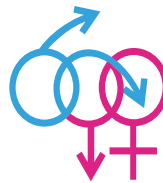


INTERNATIONAL 10 TO TRANSGENDER 2 HEALTH SUMMIT

MAY | OAKLAND
17-18 | MARRIOTT



WPATH WORLD PROFESSIONAL
ASSOCIATION for
TRANSGENDER HEALTH

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About WPATH

welcome!

On behalf of the Faculty and staff of the Center of Excellence for Transgender Health and the World Professional Association for Transgender Health, please accept our very warm welcome to The 2013 National Transgender Health Summit! We are so excited to embark on this joint effort to convene the summit. We, along with many volunteers, have worked hard to build a program that we are certain will lead to a robust learning experience for you. We hope that you will find the information useful in your practice and that you will share it with your colleagues back home. We also encourage you to take the opportunity to network with transgender health colleagues while at the summit and exchange contact information with each other!

Over the last several years, we have made important steps forward in transgender health. There have been revisions to the WPATH Standards of Care, the DSM V, and we hope soon, to the ICD 11. There is greater inclusion of covered transgender health services in health insurance plans. The expanded recognition of transgender civil rights supports our efforts to take further steps on behalf of our patients and clients towards elimination of past stigma and pathology. We are confidently moving into the future, together and with renewed commitment towards excellence in transgender health, for all who seek it. Your participation in the summit is also a reflection of that commitment, thank you!

As you can imagine, we have had lots of assistance in planning the summit and we want to acknowledge all who helped. They include members of the summit planning committee, the track chairs, the summit host committee, the staff from the Tie Core of the Center for AIDS Prevention Studies and the Pacific AIDS Education and Training Center. Please look for the staff and volunteers, who will be wearing ribbons, to acknowledge their help in making it all come together!

On behalf of our two organizations, please accept our warmest wishes for a successful summit!

***JoAnne Keatley, Director
Center of Excellence for Transgender Health***

***Lin Fraser, President
World Professional Association for Transgender Health***

acknowledgements

The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health would like to thank the following for their commitment to making the 2013 National Transgender Health Summit a success:

2013 National Transgender Health Summit Planning Committee:

Co-Chairs: JoAnne Keatley, MSW and Lin Fraser, EdD

Planning Committee: Danielle Castro; Maddie Deutsch, MD; Jamison Green, PhD; Luis Gutierrez-Mock, MA; Dan Karasic, MD; Byron Mason; Enzo Patouhas, MA; Greg Rebchook, PhD; Jae Sevelius, PhD; Yavante Thomas-Guess; Angel Ventura

Track Chairs:

Research: Jae Sevelius, PhD

Clinical: Maddie Deutsch, MD

Mental Health: Lin Fraser, EdD; Dan Karasic, MD

Policy Institute: Kellan Baker, MPH, MA; Masen Davis, MSW; Jamison Green, PhD

2013 National Transgender Health Summit Host Committee:

Co-Chairs: Jenna Rapues, MPH and Sean Arayasirikul

Host Committee: Cecilia Chung; Chav Doherty; Sharyn Grayson; Zander Keig; Yoseño Lewis; Martin Rawlings-Fein; Tiffany Woods

2013 National Transgender Health Summit Volunteer Committee:

Committee Chair: Byron Mason

Special thanks to all of our volunteers!

2013 National Transgender Health Summit Research Track Abstract Review Committee:

Walter Bockting, PhD; Curtis Crane, MD; Maddie Deutsch, MD; Tri Do, MD, MPH; Diane Ehrensaft, PhD; Laura Erickson-Schroth, MD; Jamie Feldman, MD; Alison Jacoby, MD; Dan Karasic, MD; Johanna Olson, MD; Don Operario, PhD; Seth Pardo, PhD; Enzo Patouhas, MA; Tonia Poteat, PhD, MPH, PA-C; Anita Radix, MD, MPH; Greg Rebchook, PhD; Stephen Rosenthal, MD; Jae Sevelius, PhD; Vin Tangpricha, MD, PhD; Erin Wilson, DrPH; Barry Zevin, MD

Clinical Training Track Planning Group:

Madeline Deutsch, MD (chair); Linda Wesp, NP; Jennifer Hastings, MD; Anita Radix, MD MPH; Tonia Poteat PhD MPH PA-C; Johanna Olson, MD; Steve Rosenthal, MD

Special thanks to UCSF students John Paul Farala, MS-3; Karin Hilton, MPH Karin Hilton, MPH, MEPN student; and Matt Hirschtritt, MS-4 for their assistance with slide and content review.

2013 NTHS sponsors

The Center of Excellence for Transgender Health and the World Professional Association for Transgender Health wish to express our sincere appreciation for all of the support we have received from Summit sponsors!

Principal Sponsors (\$5,000 and above)



Major Sponsors (\$1,000 up to \$4,999)



Calendars provided by the Center for TransYouth Health & Development with Childrens Hospital LA



The Global Forum on MSM & HIV (MSMGF)

UCSF Chancellor's Advisory Committee on Gay, Lesbian, Bisexual and Transgender Issues
George Ayala and Tri Do
Chris Haiss

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Chav Doherty
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Dr. Toby Meltzer
Mind the Gap: Mental Health Consortium of the Child and Adolescent Gender Center
Louise Monsour
The Pacific Center for Human Growth

