WELCOME!!



Symbols indicate the importance of integration. The actions of ONE effects the WHOLE.

The Intention

- ▶ Provide brief introduction regarding Transgender/GNC Persons in Louisiana
- ▶ Highlight the importance of statewide efforts to provide culturally/linguistically appropriate care strategies that is client-centered.
- ▶ Focus on Social Determinants of Overall health and HIV risk (pre/post exposure)
- ▶ Provide practical and/or organizationally expanding tools for service delivery
- ▶ Engage in interactive discussion with service providers regarding challenges and possible solutions

Overview

- Ground rules
- Why are we here?
- Terminology overview
- Social determinants of health/risk for trans persons of color
- Effective strategies for engagement
- “Belief/bias suspension”
- Usage of Social Work code of ethics



KEEP
CALM
HERE'S
THE
AGENDA



GROUND RULES

10 Ground Rules for Meetings

1 Show up on time and come prepared

Be prompt in arriving to the meeting and in returning from breaks.
Be prepared to contribute to achieving the meeting goals.
Come to the meeting with a positive attitude.



2 Stay mentally and physically present

Be present, and don't attend to non-meeting business.
Listen attentively to others and don't interrupt or have side conversations.
Treat all meeting participants with the same respect you would want from them.

3 Contribute to meeting goals

Participate 100% by sharing ideas, asking questions, and contributing to discussions.
Share your unique perspectives and experience, and speak honestly.
If you state a problem or disagree with a proposal, try to offer a solution.

4 Let everyone participate

Share time so that all can participate.
Be patient when listening to others speak and do not interrupt them.
Respect each other's thinking and value everyone's contributions.



5 Listen with an open mind

Value the learning from different inputs, and listen to get smarter.
Stay open to new ways of doing things, and listen for the future to emerge.
You can respect another person's point of view without agreeing with them.

6 Think before speaking

Seek first to understand, then to be understood.
Avoid using idioms, three letter acronyms, and phrases that can be misunderstood.
It's OK to disagree, respectfully and openly, and without being disagreeable.



7 Stay on point and on time

Respect the group's time and keep comments brief and to the point.
When a topic has been discussed fully, do not bring it back up.
Do not waste everyone's time by repeating what others have said.

8 Attack the problem, not the person

Respectfully challenge the idea, not the person.
Blame or judgment will get you further from a solution, not closer.
Honest and constructive discussions are necessary to get the best results.

9 Close decisions and Identify action items

Make sure decisions are supported by the group, otherwise they won't be acted on.
Note pending issues and schedule follow up meetings as needed.
Identify actions based on decisions made, and follow up actions assigned to you.



10 Record outcomes and follow up

Record issues discussed, decisions made, and tasks assigned.
Share meeting reports with meeting participants.
Share meeting outcomes with other stakeholders that should be kept in the loop.

Why are we here? Social Determinants of health/risk

Income and Employment Status

7% of respondents in Louisiana were unemployed.
33% were living in poverty.

Housing and Homelessness

32% experience housing discrimination: eviction, denied housing.
32% experienced homelessness.
14% homeless in the past year because of being transgender.

Health

29% who saw a care provider reported having negative experiences related to being transgender -
refused treatment, verbally harassed, assaulted,
having to teach provider about transgender people to get appropriate care.
27% of respondents not seen doctor because of fear of being mistreated.

HIV Considerations

Transgender Women

HIV prevalence among transgender women in the United States is 27.7% among all transgender women
56.3% among black transgender women.

Data also suggests high rates of HIV among transgender women globally.

Transgender Men

The few studies of HIV prevalence and incidence in transgender men suggest that although some transgender men engage in risky behaviors, they have a lower prevalence of HIV than transgender women.

Providers should consider the anatomic diversity among transgender men, because many still have a vagina and cervix and are at risk for bacterial STDs, cervical HPV, and cervical cancer.

