

WELLNESS FOR OUR COMMUNITIES

Cross-site report of key findings from a 2018 needs assessment of transgender and gender nonconforming people living with HIV across three communities: Detroit, Michigan; New Orleans, Louisiana; and South Florida (Miami and Fort Lauderdale areas).





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TABLE OF CONTENTS

About	1
Introduction and Background	3
Respondent Demographics	5
Key Findings	8
Discrimination and Legal Rights	8
Health Care	11
Interpersonal Violence and Family Rejection	13
TGNC Voices	16
Recommendations	21
Additional Reports	23
Acknowledgments	25





ABOUT TRANSGENDER LAW CENTER

Founded in 2002, Transgender Law Center has grown into the largest trans-specific, trans-led organization in the United States, changing law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression. As a multidisciplinary national organization, Transgender Law Center advances the movement for transgender and gender nonconforming people using an integrated set of approaches, including strategic litigation, policy advocacy, educational efforts, movement-building, and the creation of programs that meet the needs of transgender and gender nonconforming people and communities.

www.transgenderlawcenter.org

ABOUT POSITIVELY TRANS

Positively Trans (T+), developed and directed by Transgender Law Center Senior Strategist Cecilia Chung, is a constituent-led project grounded on the principle that we are all capable of forming our own network, telling our own stories, and developing our own advocacy strategies in response to inequities, stigma, and discrimination over punitive laws and lack of legal protections in our local communities.

With the support of the Elton John AIDS Foundation, Transgender Law Center launched T+ as a response to the structural inequalities that drive the high rate of HIV/AIDS and poor health outcomes. By partnering with a National Advisory Board of community leaders, T+ seeks to mobilize and promote resilience of trans people most impacted by or living with HIV/AIDS, particularly trans women of color, through research, policy advocacy, legal advocacy, and leadership-strengthening.

INTRODUCTION AND BACKGROUND

Transgender Law Center launched Positively Trans in 2015 as a project focused on developing self-empowerment and advocacy by and for transgender people living with HIV. Positively Trans operates under the guidance of a National Advisory Board of transgender people living with HIV from across the United States; the board is primarily composed of trans women of color who are already engaged in advocacy and leadership roles in their local communities.

Recent studies indicate that transgender people, especially trans women of color, experience disproportionate economic marginalization,ⁱ homelessness, stigma, discrimination in health care access and provision,ⁱⁱ harassment and violence at school,ⁱⁱⁱ police abuse,^{iv} and physical and sexual violence.^v In the face of these systemic threats and barriers to autonomy and well-being, the impact of HIV on the transgender community cannot simply be addressed by programs that work to affect individual behaviors. We must address the systemic barriers our community members face—and the complex interactions of these systems—to reduce HIV risk and increase access to care and other resources for trans people living with HIV (TPLHIV). We believe that effective HIV responses for transgender people must include a combination of leadership development, community mobilization and strengthening, access to quality health care and services, and policy and legal advocacy aimed to advance the human rights of the community. Furthermore, we believe that an effective HIV response for trans people must center around the leadership, voices, and experience of TPLHIV, particularly trans women of color.

We use data-driven advocacy led by the community for the community. Our objective is to support grassroots movement-building by producing tools that our community (transgender people living with HIV) can own and use in order to advocate for their own needs by connecting data with personal stories, and by highlighting disparities and injustices. As a community, we are working to eliminate poor health outcomes driven by other social determinants such as income, violence, employment, criminalization, social support systems, wellness, access to gender-affirming health care and services, and discriminations and stigma that TPLHIV face.

Toward this aim, in 2018 we conducted a needs assessment with transgender and gender nonconforming (TGNC) people living with HIV across three communities—



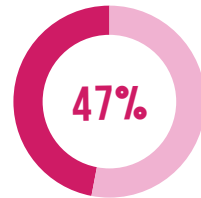
Detroit, Michigan, New Orleans, Louisiana, and South Florida (Miami and Fort Lauderdale areas)—to identify community needs and advocacy priorities. The needs assessment was conducted using SurveyMonkey and was fielded using local tablets and laptops made available for use for respondents. In each city, a partner from the Positively Trans National Advisory Board assisted with survey recruitment and logistics. Recruitment partners were Bré Anne Rivera of Trans Sistas of Color Project in Detroit, Jada Cardona of Transitions Louisiana in New Orleans, and Arianna Lint and the staff of Arianna’s Center in South Florida. Recruitment was limited to people living with HIV and whose sex at birth was different from their current gender identity. As an incentive, respondents were invited to be entered into a drawing for a \$50, \$75, or \$100 gift card. Three winners from each community were randomly selected from the respondents who consented to being in the drawing, and the gift cards were sent to the winning participants.

Key questions in the needs assessment focused on barriers to health and well-being for transgender people living with HIV and on their legal and health priorities. This report describes the responses to a small subset of those questions. The survey was offered in English only, due to budget constraints.

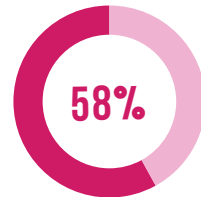
The survey mostly attracted respondents who already have access to medical care; 85% of respondents are currently getting medical care for HIV. As a result, the responses may underrepresent the experiences of those who are more isolated and/or not in care. Because respondents were recruited through existing networks and not randomly selected, the results cannot be interpreted as representative of all transgender people living with HIV in Detroit, New Orleans, and South Florida. Instead, the results should be understood as illustrating the experiences and priorities of transgender people living with HIV and as providing a starting point for further engagement.

RESPONDENT DEMOGRAPHICS

A total of 155 people participated in the needs assessment, with 67% of respondents identifying as African American and 27% identifying as Latinx. The majority of survey respondents were TGNC people of color (94%), identified as trans women (76%), and about 80% were age 44 or younger. U.S. citizens made up 84% of respondents. Nearly half of the respondents were unemployed and 72% have health insurance. Over half of the respondents had experienced incarceration in their lifetime. Table 1 contains a summary of demographic information for needs assessment respondents. Findings should not be generalized to the entire community of TGNC people living with HIV in Detroit, New Orleans, and South Florida.