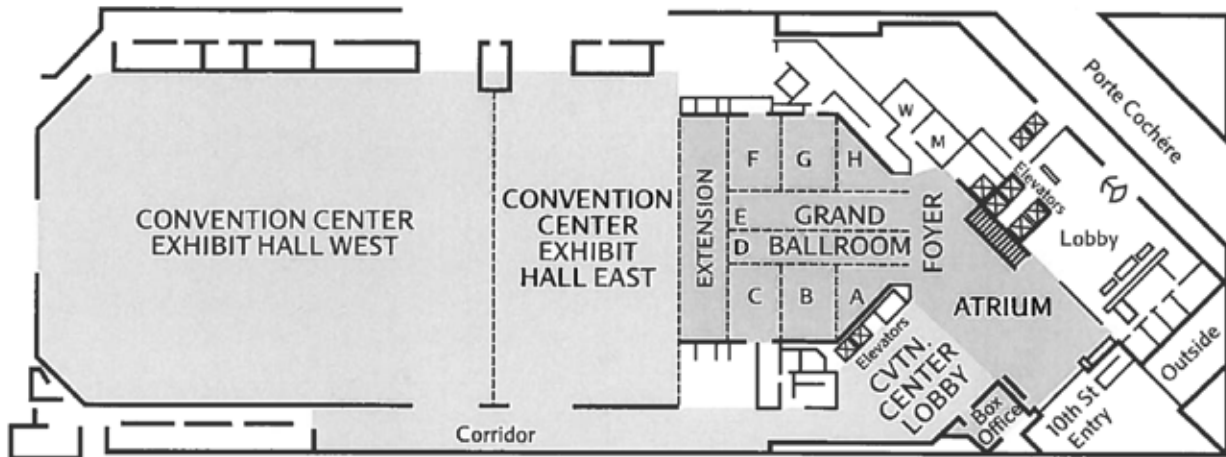


venue maps

GROUND FLOOR

Oakland Convention Center: Exhibit Halls

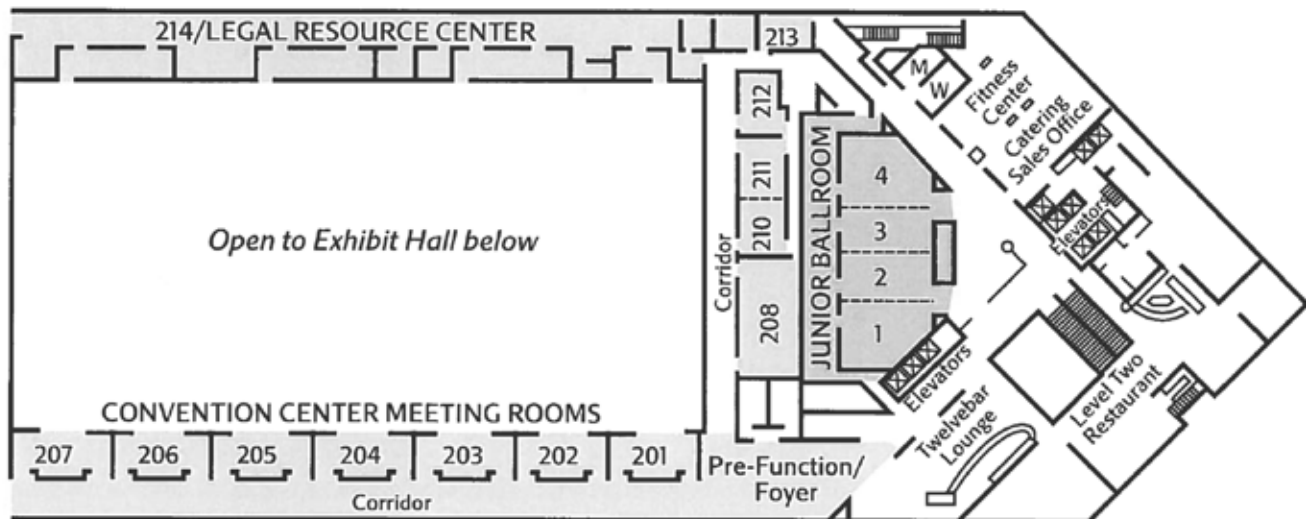
Oakland Marriott City Center: Grand Ballroom



SECOND FLOOR

Oakland Convention Center: Meeting Rooms

Oakland Marriott City Center: Junior Ballroom & Meeting Rooms



continuing ed

Please ensure that you are registered as a recipient of CME or CEU course credit at the Summit registration area.

Continuing Medical Education

This live activity has been reviewed and is acceptable for up to 11.5 hours of CME course credit. The University of California, San Francisco (UCSF) School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. **The UCSF CME course number is MMC13009.**

All course faculty have indicated that they have no relationships to disclose.

This event is certified for AMA/PRA Category 1 credit. This credit is granted by ACCME-accredited organizations and accepted by the California Board of Psychology for certification and re-certification credits. Psychologists outside of California should check with their state and local board to ensure that ACCME accredited CMEs are accepted by the local board.

Continuing Education Units

This course meets the qualifications for 11.5 contact hours of continuing education credit for nurses as required by the California Board of Registered Nursing, Provider #CPE 13741. This document must be retained by the Participant for a period of four years after the conclusion of this program.

This course meets the qualifications for 11.5 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Sciences. **Provider # PCE 1856**

May 17 ▼

9:00 - 9:10am	Welcome
9:10 - 10:10am	Opening Plenary
10:10 - 10:30am	Break
10:30am - 12pm	Session 1 ▼

room		
203	RESEARCH 1	Trans Latina Communities
204	RESEARCH 2	Trans Youth
205	RESEARCH 3	Data Collection
JB* 1/2	MEDICAL: BASIC	Transgender Care for the PCP Part 1
JB* 3/4	MEDICAL: ADV	Endocrinology in Transgender Care/ Topics in Transgender Care Part 1
208	MENTAL HEALTH 1	Overview: Mental Health Assessment
210	MENTAL HEALTH 2	Aging and Spirituality
211	MENTAL HEALTH 3	Training Systems: Trans Competency
206	POLICY	Transgender Health Coverage