Louisiana

- ▶ 2015 - 196 trans women living with HIV aware of their diagnosis identified as transgender to medical providers.
- ▶ Over 80% of trans persons living with HIV are black
 - ▶ 11% white
 - ▶ 6% Latinx.
- ▶ 55% of trans persons living with HIV in New Orleans region
 - ▶ additional 22% living in Baton Rouge.
- ▶ From 2014 to 2015, there were 25 new HIV diagnoses among trans women.
- ▶ 24 of the 25 new diagnoses were black one transwoman was Latinx.
- ▶ 56% of the new HIV diagnoses were among trans women between the ages 18-24 years old
 - ▶ an additional 36% were 25-29 years old.
- ▶ 44% of the new HIV diagnoses among trans women were in New Orleans and 36% were in Baton Rouge.

Transgender Woman Shot Dead in Motel Is 7th Killed in U.S. This Year



The death of Amia Tyrae, 28, in Baton Rouge has been ruled a homicide. Three transgender women were killed in an eight-day period last year in Louisiana

Terminology and definitions

- **Transgender:** Gender identity differs from the sex assigned at birth.
May be abbreviated to **trans**.
- **Trans man:** male gender identity female birth assigned sex.
- **Trans woman:** female gender identity male birth assigned sex.
- A **non-transgender** person may be referred to as **cisgender** (cis=same side in Latin).

Trauma-Informed Approach

Acute trauma

- ▶ Acute trauma - a single traumatic event that causes extreme emotional or physical distress.

Without treatment can evolve into PTSD, anxiety, depression, etc.

Experiencing multiple traumatic events can compound the effects. Examples: physical or sexual assault, police harassment.

Chronic/complex trauma

- ▶ Complex trauma - result of an ongoing traumatic event, such as abuse or neglect over time, multiple experiences or chronic traumatic experiences such as mistreatment/discrimination affecting a person's sense of self in the world.

Examples: Repeated exposure to discrimination, misgendering or harassment; domestic violence; childhood sexual abuse.

Risk Factors for Traumatic Response

Reactions and responses to abuse can vary according to many factors...

- ▶ Severity, duration, frequency of abuse
 - ▶ How recent or distant in time the abuse happened
 - ▶ Whether or not the survivor was believed
 - ▶ How much support and validation or blame and rejection were received
 - ▶ Intellectual or developmental capacity to understand the abuse
 - ▶ Cultural norms/rituals/values towards abuse



Trauma-specific Intervention

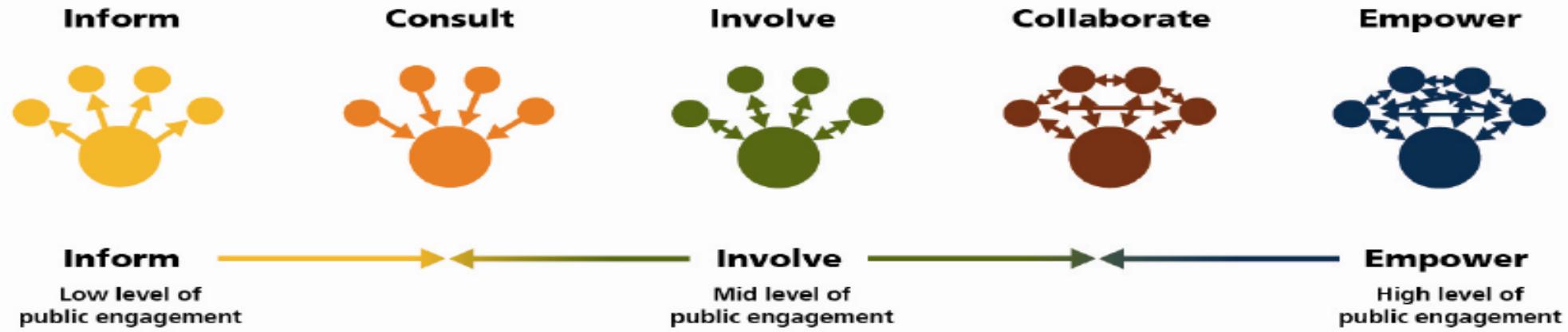
Trauma-informed programing recognizes...