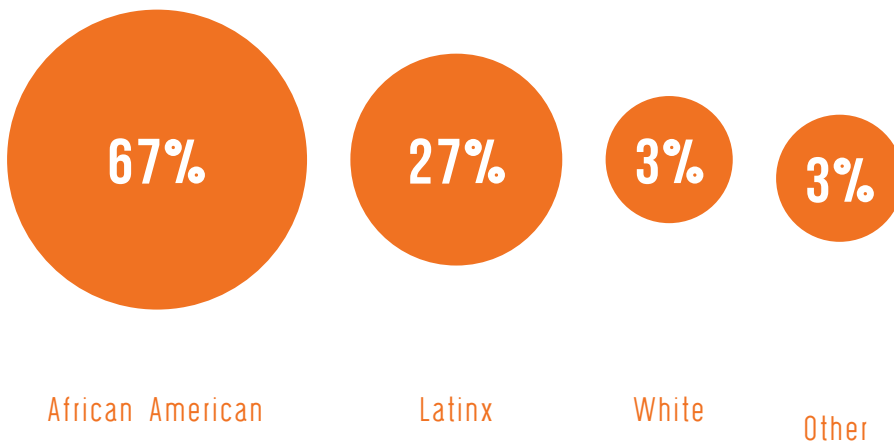
47% OF RESPONDENTS WERE UNEMPLOYED



58% EXPERIENCED INCARCERATION IN THEIR LIFETIME

Figure 1.

CROSS SITE RESPONDENTS



The following results compare responses from people who identify as Latinx n=37 to African American n=93

Table 1. Summary of Respondent Demographics (N = 155)

Demographic Item	Total % (N = 155)	Detroit % (n = 46)	South Florida % (n = 51)	New Orleans % (n = 58)
Gender Identity*				
Female/male-to-female	75.7% (106)	72.7% (32)	84.1% (37)	71.2% (37)
Male/female-to-male	16.4% (23)	11.4% (5)	13.6% (6)	23.1% (12)
Genderqueer	2.1% (3)	4.5% (2)	2.3% (1)	--
Gender non-binary	5.7% (8)	11.4% (5)	--	5.8% (3)
Sex at Birth				
Male	80.7% (113)	77.3% (34)	93.2% (41)	73.1% (38)
Female	17.9% (25)	20.5% (9)	6.8% (3)	25.0% (13)
Race and Ethnicity*				
Latinx**	26.6% (37)	13.6% (6)	62.8% (27)	7.7% (4)
African American**	66.9% (93)	77.3% (34)	25.6% (11)	92.3% (48)
White**	3.6% (5)	9.1% (4)	2.3% (1)	--
Other races	2.9% (4)	--	9.3% (4)	--
Citizenship				
U.S.	84.3% (118)	97.7% (43)	59.1% (26)	94.2% (49)
Non-U.S.: Here legally†	7.9% (11)	--	22.7% (10)	1.9% (1)
Non-U.S.: Not here legally	2.9% (4)	--	9.1% (4)	--
Not reported	13.5% (21)	6.5% (3)	19.6% (10)	14.3% (8)
Region and Urbanicity				
MSA (large urban area)	86.1% (118)	86.4% (38)	78.0% (32)	92.3% (48)
Education				
Less than high school	17.8% (24)	6.9% (3)	18.6% (8)	27.1% (13)
Some high school	23.7% (32)	27.3% (12)	16.3% (7)	27.1% (13)
High school or GED	26.7% (36)	27.3% (12)	25.6% (11)	27.1% (13)
Some college	23.0% (31)	34.1% (15)	16.3% (7)	18.8% (9)
Bachelor's or higher degree	8.9% (12)	4.5% (2)	23.3% (10)	--
Incarceration History				
Ever in jail or prison	58.3% (81)	44.2% (19)	59.1% (26)	69.2% (36)
Employment Status				
Full-time	14.0% (19)	13.6% (6)	16.3% (7)	12.2% (6)
Part-time	19.9% (27)	9.1% (4)	23.3% (10)	26.5% (13)
Self-employed	19.1% (26)	31.8% (14)	9.3% (4)	16.3% (8)
Not working	24.3% (33)	25.0% (11)	27.9% (12)	20.4% (10)
Looking for work	22.8% (31)	20.5% (9)	23.3% (10)	24.5% (12)
Health Insurance Status				
Have insurance	72% (90)	90.7% (39)	45.7% (16)	74.5% (35)
Ryan White Drug Assistance	55.4% (51)	56.4% (22)	12.5% (2)	73.0% (27)
Age				
24 and under	15.7% (22)	29.5% (13)	11.4% (5)	7.7% (4)
25-34	35.0% (49)	47.7% (21)	27.3% (12)	30.8% (16)
35-44	30.0% (42)	9.1% (4)	29.5% (13)	48.1% (25)
45-54	13.6% (19)	6.8% (3)	22.7% (10)	11.5% (6)
55 or older	5.7% (8)	6.8% (3)	9.1% (4)	1.9% (1)

*Valid % presented; excludes missing responses

**Latinx respondents endorsed Hispanic or Latino ethnicity; African American and White respondents did not endorse Hispanic or Latino ethnicity