12pm - 1:30pm	Lunch Plenary
1:30 - 3:00pm	Session 2 ▼

203	RESEARCH 1	Transwomen, HIV and Interventions
204	RESEARCH 2	Transmen, Mental Health and Hormones
205	SPECIAL TOPICS	Surgeon Roundtable
JB* 1/2	MEDICAL: BASIC	Transgender Care for the PCP Part 2
JB* 3/4	MEDICAL: ADV	Topics in Transgender Care Part 2
208	MENTAL HEALTH 1	Children, Adolescents, Puberty Blockers
210	MENTAL HEALTH 2	Research for Clinicians/Sexual Medicine
211	MENTAL HEALTH 3	Special Topics: Forensics, Eunuchs
201	MENTAL HEALTH 4	Co-occurring Conditions
206	POLICY	Transgender health in the Affordable Care Act

3:00 - 3:20pm	Break
3:20 - 4:50pm	Session 3 ▼

203	RESEARCH 1	Violence and STIs
204	RESEARCH 2	Surgery
208	SPECIAL TOPICS	HIV Treatment Cascade and Silicone Use
201	SPECIAL TOPICS	Criminalization
EAST HALL	ALL MEDICAL	Multidisciplinary Case Presentations
	ALL MENTAL HEALTH	Multidiscip. Case Presentations
206	POLICY	Reproductive rights, fertility and family building

5:00 - 6:30pm	Reception 
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May 18 ▼

9:00 - 9:10am	Welcome Back
9:10 - 10:10am	Morning Plenary
10:10 - 10:30am	Break
10:30am - 12pm	Session 4 ▼

room		
203	RESEARCH 1	Transwomen and Life
204	RESEARCH 2	Primary Care for Trans People
201	SPECIAL TOPICS	Trans Training Tools
202	SPECIAL TOPICS	Rectal Microbicides
JB* 1/2	MEDICAL: BASIC	Care of Trans Children & Adolescents
JB* 3/4	MEDICAL: ADV	Transgender Surgery for PCPs
208	MENTAL HEALTH 1	In-depth Psychotherapy
210	MENTAL HEALTH 2	Substance Abuse
211	MENTAL HEALTH 3	Family Building and Relationships
205	MENTAL HEALTH 4	Clinical Training Issues
206	POLICY	Transgender-inclusive Insurance Roundtable

12pm - 1:30pm	Lunch Plenary
1:30 - 3:00pm	Session 5 ▼

203	RESEARCH 1	Transwomen and Identity
204	RESEARCH 2	Trans Aging
201	SPECIAL TOPICS	CDC Roundtable
202	SPECIAL TOPICS	Trans Care for Pharmacists
JB* 1/2	MEDICAL: BASIC	Transgender Surgery for PCPs
JB* 3/4	MEDICAL: ADV	Advanced Case-Based Discussion
208	MENTAL HEALTH 1	ICD 11
210	MENTAL HEALTH 2	Culturally Competent Care for TPOC
211	MENTAL HEALTH 3	Complex Cases in Community MH
208	POLICY	ICD 11

GB*	3:00 - 4:00pm	Poster Reception
	4:00 - 5:00pm	Closing Plenary

*JB = Junior Ballroom GB = Grand Ballroom

plenaries

Friday, May 17 | East Hall

► Opening Plenary 9:00 am - 10:10 am

Welcome from Congresswoman Barbara Lee, represented by Daniela Quintanilla, Senior Congressional Aide

Transitioning together into the future: Where have we been and what lies ahead for transgender health?

JoAnne Keatley, MSW; Lin Fraser, EdD; Jamison Green, PhD; Shane Snowdon, MA

This presentation will reflect on progress made over the last decade and speculate on additional policy areas to consider.

► Luncheon Address: 1:00 pm - 1:30 pm

Access to substance abuse treatment for transgender populations.

H. Westley Clark, MD, JD, MPH, CAS, FASAM

Saturday, May 18 | East Hall

► Morning Plenary 9:00 am - 10:10 am

WPATH's Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People: Version 7 - An Overview

Eli Coleman, PhD

This presentation will provide an overview of Version 7 of the WPATH's Standards of Care which was just released in 2011. Version 7 represents a significant shift from previous versions of the Standards of Care. The presentation will describe the process of preparing this historic revision and highlight the significant changes. There will be opportunity for discussion of the Standards and its applicability to clinical care and an opportunity to provide feedback to WPATH officials.

► Luncheon Address 1:00 pm - 1:30 pm

Local transgender health policy updates

Theresa Sparks, Executive Director San Francisco Human Rights Commission and invited representatives from the San Francisco Board of Supervisors

► Closing Plenary 4:00 pm - 5:00 pm

Key takeaways from the 2013 National Transgender Health Summit!

Clinician Rapporteur: Anita Radix, MD, MPH Community Rapporteur: Mattie Jim

host committee reception

Friday, May 17 | 5:00 - 6:30 pm | Skyline room, 21st Floor

5:00 - 5:10 | Welcome

Hosts: Cecilia Chung and Yoseñio Lewis

5:10 - 5:20 | Special Thanks

JoAnne Keatley, Director of the Center of Excellence for Transgender Health

5:20 - 5:30 | Elected Officials

Senator Mark Leno

Other elected officials

5:30 - 6:30 | Live Entertainment

Veronica Klaus, San Francisco jazz and cabaret singer.



breakout sessions

Session 1: Friday May 17, 10:30 am – 12:00 pm

Research 1: Trans Latina Communities

Room: 203

Caterpillar to butterfly: A metamorphosis concept for identity and health risk among transgender women in the U.S.-Mexico border region

Oralia Loza, PhD; Thenral D. Mangadu, MD, PhD; Oscar Beltran

Transgender women are at disproportionate high risk for HIV, sexually transmitted infections (STIs), substance abuse, and other negative health outcomes. Factors such as immigration status, gender roles, local cultural norms, and health literacy potentially create unique challenges to health care access for this population in the U.S.-Mexico border region. However, a health assessment or health care access needs of transgender women on the U.S.-Mexico region have not been previously documented, particularly outside to context of sex work. This exploratory qualitative study was conducted to assess health needs, examine STI risk behaviors, and identify prevention and harm reduction resources available and utilized by transgender women in El Paso, Texas.