- ▶ The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery;
- ▶ The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety;
- ▶ The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers.

Effective strategies for engagement way to engage Trans persons of color

- ▶ Gender pronoun sensitivity
- ▶ Personal curiosity vs. Professional inquiry
- ▶ Development of incentivized community advisory boards
- ▶ Increase levels of professional integrity when engaging trans/GNC population/individuals.
- ▶ Organizational and programmatic pathways to literacy and higher learning
- ▶ “Belief/bias suspension”





Engage Trans/GNC individuals for employment including, line staff, team management, and senior management positions.

APAIT OC
Initial Intake Form



* TRANS/GNC PERSONS ARE ENCOURAGED TO USE CHOSEN NAMES ON THIS DOCUMENT AND WITH SERVICE STAFF.

Client ID Number _____ Date _____ Staff Initials _____
Last name: _____ First name: _____ Middle initial: _____

By what name may should call you in office? Birth name (bottom of form) Chosen name (top of form)

Phone number: _____ Ok to leave message from APAIT? Yes No

Address: _____ Ok to receive mail from APAIT? Yes No

Email: _____ Ok to receive e-mail from APAIT? Yes No

Ethnicity: _____ Country of origin: _____ DOB: _____ Age: _____ Preferred Language: _____

Gender: Male Female Transwoman Transman GNC Other: _____ Pronouns: _____

Sexual Orientation: Gay Bisexual Heter. Lesbian Other: _____

Are you currently receiving therapy? Yes No Where/Program Name: _____

I will now ask you about your difficult life experiences. We ask these questions with everyone so we can learn how to best assist you. Please keep in mind that all your answers are confidential and you may refuse to answer any of these questions at any time. In crisis?

Yes No

Are you currently experiencing any mental health symptoms? _____

Substance use information.

1. Have you ever used alcohol or an illicit drug within the last two years? Yes No

Last Use: _____ Alcohol/Drug of Choice: _____

If yes, can you describe how much and how often? _____

2. Have you had concerns about your drug/alcohol use? Yes No

3. Have a partner and/or a family member expressed concern about your drugs/alcohol use? Yes No

4. Are you currently taking prescription medication? Yes No

5. Have you taken more than is prescribed to you? Yes No

Have you ever been tested for HIV? Yes No Do you know your status? Yes No

Are you interested in being tested for Hepatitis C? Yes No

If No to either Hep C or HIV testing, provide reason why:

I get tested though my primary care physician Not interested

Other: _____

In case of emergency, please notify: Name: _____ Relation: _____

Address: _____ Phone number: _____ Contact for follow up? Yes No

How did you hear about us? _____

Name at birth (current legal name): _____

Gender assigned at birth: Male Female Intersex Other

Current sex status: Male Female Intersex other

Trans/GNC clients are encouraged to use chosen names.

Up-to-date trans-specific gender terminology including appropriate pronouns

Space provided for birth/current legal name and sex assigned at birth

Usage of Social Work code of ethics

Self-Determination

Informed Consent

Competence

Cultural Awareness and Social Diversity

Conflicts of Interest

Derogatory Language

Sexual Harassment

Privacy and Confidentiality



In Conclusion

Evidence-based, multi-level interventions that address the structural, biomedical, and behavioral risks for HIV among transgender populations, including transgender men, are needed to address disparities in HIV prevalence. Future research should address not only PrEP uptake and condom use, but also structural barriers that limit access to these prevention strategies.

Thank you

Valerie Spencer, MSW

*Associate Clinical Social Worker
Holistic Behavioral Health Therapist
Community Engagement Consultant*

VSpencerMSW@Gmail.com