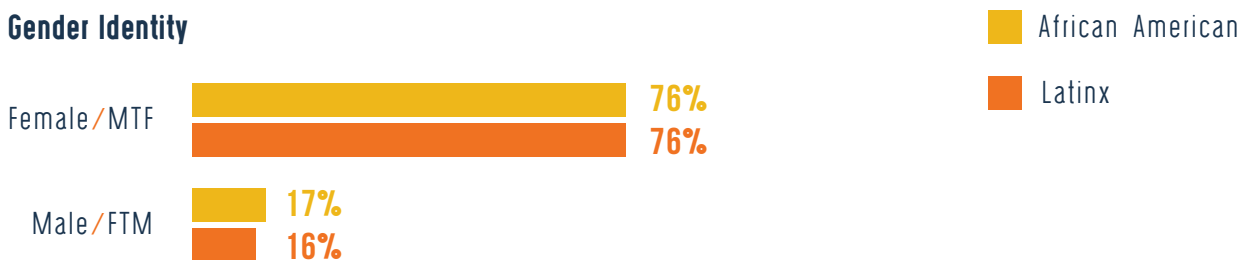
†Respondents with green card, temporary resident card, student visa, seeking/granted asylum, and refugees



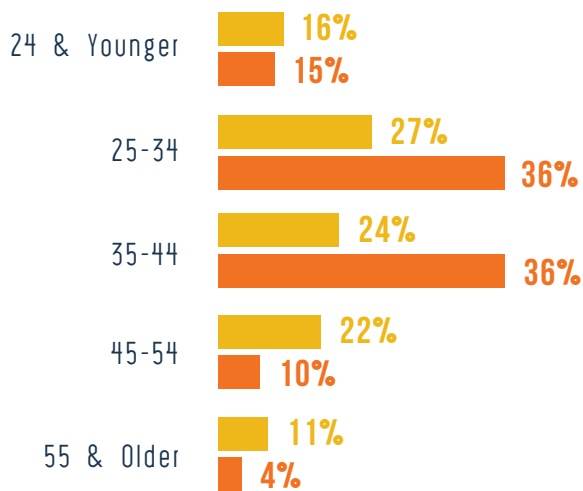
Figure 2.

LATINX & AFRICAN AMERICAN RESPONDENT DEMOGRAPHICS

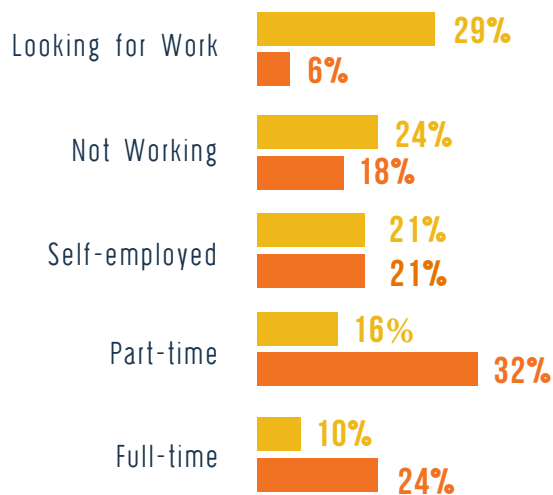
Gender Identity



Age



Employment



Incarceration History



KEY FINDINGS

This report focuses on findings related to several key areas from the needs assessment, as well as focus group data from transgender/gender nonconforming (TGNC) people living with HIV in the three locations that the needs assessment was conducted: Detroit, New Orleans, and South Florida (Miami and Fort Lauderdale areas). Key findings are highlighted to illuminate the needs and to share the combined experiences of these communities.

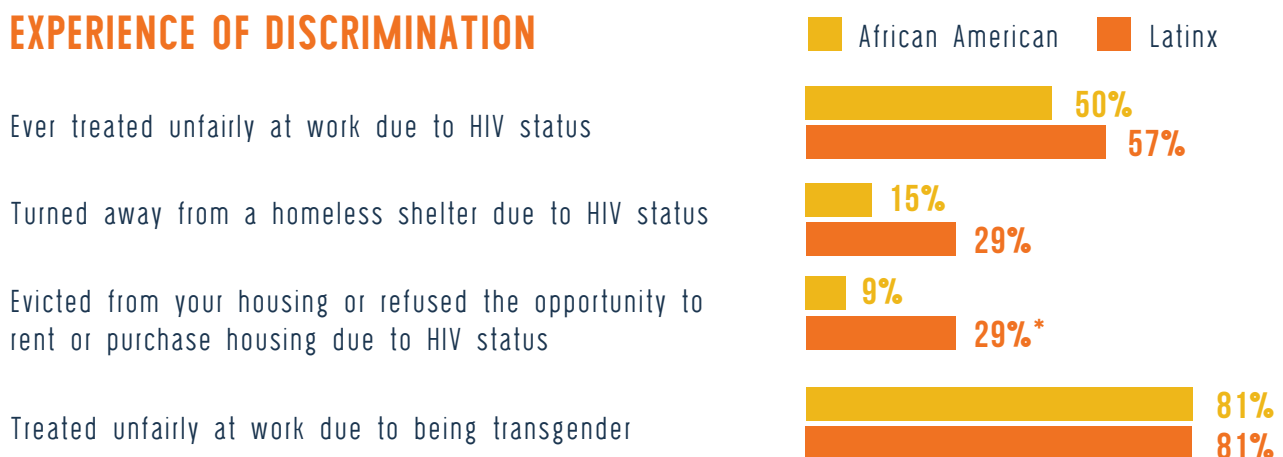
DISCRIMINATION AND LEGAL RIGHTS

HIGH RATES OF DISCRIMINATION

While many respondents declined to answer these questions, among those who did answer, many (82%) felt discrimination at work due to being TGNC, and 51% reported ever being treated unfairly at work due to their HIV status. Latinx TGNC respondents reported significantly higher frequency of eviction or housing-related discrimination than African American respondents (29% versus 9%, Figure 2). While fewer TGNC people across all sites reported more extreme outcomes of discrimination, there were such occurrences. About 18% of respondents reported being turned away from a homeless shelter because they were HIV-positive. The intersection of gender nonconformity and HIV status appears to compound the stark reality of severe discrimination experienced by TGNC people in these communities.

Figure 2.

EXPERIENCE OF DISCRIMINATION



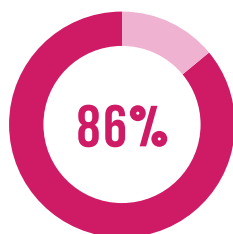
* Statistically significant difference between Latinx and African American respondents, $p < .05$.