Immigrant transgender Latinas in North Carolina: Exploring the health priorities of an emerging population through photovoice

Jorge Alonzo, JD; Lilli Mann, MPH; Scott D. Rhodes, PhD, MPH, CHES

Background: Latino populations in the Southeastern United States are growing rapidly; however, little is known about the health needs and priorities of immigrant transgender Latinas in this region.

Methods: Photovoice, an action-oriented community-based participatory research method, was used to explore the realities of the transgender Latina community in North Carolina. A group of Mexicanborn, male-to-female transgender Latinas documented their daily experiences through photography and engaged in empowerment-based dialogue to identify health needs and priorities to present at a community forum.

Immigrant transgender Latinas in New York City – resiliencies, vulnerabilities, and health disparities

Sel J. Hwahng, PhD; Bennett Allen; Cathy Zadoretzky, MA; Hannah Barber; Courtney McKnight, MPH; Don Des Jarlais, PhD

Introduction: Research suggests that the largest racial/ethnic group of trans women (male-to-female transgender people) in New York City is Latinas. HIV seroprevalence among trans Latinas have been found to be as high as 49% in New York City, and trans Latinas are at high risk for HIV infection in other parts of the U.S. as well as internationally. Despite their being at unusually high risk for HIV, very little is known about the social determinants of health among trans Latinas.

Methods: These data comes from a mixed-methods study that examined low-income trans/gendervariant people of color who attended transgender support groups at harm reduction programs in New York City. The study was conducted from 2011-12, with a total N=34, in which N=21 were Latinaidentified. The qualitative portion was derived from six focus group interviews that were audio-taped and transcribed. The quantitative portion was derived from a survey that was administered at the focus groups.

Substance abuse in the Peruvian trans women population living with HIV/AIDS (PLWHA)*Jana Villayzan Aguilar, MPH*

We conducted a survey on a total of 162 trans women living with HIV from 8 Peruvian cities, on substance use in their daily basis.

Research 2: Trans Youth**Room: 204****Expanding gender boundaries: Teens talk about their world***Ellen Kahn, MSS; Anne E. Nicoll, PhD*

The Human Rights Campaign's report "Growing Up LGBT in America," provides data from more than 10,000 LGBT identified youth ages 13 – 17 who were surveyed between 2011 and 2012. A secondary analysis will be presented, of the 925 youth from this survey, who identified their gender as "transgender" or "Other" (9% of the original sample). This Gender Expansive Youth Report provides the results of an analysis of the opened-ended gender responses, and identified gender transitions. In addition, the results of their experiences in the areas of personal well-being, family support, community connection, extent of being out and accepted, and support in school and among peers, will be presented. These gender expansive youth face greater challenges than other LGB youth – among their families, peers, school, and community. They are more likely to face social exclusion, harassment, and assault than other LGB youth. And while they are optimistic about the future at somewhat similar levels to other LGB youth, that optimism plummets when they think about trying to achieve those goals in the towns and cities where they currently live.

Retrospective research of the transgender experience during adolescence: Implications for school counselors*Graciela L. Orozco, EdD; John A. Blando, PhD; Chav Doherty, MS, MA; Laura C. Strom, MFT*

This study reports on a survey of 33 predominantly white transgender adults who responded anonymously to both quantitative and qualitative questions asking them to retrospectively examine their childhood and adolescent experiences. The average age at which participants realized that their gender identity was different than their physical presentation (assigned natal gender) was well before they entered high school, around the age of nine. Over half of the participants reported experiencing depression, anxiety, and suicidal ideation as youths. More than half of the participants encountered family conflict, verbal harassment, and physical assault in their adolescence. Very few of the survey respondents ever talked to a school counselor, teacher, administrator, social worker, or school psychologist about their gender identity issues. Recommendations for school counselors leading to a more accepting school climate for transgender youth emerged from the study.

Baseline characteristics of transgender youth naïve to cross-sex hormone therapy*Johanna Olson, MD; Marvin Belzer, MD; Leslie Clark, PhD MPH; Shree Schrage, MS, PhD; Lisa Simons, MD*

OBJECTIVES/SPECIFIC AIMS: This abstract presents baseline data from an ongoing observational study examining the impact of hormone treatment on transgender youth initiating cross sex hormone therapy.

METHODS/STUDY POPULATION: Seventy transgender youth (aged 12 to 24) completed a computer assisted survey that assessed gender dysphoria, depression, sexual behavior and suicidality. Physiologic data collected prior to starting hormones was abstracted from medical charts.

RESULTS/ANTICIPATED RESULTS: 70 participants were evaluated for baseline physiologic, 66 for psychosocial parameters. 50% were assigned a female gender at birth. 34 (51.5%) were Caucasian, 28.8% Latino/a, 10.6% African American, and 9.1% other. Basic lab values were within normal clinical range for most of the participants. Youth discovered their gender incongruence at ages ranging from 2 to 22 years (mean 7.9 y; SD 4.4). Five youth (8.1%) had Beck Depression scores in the severe or extreme range. 30% had made at least one suicide attempt.

DISCUSSION/SIGNIFICANCE OF IMPACT: Transgender youth are aware of the incongruence between their internal gender identity and their assigned gender at early ages. Levels of depression and suicidality demonstrate that youth need timely and appropriate intervention. Evaluation of these youth over time will help determine the impact of cross sex hormones and mental health therapy.

Research 3: Data Collection

Room 205

Gender-related survey measures and transgender health

Jody L. Herman, PhD; JoAnne Keatley, MSW; Emilia Lombardi, PhD; Sari Reisner, ScD, MA; Kellan Baker, MPH, MA

The GenIUSS group (Gender Identity in U.S. Surveillance), is a collaboration of scientists, scholars, and transgender leaders dedicated to increasing knowledge about gender-related measurement and promoting the inclusion of these measures on population-based surveys. This panel features four members of GenIUSS, who will describe their efforts at creating and promoting gender-related survey measures. JoAnne Keatley will discuss the use of the two-step gender measure at the Center of Excellence for Transgender Health. Emilia Lombardi will present findings from testing of the two-step measure and a gender expression measure. Sari Reisner will present findings from testing a single-item gender identity measure and a measure of sex assigned at birth. Kellan Baker will discuss next steps in advocacy to include these measures on federal surveys. Panel moderated by Jody Herman.