LEGAL NEEDS RELATED TO DISCRIMINATION

The greatest legal need reported was related to employment discrimination (86%), closely followed by HIV-related discrimination (60%), and name change or identification document-related discrimination (54%). However, African American TGNC people reported significantly higher frequency of housing discrimination legal needs (81%) as compared to African American TGNC people (52%) in the sample (Figure 3). Legal needs associated

with discrimination in public places, such as in gyms, stores, or bathrooms, were significantly higher for African American TGNC people (65%) when compared to Latinx TGNC

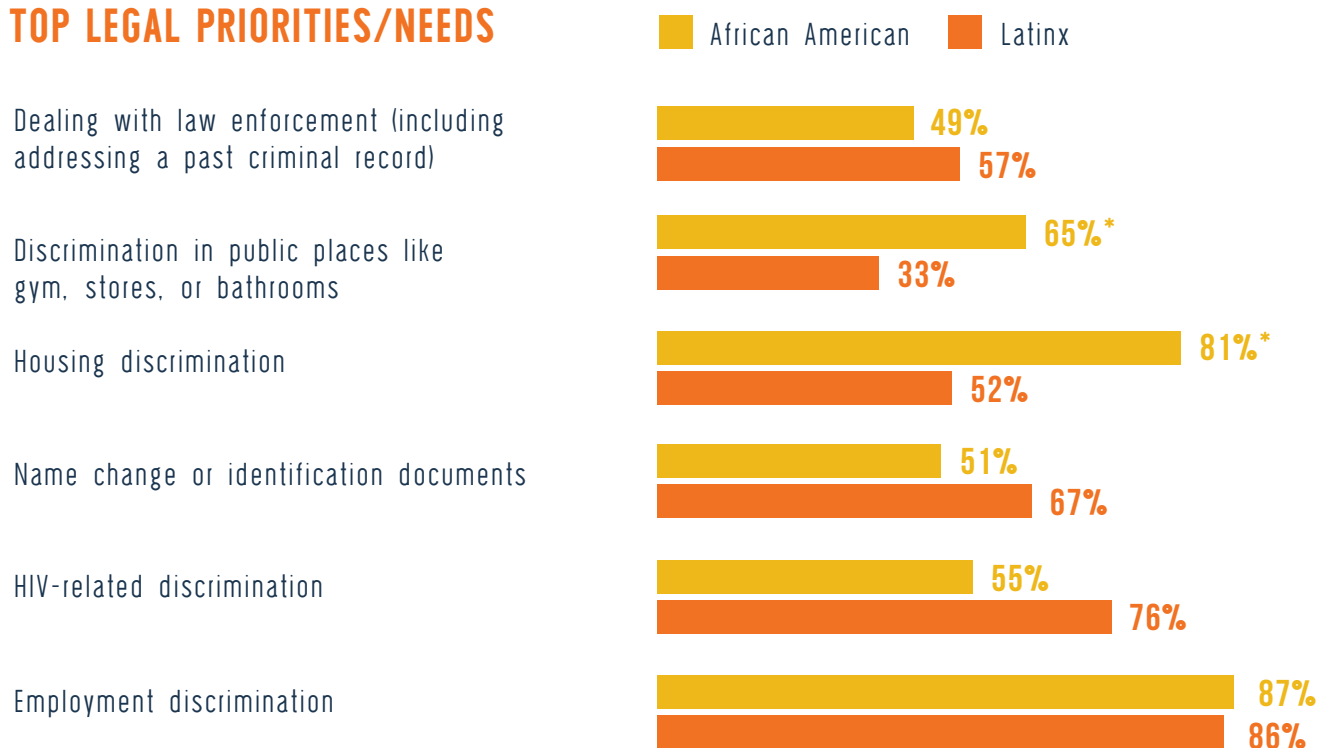
people (33%). HIV-related discrimination was also endorsed as a common legal need area across the sample (60%). Nearly half of the survey respondents (47%) reported they did not have a job or were currently looking for a job, suggesting high rates of unemployment of TGNC people living with HIV across these communities. One reason may be that nearly all TGNC people living with HIV reported legal needs associated with employment discrimination.



FELT DISCRIMINATION AT WORK DUE TO BEING TRANSGENDER OR GENDER NONCONFORMING

Figure 3.

TOP LEGAL PRIORITIES/NEEDS



* Statistically significant difference between Latinx and African American respondents, $p < .05$.

Without access to employment opportunities and fair housing practices, many TGNC people living with HIV cannot meet their basic needs. Discrimination related to HIV also appears all too common for TGNC people and may affect employment and housing as well. This reality, coupled with significant legal needs related to dealing with law enforcement in their community (49% noted this as among their top needs), suggests TGNC people living with HIV have significant barriers addressing the discrimination that they often experience in their communities. The combination of these legal needs is particularly concerning because gainful employment is a critical need to obtaining housing and vice versa. Disparities evident in these data suggest that for some issues like housing and public places discrimination, African American TGNC people have significantly more legal needs than their Latinx counterparts.

Despite reports of broad, multi-sector discrimination, TGNC people in all three communities reported somewhat high confidence in their knowledge of their rights (59%–68%) so they can combat discrimination in their daily lives. Still, 41% of the sample were not confident that they know their rights as a transgender person and 36% were not confident that they know their rights as a person living with HIV (Figure 4). Additionally, 32% were not confident that they know their rights as a person of color. Latinx and African American respondents reported similar levels of confidence across these topics. These findings suggest that a sizable proportion of TGNC people living with HIV may benefit from rights-based education and training specifically designed for transgender people of color living with HIV.

Figure 4.