Getting trans* people counted—Trans* health research

e. shor, MPH

It is SUPER important for trans* and gender non-conforming people to be counted in research. However, there is a long-standing dissonance between how to categorize gender on surveys and how to make trans* and queer communities feel safe and affirmed in data collection. This workshop will dive into some of those questions and issues, and explore how to bridge the gap between research and identity. Using the experiences of a local community based trans* research initiative in Minnesota, we will explore the methods and results of this research. What does community based research look like and how do we involve community voices in the research process? How do we formulate questions and response options that are both statistically measurable and inclusive to trans* identities? How do we negotiate creating “gender groups for analysis” with the fact that different gender identities mean truly different things to different people and represent a whole host of behaviors!?

Through this workshop we will be presenting some of the problems and best practices and thoughts and discussions that you can bring back to your communities to make sure that trans* and gender nonconforming people are counted in research.

Medical Training: Basic

Junior Ballroom 1/2

Transgender care for the primary care provider: Part 1

Linda Wesp, NP; Jennifer Hastings, MD; Ronica Mukerjee, NP; Jamie Feldman, MD, PhD; Barry Zevin, MD; Nathan Levitt, RN

These sessions are a comprehensive primer for medical providers new to caring for transgender and gender non-conforming populations, this session will consist of two consecutive 90 minute sections. Topics to be covered include cultural sensitivity, capacity building, cross-sex hormone management, primary care and screening, models of intake and care, and a didactic case based discussion. This evidence-based curriculum is designed to provide the foundation necessary for the provider who desires to become competent in the clinical care of transgender patients.

Medical Training: Advanced**Junior Ballroom 3/4****Endocrinology in transgender care/Topics in transgender care: Part 1***Josh Safer, MD, FACP / Madeline Deutsch, MD*

This endocrinologist-led session will be presented remotely and will review basic hormonal physiology with particular attention to hormone therapy in transgender patients; Dr. Safer will discuss interpretation of existing evidence on various hormone regimens including postoperative implications. Care of transgender patients with co-existing disease will be discussed. Topics in transgender care, Part 1 will include discussion of cancer screening, cardiovascular health, and bone health.

Mental Health 1**Room 208****Overview of mental health assessment and care***Lisette Lahana, LCSW*

Clinicians will develop an understanding of terms related to sexuality, gender identity, biological sex and the process of a gender transition. We will discuss diagnosis, treatment planning and how to be a trans affirmative provider. Participants will leave with greater awareness of how to assess their client's stage of identity development and the course of treatment with clients desiring transition. The presentation will include case vignettes, video clips and group discussion.

Mental Health 2: Aging and Spirituality**Room 210****Psychological and social adjustment in older transgender people***Randi Ettner, PhD*

Several forces conspire to make the later decades a climacteric for transgender people. This presentation will examine these influences, present case studies and implications for care.

Spirituality and health*Shawn MacDonald, PhD*

Spirituality is noted as an important factor for resiliency and a protective factor, yet little attention has been given to the spiritual lives and the spiritual needs of transgender persons. This talk will focus on the importance of spirituality for the health of transgender persons and provide background on understanding religion and spirituality in the context of gender diversity. The talk will additionally discuss the concerns and issues that transgendered persons are likely to face regarding spirituality and the important resource that spirituality can play for transgender individuals and communities.

Medical decisions and directives*Carol Cobb-Nettleton, DSW*

All persons are facing the many changes in the health care systems especially with vital information getting to the "right doc in the right time". This is especially true in emergency situations. Trans persons may have complicated medical histories. The talk will focus on creating a useable medical history; creating an advance directive, state appropriate, to support your medical decisions if you cannot speak for yourself; and using medically reliable websites. Research demonstrates that health care treatment improves when patients are proactive with this information. A sample history will be provided.

The panel will present WPATH's international education efforts, a project to train Canadian health workers in trans care, and trainings developed to train the entire staff of the San Francisco Department of Public Health.

Creating trainings for 14,000 health care workers in a public health department: What we've learned so far

Julie Graham, MFT; Dan Karasic, MD

This presentation will discuss live and online trainings that are now required of every employee of the San Francisco Department of Public Health and contract agencies, to improve competency and cultural humility in the care of trans people.

Creating standardized transgender health training programs across Canada

Gail Knudson, MD

Training programs for health professionals being developed by the Canadian Professional Association for Transgender Health (CPATH) will be discussed.

WPATH global education initiative

Lin Fraser, EdD

This presentation will discuss the development and launch of Global Education Initiative (GEI). This project utilizes the immense experience of WPATH leadership, partnerships with organizations requesting the training and the use of a technology platform (Scivee) for distance learning

Transgender health coverage: Challenges and work-arounds in implementation

André Wilson, MS; Jamison Green, PhD; Cecilia Chung; Susanne Watson, PhD

Many major employers and colleges have negotiated health benefits plans for employees, students, and dependents that cover clinically indicated treatments related to transgender transition. Nonetheless, most health insurance plans in the U.S. still contain "transgender exclusions" denying coverage for medically necessary services, and, where inclusive plans do exist, many people encounter difficulties using these plans.

We will discuss the continuing barriers to access reported by healthcare providers and patients alike both in inclusive plans and those with exclusions: challenges in prior authorization and claims processing, limited provider networks, and outdated insurer medical guidelines. We will provide information on documentation, procedure and diagnosis codes so providers can minimize denials and succeed with billing and appeals, and discuss strategies for direct advocacy with insurers.