COMPLETELY OR MOSTLY CONFIDENT THAT YOU KNOW YOUR RIGHTS



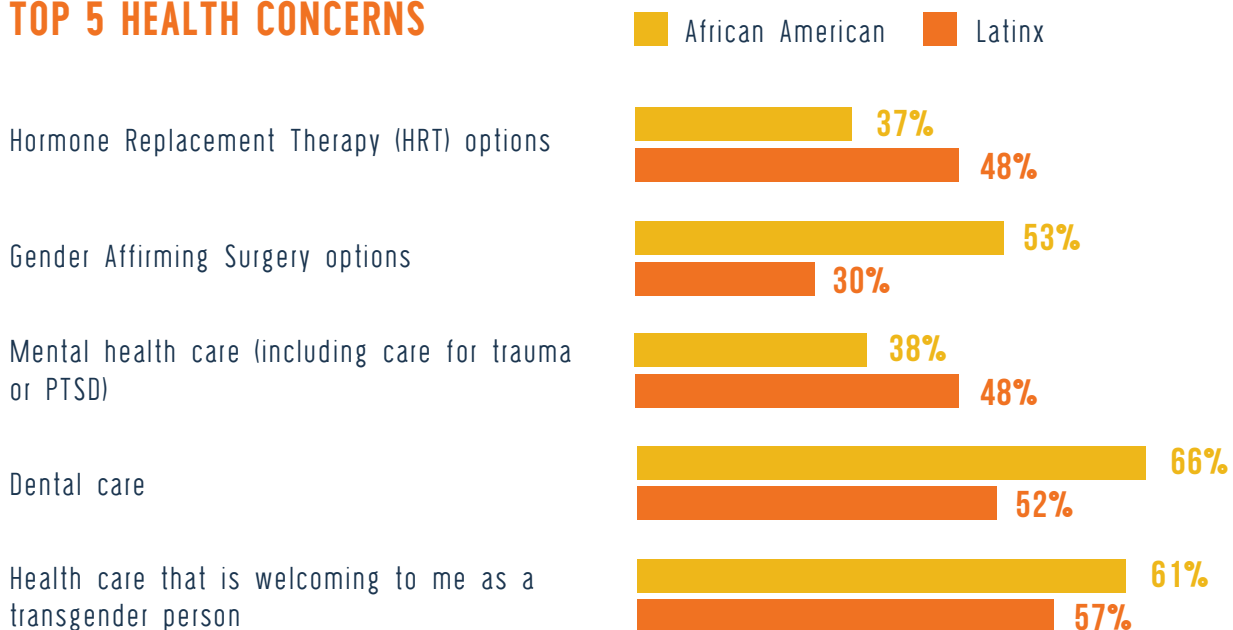
HEALTH CARE

HEALTH CARE NEEDS

TGNC people living with HIV in the three communities face considerable challenges related to their health care. Although some respondents did not answer this question, among those that did, the top health concerns reported were dental care (62%), trans-affirming health care (59%), gender reassignment surgery options (49%), mental health care (42%), and hormone replacement therapy (HRT) (38%; Figure 5). Notably, while Latinx and African American TGNC health care priorities were not statistically significantly different from each other in any area, slightly higher need for dental care was reported among African American TGNC respondents (No. 1 priority, at 66%) as compared to Latinx TGNC respondents, whose No. 1 priority was trans-affirming health care (57%). These data suggest that 2 of every 3 TGNC people have dental care and/or trans-affirming health care concerns—which is important to TGNC people’s ability to receive routine and quality health care, including HIV care. While not the leading concerns reported in the sample, some TGNC respondents also expressed concerns with silicone injections (23%) and side effects of HIV treatment (22%), which are both important to overall health and well-being of TGNC people living with HIV.

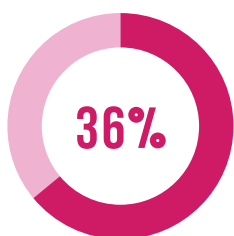
Figure 5.

TOP 5 HEALTH CONCERNS



HIV CARE

Most respondents (90%) said they were currently getting care for HIV, and 93% had been seen within the last year. These are generally high rates of care involvement and very positive results of these needs assessments. The recruitment of respondents through local service organizations may have biased the sample toward TGNC people who are more engaged in community and health services than other TGNC people.



36% OF RESPONDENTS REPORTED EVER HAVING GONE MORE THAN 6 MONTHS WITHOUT CARE FOR THEIR HIV

Still, 36% of the sample reported ever having gone more than 6 months without care for their HIV—this was slightly but not significantly more prevalent among African American respondents

(39%) than Latinx respondents (29%). Regular HIV care is critical to overall health, and any gaps in treatment can lead to detrimental health effects. Improving retention in care is key to eliminating HIV transmission.

MENTAL HEALTH NEEDS

Among those who responded, the need for mental health and counseling services was common (70%) among TGNC people. That is, more than 2 of every 3 TGNC people reported that they could benefit from mental health or counseling sessions. Additionally, about 55% of the sample reported sometimes or often using drugs or alcohol in unhealthy ways, and about 8% reported often using alcohol in unhealthy ways. Although not statistically significantly different, it appears more African American TGNC respondents (9%) than Latinx TGNC respondents (4%) reported often using drugs or alcohol in unhealthy ways. These data suggest there is a considerable need for alcohol and substance use prevention, counseling, and possibly treatment among the TGNC community, but more specific data could confirm specific areas for intervention (Table 2).

Table 2. Mental Health Needs

Demographic Item	Total % (N = 155)	Latinx % (n = 37)	African American % (n = 93)
Can benefit from mental health or counseling sessions	69.7% (85)	60.7% (17)	72.6% (61)
Use drugs or alcohol in unhealthy ways,* Never	44.9% (53)	46.2% (12)	42.7% (35)
Use drugs or alcohol in unhealthy ways,* Sometimes/rarely	47.5% (56)	50.0% (13)	48.8% (40)
Use drugs or alcohol in unhealthy ways,* Often	7.6% (9)	3.8% (1)	8.5% (7)

*Unhealthy ways was subjective and based on the respondent's judgment only.

INTERPERSONAL VIOLENCE AND FAMILY REJECTION

INTERPERSONAL VIOLENCE AFFECTS TGNC LIVES

TGNC people across the country experience some of the highest rates of interpersonal violence and murder of any sexual or gender minority group. Among those who responded to these questions, 49% of respondents said they were harassed or threatened on the street in the last year alone, and 34% reported being attacked on the street in the last year. These data suggest high rates of violence being experienced among



NEARLY 1 IN 3 TGNC PEOPLE LIVING WITH HIV REPORTED EVER BEING FORCED TO HAVE SEX IN THEIR LIFETIME

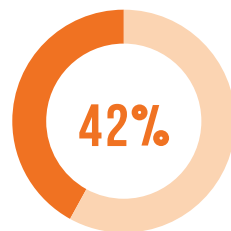
TGNC people in all three communities currently. Sadly, about 30% of respondents

also reported ever being forced to have sex in their lifetime. Although not statistically significantly different, Latinx TGNC people reported a higher lifetime prevalence of forced sex (40%) than their African American counterparts (26%). Additionally, 19% of all respondents reported being physically attacked by a police officer one or more times in the last year. These rates of interpersonal and community violence toward TGNC people are too high and demonstrate the significant safety concerns for this population.

FAMILY REJECTION

Family acceptance and support is a critical need. Having a supportive family and others to depend on in times of need is especially important for those who are TGNC. However, family rejection is a reality for many TGNC people living with HIV across these three communities. Family

rejection and disconnection were experienced by many respondents. Forty-two percent (42%) of respondents reported that their birth family had



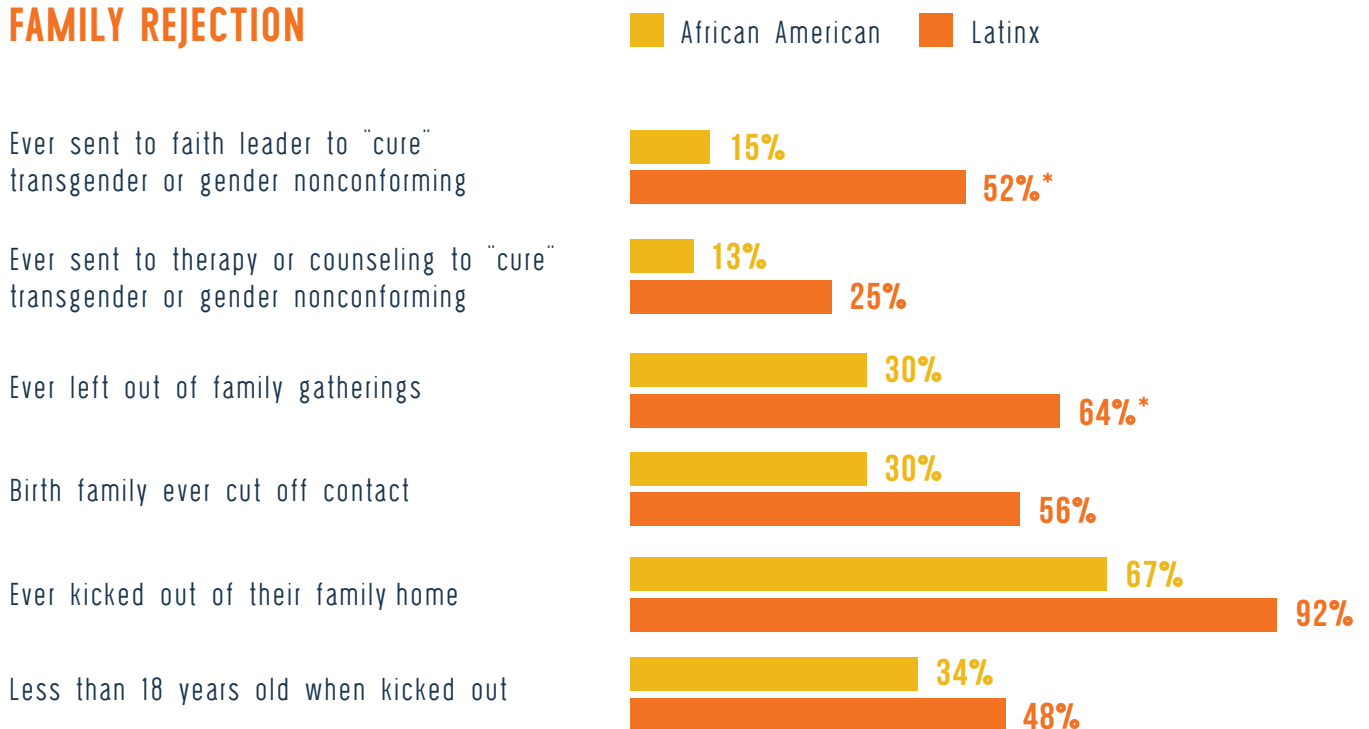
REPORTED THAT THEIR BIRTH FAMILY HAD EVER CUT OFF CONTACT WITH THEM

ever cut off contact with them. Thirty-nine percent (39%) of respondents said they were ever kicked out of their family home—about 77% of these respondents said

they were kicked out before age 18 (Figure 6). As evidenced throughout this report, TGNC people experience social rejection, discrimination in many sectors of life, high levels of community violence, and also have additional trauma associated with family rejection. In some cases, family rejection can inflict additional harm when TGNC is perceived as a choice and families send their TGNC youth to a counselor or faith leader to “cure” them of their gender identity or nonconformity. In this sample, 19%–26% of TGNC respondents reported ever experiencing such efforts to “cure” them of their gender identity. Across these measures of family rejection, Latinx respondents reported greater levels of family rejection than African American respondents. These rates were significantly higher than African American TGNC people for having ever been left out of family gatherings and for having ever been sent to a faith leader to “cure” their gender identity. Additional work is needed to understand how to better support Latinx TGNC people and build stronger family support networks for all TGNC people, especially Latinx.

Figure 6.