We will continue with an overview of progress towards inclusion, best practices and indispensable advocacy tools such as the Human Rights Campaign (HRC) Equality Indexes (MEI, CEI) and professional association interventions. Comparing progress towards trans*-inclusive benefits in the healthcare industry with other professional sectors, we will consider the role healthcare providers can play in eliminating exclusions in their own sector. Outdated medical policies currently used by most insurers remain a central barrier. We will discuss our draft "Model Guideline" and issues posed by utilization management systems. We will also look at the progress made by the Healthy San Francisco program, and by Kaiser Permanente.

Session 2: Friday May 17, 1:30 – 3pm

Research 1: Trans Women, HIV, and Intervention Research

Room: 203

Perceptions of HIV vaccine trial participation among transgender women

Gail Broder, MHS; Michele Andrasik, PhD

Observed seroincidence and prevalence rates in male to female (MTF) transgender individuals highlight the need for effective targeted HIV prevention strategies for this community. In order to develop an effective vaccine that can be used by transgender women, researchers must understand and address existing structural issues that present barriers to this group's participation in HIV vaccine clinical trials. Overcoming barriers to participation is important for ensuring HIV vaccine acceptability and efficacy for the MTF transgender community. To explore barriers and facilitators to MTF transgender participation in preventive HIV vaccine clinical trials, the HIV Vaccine Trials Network (HVTN) conducted focus groups among transgender women in four urban areas (Atlanta, Boston, Philadelphia and San Francisco). Data highlight the importance of understanding the use of hormones and silicone and addressing structural factors such as substance abuse. Barriers and facilitators to engagement of transgender women in preventive HIV vaccine clinical trials led to the following recommendations: (1) transgender cultural competency training; (2) creating trans-friendly environments; (3) true partnerships with local transfriendly organizations and health care providers; (4) protocols that focus on transgender specific issues; and (5) data collection and tracking of transgender individuals. These results have implications for the conduct of HIV vaccine trials, as well as engagement of transgender women in research programs in general.

HIV risk among transgender and non-transgender sex workers in Washington, DC

Vivian Towe, PhD; Lynsay Ayer, PhD; Clarissa Sellers, MPH; Elizabeth Saracco, MA; Debbie McMillan; Cyndee Clay

Washington D.C. has been documented as a city in which transgender sex workers often receive suboptimal treatment from law enforcement, medical and social service personnel. A DC-based service organization working with transgender and non-transgender sex workers provided recent data on their service population as a preliminary assessment of their health needs. We will compare transgender and non-transgender sex workers on HIV risk behaviors, HIV testing, and social service needs such as housing using intake data.

Challenges and successes in recruiting, retaining, and completing high-risk transgender women for a CDC-funded EBI, TranSafety Counts

Kimberly A. Kisler, MPH; Cathy Reback, PhD; Angelina Alamilla

The CDC EBI, Safety Counts, was adapted specifically for high-risk transgender women (transwomen) by Friends Research Institute in Hollywood, California. The adapted intervention, named TranSafety Counts, has been implemented in the community and has been accompanied by unique challenges in recruiting, retaining, and completing participants. Strategies that have assisted in successful program implementation have included developing rapport with participants, providing services and/or referrals to assist in addressing additional unmet needs, and hiring indigenous transgender staff. Challenges associated with implementation of TranSafety Counts have included retaining and graduating participants who have unstable living situations, as well as competing life issues such as substance abuse and mental health co-morbidities. Many important lessons have been learned for the successful recruitment, retention, and completion of high-risk transgender women for TranSafety Counts, including the need to bridge a relationship with local law enforcement, and building trust with community members and gatekeepers.

Project LifeSkills: Engaging young transgender women in HIV prevention research and public health practice

Emilia Dunham; Jackie White, MPH; Sari L. Reisner, ScD, MA; Matthew Mimiaga, SCD, MPH

Recruitment, retention, and community engagement and trust are common challenges and barriers faced when conducting research with trans communities. LifeSkills study staff from the Boston site will discuss the HIV prevention intervention design, content, and delivery as well as highlight specific recruitment challenges and share innovative approaches to effectively engage young trans women, a traditionally “hard-to-reach” population in public health research and practice. Attendees may benefit from the Boston LifeSkills team experiences and understanding strategies that represent “best practices” for engaging trans community members in the development and delivery of HIV prevention efforts. There will be opportunities to ask questions and provide input on future public health research and community engagement efforts.

Research 2: Trans Men, Mental Health, and Hormones

Room: 204

Shifts in sexual attractions in transitioning female-to-male trans men: Evidence from recalled crosssectional and prospective longitudinal studies

Colt Meier, PhD; Sari L. Reisner, ScD, MA; Seth Pardo, PhD; Levi Herman

The DSM-IV-TR includes sexual attraction subtypes for its gender identity disorder (GID) diagnosis. Research suggests that sexual attraction is not static over the life course. Therefore, sexual attraction subtyping may not be appropriate for diagnostic discernment among female-to-male trans men (FTMs). Two studies examined the prevalence of and self-reported changes in sexual attractions and sexual identities among FTMs. Study 1: Cross-sectional online sample of 605 FTMs (mean age = 27). Study 2: Longitudinal community sample of 80 FTMs enrolled at baseline (initiation of testosterone treatment) and follow-up (three months later and one year later), matched to non-transgender men and women controls (mean age = 26).

Subcutaneous testosterone: An effective delivery mechanism for masculinizing transgender men

Johanna Olson, MD; Leslie Clark, PhD, MPH; Lisa Simons, MD; Sheree Schragar, MS, PhD; Marvin Belzer, MD

Background: Testosterone therapy has been used for decades in transgender men who desire the development of male secondary sexual characteristics. While intramuscular injection remains the most common means of delivering testosterone, subcutaneous delivery has been used with clinical success.

No data reporting serum levels and feasibility are available.

Objective: This abstract presents baseline and 6 month follow up data from a subpopulation of transgender males enrolled in a large prospective, longitudinal study evaluating the impact of treatment on transgender youth between 12 and 24 years of age. Thirty-three participants received testosterone cypionate via subcutaneous injections to suppress menses and masculinize their bodies. Free and total testosterone levels and menstrual history were assessed at baseline and at 6 months.