FAMILY REJECTION



* Statistically significant difference between Latinx and African American respondents, $p < .05$.



TGNC VOICES

In addition to collecting information from needs assessment respondents, we conducted three focus groups of transgender and gender nonconforming people living with HIV across the three locations, Detroit, New Orleans, and South Florida. A total of 22 people participated in these focus groups in 2018: 7 in Detroit, 9 in New Orleans, and 6 in South Florida. A partner from the Positively Trans National Advisory Board assisted with focus group retention and logistics in each location.

The discussions focused on experiences and opinions of the transgender community regarding access to services and health care, employment, housing, social support and social networks, and other quality of life concerns. Participants answered questions about how they take care of themselves, what is important to them as people living with HIV, what makes them feel healthy and resilient, and what sorts of programs, policies, and social conditions support them in achieving a good quality of life.

Focus group participants completed a short survey before the focus group to verify eligibility and collect demographic information. The demographic information is included in Table 3.

There were many common themes across the three sites related to health care and improving quality of life. Providing TGNC-affirming health care, increasing access to options for gender transition-related care including insurance coverage and clinic availability, and the importance of enhancing the quality of life for TGNC people in their communities were themes endorsed across the three focus groups. A variety of suggestions were made in the different locations about how to improve quality of life. This included an interest in being more involved in advocacy work, which might make them feel more resilient, as shared by a Detroit participant. In New Orleans, focus group participants expressed that receiving support for gender transition from family

“WHEN PEOPLE TRANSITION YOUNG, THEY ARE MORE BEAUTIFUL, IT’S EASIER FOR THEM TO PASS, AND PEOPLE THINK IT’S CUTE. THEY ACCEPT THEM. THEY ARE HIRED BY STARBUCKS AND SEPHORA BECAUSE THEY ARE BEAUTIFUL. IT’S NOT LIKE THAT FOR OLDER TRANS WOMEN.”

SOUTH FLORIDA PARTICIPANT

Table 3. Demographic Characteristics of Positively Trans Needs Assessment Focus Group Participants (N = 22)

Characteristic	n
Gender Identity	
Female/male-to-female	17
Male/female-to-male	1
Gender non-binary or gender nonconforming	3
Race	
Latinx	6
African American	12
White	1
Other	2
Age Group	
18–24	--
25–44	16
45–59	3
60+	1
Current Employment Status	
Employed for wages	2
Self-employed	7
Not working	9
Insurance Health Plan	
Public health insurance	15
Ryan White/ADAP	5
Employer	4
Source of HIV Health Care	
Transgender clinic	1
HIV clinic	6
Integrated HIV-transgender clinic	8
Local community clinic	4
Emergency room	1
General hospital	1
History of Advocacy Work	
Yes	14
No	1
Decline to answer	1

and friends was especially important because of the lack of transition support in the general community. South Florida participants focused on challenges with getting jobs and being affirmed even if they can't achieve a completely feminine look.

Focus group participants also identified experiences and challenges particular to their locations, and as TGNC people living with HIV.

"WE ARE PARTNERS. YOU CANNOT DO YOUR JOB WITHOUT ME. YOU'RE NOT DOING ME A FAVOR. I SHOULD LEAVE THE CLINIC FEELING LIKE I PLAYED A PART IN MY WELLNESS AND I ALSO TAUGHT YOU SOMETHING."

NEW ORLEANS PARTICIPANT

Experiences highlighted in Detroit included HIV criminalization related to sex work. Participants shared that if HIV status is discovered or disclosed, it can lead to incarceration. Detroit participants also expressed a will to change the current systems by organizing and becoming more involved in advocacy work, and by collecting data to show what is needed. They also mentioned that shared group accountability for their sexual networks—acknowledging that they share sexual partners and therefore have safer sex—increases their sense of being in control of their health. Policies were a particular barrier in Detroit, where consumers were cut off from seeing a welcoming, competent provider when they reached a certain age, with the care continued only after the provider changed the policy. Another barrier to consistently accessing care related to a gap in coverage when transitioning from public insurance to private insurance copayments due to obtaining employment.

In New Orleans, most of the participants expressed that support from friends and family was a major element in their survival and their determination to proceed with gender transition. Participants also shared health care concerns, including that there is only one local clinic that provides HIV and transgender health services. Focus group participants stated that this clinic has burdensome documentation requirements and that there is a lack of caring among the staff. Participants suggested hiring transgender people to serve as "secret shoppers" at the clinic who would then publish reviews on social media about their experience at the clinic and interactions with specific staff members. New Orleans participants also expressed concerns about the Louisiana jail system. They stated that all transgender women are housed with men, which creates safety issues.

South Florida focus group participants shared the health concern that while HIV care and transgender health services are available, they usually have to go to two different locations for care. Transportation issues make this more complicated, including the financial burden and safety concerns of public transportation, especially for transgender women. Participants reported that the choice between transition and HIV care often results in a failure to attend HIV care appointments. They also expressed a vision for a media campaign to educate cisgender people about transgender and gender nonconforming people. Such a campaign would enhance their quality of life by “making society more comfortable.”

While focus group participants shared several similar experiences, there also were notable differences in responses from participants across the three sites. These differences may have been due in part to the groups’ demographics. The New Orleans and Detroit focus groups were comprised mostly of women who identified as Black or African American, while participants in South Florida identified as Latinx. It is important to note that similar concerns and challenges may be experienced by participants at the other sites, though they were not raised as priority issues for TGNC people living in these specific communities during these small group discussions.

“WE NEED A RELATIONSHIP WITH A DOCTOR THAT WE CAN TRUST, WHO TAKES THE SHAME AWAY OF DEALING WITH OUR GENITALS, INCLUDING TALKING ABOUT STDS, AND MAKES COMING TO THE CLINIC FUN.”

DETROIT PARTICIPANT



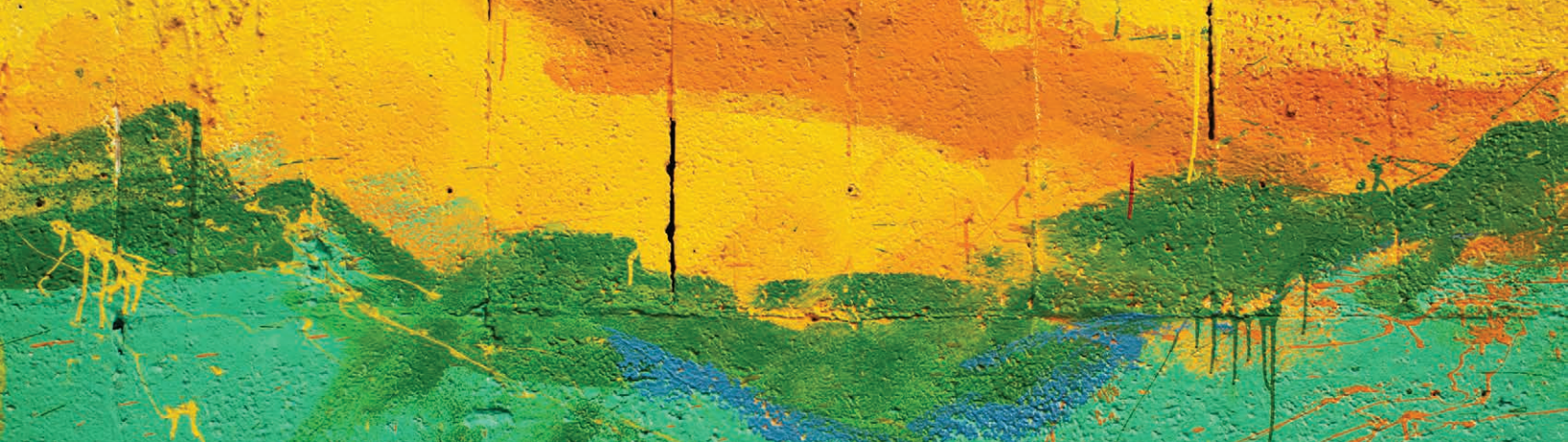
RECOMMENDATIONS

The findings from the needs assessment and focus groups offer several insights into the needs and concerns of TGNC people living with HIV across the three locations: Detroit, New Orleans, and South Florida.

These recommendations are not intended to be an exhaustive list, because the barriers that TGNC people living with HIV face each day are multi-faceted. They are intended to highlight the needs and concerns expressed by the needs assessment and focus group participants as a priority in their communities.

The following recommendations are intended to guide efforts to help strengthen and enhance the lives of TGNC people living with HIV across the sites, with some community-specific recommendations that were identified but may not be unique to those sites.

- Provide sensitivity trainings to build cultural competency for medical providers, health care staff, law enforcement personnel, advocates, allies, and other stakeholders to help prevent the ongoing discrimination and violence experienced by TGNC people living with HIV.
- Ensure that TGNC people living with HIV have access to behavioral health services with gender-affirming providers who are trauma-informed and who are familiar with issues such as interpersonal violence and family rejection.
- Increase access to options for gender affirming care, including insurance coverage and clinic availability.
- Expand access to dental care for TGNC people living with HIV.
- Support opportunities for advocacy and leadership training for TGNC people living with HIV.
- Increase the capacity of local community advocacy agencies to track and compile cases of employment and housing discrimination among TGNC people living with HIV and provide an accessible way for individuals who experience discrimination to make reports.



- Provide transgender people living with HIV with guidance and training on addressing their legal rights, including dealing with employment discrimination and criminalization.
- Combat issues related to housing discrimination by raising awareness in the community about the legal rights of TGNC people living with HIV, including with landlords and homeless shelter staff.
- Mobilize and organize TGNC individuals, particularly TGNC people of color living with HIV, to dismantle all forms of barriers and make positive changes in their community.
- Develop programs and strategies that address nutrition, food security, and holistic personal care.

NEW ORLEANS

- Work with employers in the community to revise workplace policies (e.g., anti-harassment, dress code, bathroom access) and provide transgender competency training to all employees.
- Advocate for policy changes to combat issues related to the care and treatment of TGNC people living with HIV in jails. Resource from National Center for Transgender Equality ([Policies to Increase Safety and Respect for Transgender Prisoners](#))

SOUTH FLORIDA

- Develop plans to help reduce the number of uninsured among TGNC people.
- Address barriers to transportation, including financial and safety concerns for TGNC people, especially for transgender women.

ADDITIONAL REPORTS

In addition to this comprehensive report on respondents from all three sites—Detroit, New Orleans, and South Florida (Miami and Fort Lauderdale)—individual reports are available for Detroit, New Orleans, and South Florida that identify key findings and priorities and results for those locations.

For more information visit: www.transgenderlawcenter.org



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CECILIA CHUNG • Senior Director of Strategic Initiatives and Evaluations, Transgender Law Center



Cecilia Chung is nationally recognized as an advocate for human rights, social justice, health equity, and LGBT equality. She was the former chair of the San Francisco Human Rights Commission and currently serves on the San Francisco Health Commission. Cecilia has worked tirelessly on local, national, and international levels to improve access to treatment for transgender people and people living with HIV, and to erase stigma and discrimination through education, policy, advocacy, and visibility.

SOPHIA KASS • Positively Trans Program Coordinator, Transgender Law Center



Sophia Kass is a transgender woman of color, originally from Lebanon in the Middle East. Sophia joined the Transgender Law Center's team because she believes in such initiatives as Positively Trans to empower trans and gender nonconforming individuals to challenge and change injustices and inequities, stigma, and discrimination. She hopes one day to replicate these approaches and experiences in Lebanon, where the transgender community is still under much pain and suffering.

The Transgender Law Center also wants to acknowledge the Positively Trans National Advisory Board, both present and previous members, and the data collection and dissemination teams, who made this report possible.

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ENDNOTES

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