Testosterone treatment in female-to-male trans men leads to MMPI-2 improvements

Colt Meier, PhD; Sari L. Reisner, ScD, MA; Seth Pardo, PhD; Levi Herman

The aim of the present study was to investigate the short-term effects of testosterone treatment on psychological functioning in trans men compared to controls. A non-clinical sample of trans men (n=48) completed the MMPI-2

immediately before initiating testosterone (baseline) and again 3-months later (follow-up). Non-transgender matched male and female controls (n=115) controls completed the protocol during the same time period. After adjusting for baseline scores, linear regression models were used to predict both within- and between-group changes in psychological functioning at follow-up.

Effects of testosterone treatment and chest reconstruction surgery on mental health and sexuality in female-to-male transgender people

Sam Davis, MSW; Colt Meier, PhD

This study examined the effects of testosterone treatment with or without chest reconstruction surgery (CRS) on mental health in female-to-male transgender people (FTMs). Qualitative reports of changes in sexuality related to testosterone were also examined. Over two hundred FTMs completed a written survey including quantitative scales to measure symptoms of anxiety and depression, feelings of anger, and body dissatisfaction, as well as qualitative questions assessing shifts in mood and sexuality after the initiation of testosterone. At the time of the study, 57 percent of participants were receiving testosterone and 40 percent had undergone CRS. Results indicate that testosterone either alone or with CRS was related to fewer symptoms of anxiety and depression as well as less anger. Those who had CRS in addition to testosterone reported the least body dissatisfaction of all groups. In qualitative reports, many participants described improved mood, increased sexual attraction to non-transgender males, and shifts in sexual orientation identity after taking testosterone. Overall, this study demonstrated that testosterone treatment was associated with indicators of more positive mental health, and that the combination of testosterone and CRS was related to greater body satisfaction.

Special Topics

Room 205

Surgeon Roundtable

Curtis Crane, MD; Marcie Bowers, MD; Toby Meltzer, MD; Peter Davis, MD; Kate O'Hanlan, MD; Maurice Garcia, MD

Moderated roundtable discussion on the various gender affirming surgical procedures available to transgender woman and men presented by surgeons who are active in gender confirmation surgery and have expertise in these procedures. The interactive session is designed to promote dialogue among the conference participants and the surgeons.

Medical Training: Basic

Junior Ballroom 1/2

Transgender care for the PCP: Part 2

Linda Wesp, NP; Jennifer Hastings, MD; Ronica Mukerjee, NP; Jamie Feldman, MD, PhD; Barry Zevin, MD

These sessions are a comprehensive primer for medical providers new to caring for transgender and gender non-conforming populations, this session will consist of two consecutive 90 minute sections. Topics to be covered include cultural sensitivity, capacity building, cross-sex hormone management, primary care and screening, models of intake and care, and a didactic case based discussion. This evidence-based curriculum is designed to provide the foundation necessary for the provider who desires to become competent in the clinical care of transgender patients.

Topics in transgender primary care: Part 2

Anita Radix, MD, MPH; Juno Obedin-Maliver, MD, MPH; Tonia Poteat, PhD, MPH, PA-C

These sessions will cover a range of primary care topics and will be oriented towards those providers who already have some level of comfort and experience in the care of transgender patients. Individual topics will be explored in depth with a focus on current evidence. Subject areas include fertility, HIV and antiretroviral-hormone interactions, FTM gynecology, care of genderqueer patients, use of silicone, and issues of particular concern to transgender persons of color.

Mental Health 1: Children, adolescents, and puberty blockers**Room 208**

Panel moderated by Shawn Giammattei, PhD

A primer for working with trans youth

Michele Angello, PhD

Gender variant youth are discriminated against in multiple areas of their lives. This talk will discuss ways to support gender variant, transgender and gender non-conforming youth in the most prevalent areas: coming out to families, peers, school, physicians, religious/spiritual institutions, dealing with puberty, potential psychiatric issues. Each of these seven variables will be discussed in a way that the health care provider can guide the patient as well as the family in an attempt to allow for the most successful gender exploration possible for the child/adolescent.

Children, adolescents, puberty blockers

Joel Baum, MS

This presentation will discuss children, adolescents, and puberty blockers.

Children, adolescents, puberty blockers: The case for a study of early transitioning in children under 10

Herbert Schreier, MD

This talk will present the rationale for doing a descriptive study of the effects of early transitioning in gender variant children.

Mental Health 2: Research for clinicians/Sexual medicine**Room 210****Research for clinicians**

Walter Bockting, PhD

Depression and suicidal ideation are among the top health concerns of the U.S. transgender population, and recent research has demonstrated that these concerns are related to gender-related stigma and discrimination. This presentation will review the status of the research in this area, and discuss its implications for clinical practice and prevention.

The effects of hormones and surgery on sexual function*Gail Knudson, MD*

Both hormone therapy and genital surgery can have effects on sexual function. This lecture will briefly overview the effects of masculinizing and feminizing hormones on sexual function. Secondly, it will overview the cognitive behavioral techniques used to improve sexual function post-operatively.

Sexual functioning in transgender people*Jaime Veale, PhD*

This presentation will summarize the research literature on sexual functioning of transgender people. It will discuss sexual function problems and the factors related to these including transition and surgery.

Mental Health 3/Special topics: Forensics, eunuchs**Room 211****The role of the forensic psychologist***Randi Ettner, PhD*

This presentation will be a discussion of how forensic psychology has advanced the field of transgender care and the challenges in doing so.

Male-to-eunuch gender dysphoria*Thomas Johnson, PhD*

While most individuals continue to view human sex and gender in terms of binary pairs (i.e., male or female; masculine or feminine), there are other variants. My colleagues and I have been working for several years with a population of genetic males, who wish to be not male, but do not consider themselves to be female. They variously identify as third-gender, eunuch, or continue to identify as male post-castration. We have termed this a Male-to-Eunuch Gender Dysphoria.

Mental Health 4**Room 201****Co-occurring conditions***julie graham, MFT; Randall Ehrbar, PsyD*

This session will include an overview of the following: 1) Trauma: the importance of assessing abuse and histories of bullying; 2) Overlapping Spectrums: Neurodiversity, Autism Spectrum conditions and Gender; and 3) Anxiety, depression, schizophrenia, and dissociative disorders: When do we say no or not yet?

Transgender health in the Affordable Care Act

Kellan Baker, MPH, MA; Masen Davis, MSW

The Affordable Care Act is the biggest reform of America's health care system in more than 40 years. The law makes many changes that have the potential to help transgender people stay healthy and to promote the wellbeing of transgender communities. Some of these changes include making health insurance coverage more affordable and comprehensive, expanding access to HIV prevention and treatment services, and building the knowledge base about transgender health. But the full potential of the law won't be realized unless transgender people and our allies are engaged in turning the health reform law into reality for our communities. In this session, health policy experts and health care providers will explain the highlights and key challenges of health reform and engage in a discussion of how transgender advocates can leverage the law's reforms to advance transgender health priorities.

Session 3: Friday May 17, 3:20 - 4:50 pm

Research 1: Violence and STIs

Room: 203

Multiracial trans people and bullying: Findings from the National Transgender Discrimination Survey

Luis Gutierrez-Mock, MA

School bullying is common among transgender (trans) and gender non-conforming youth and is associated with negative health outcomes. Multiracial youth also report being bullied in school, with evidence for differences in health outcomes when compared to their mono-racial counterparts. Using data from the National Transgender Discrimination Survey, this study examined multiracial ethnic identification disparities in bullying in grades K-12. Logistic regression was used to determine the association between multiracial status and bullying, controlling for gender identity, education, age, income, citizenship and family acceptance in trans adults. Multiracial respondents were significantly more likely to report bullying and harassment from peers and/or teachers than mono-racial White, mono-racial Black and mono-racial Asian respondents.

Sexual violence in transgender communities

Loree Cook-Daniels, MS; Michael Munson

Over the past decade, FORGE and other researchers have begun to document not only the very high rate at which transgender and gender non-conforming people have experienced sexual violence—more than 50%—but also how survivors are coping with their traumas, and how they approach (or not) victim services agencies and allied professionals. Data from three national research studies conducted by FORGE in 2011 and 2004 will be presented. Content will include 1. reported experiences and challenges transgender sexual violence survivors face, including short- and long-term physical and mental health consequences, treatment experiences and preferences (n=265); 2. transgender respondents' knowledge of and willingness to access multiple types of mainstream victim services following sexual assault or domestic violence, barriers experienced in accessing care (n=1005); 3. sexual violence service agencies' strengths and weaknesses in effectively serving transgender sexual violence survivors, common barriers faced, and factors that may inhibit transgender survivors from seeking services at their agency (n=310). FORGE has multiple grants with the Office on Violence Against Women, serving as a national training and technical assistance provider on transgender survivors of sexual assault, domestic violence, stalking, and dating violence. We also provide direct services, nationwide, to transgender sexual violence survivors. Research findings will be present interactively to solidify the retention of data and the implications for transgender survivors and for health care professionals, therapists, other allied service providers, and transgender organizers who serve transgender and gender non-conforming individuals/survivors. (236)

Prevalence of sexually transmitted infections in transgender patients: A quality improvement approach

Luis F. Molano, MD; R. Barucco

Evaluate the effectiveness of the Community Healthcare Network's Transgender Family Program in reducing risk taking activities by collecting data on sexually transmitted infections before and after enrollment. Program staff collected historical data (2008 - June 2012) from patients' charts. Staff divided patients who tested positive for sexually transmitted infections before entering the program from those who tested positive after enrollment. Data was collected from previous existing records and medical history collected by the medical provider. Staff calculated and compared the prevalence of sexually transmitted in the two groups.

Use of dermal-fat grafts for augmentation of labia majora in a transgendered woman

Lydia Fein, BS; Christopher J. Salgado, MD; Christopher E. Estes, MD; Harold M. Reed, MD; Clara AlvarezVillalba, MD

Introduction: Genital reconstruction is an expanding field as patients desire cosmetic and functional improvement. Various procedures exist for female genital reconstruction, including labiaplasty, hymenoplasty, vaginoplasty, perineoplasty, and clitoral hood reduction. Labiaplasty consists of two methods: labia minora reduction or labia majora augmentation. Depending on anatomy, amount of accessible tissue, and patient's aesthetic goals, labia majora augmentation may be the preferred technique.

Methods: In a 47-year-old transgender woman desiring fuller labia majora, augmentation was pursued using dermal fat grafts. The grafts were harvested from tissue of a concomitant mini-abdominoplasty procedure of which the patient also desired. Main outcome measures were patient satisfaction, sustainable tissue augmentation, and improved cosmesis.

Costs and benefits to employers of providing transition-related health care coverage to employees

Jody L. Herman, PhD; Peter J. Cooper

In the 2013 Corporate Equality Index, the Human Rights Campaign (HRC) identified 287 employers who provide transition-related health care benefits to their employees. Though this list of employers has rapidly grown since HRC first began tracking these health benefits in 2009, medically-necessary transition-related health care is most often excluded from employee health benefits policies. Prior research suggests that utilization of transition-related health benefits is very low, as are the costs of providing the coverage. Prior research also suggests that there are health benefits to individuals when they are provided access to medically-necessary care for transition and related care. Yet, little research has been conducted to link the costs and benefits of transition-related health care coverage to the overall net benefits that employers accrue that provide the coverage.

This presentation will outline findings from a recent study that examines the business case for providing transition-related health care coverage. Utilizing an original survey of businesses that provide the coverage and an extensive literature review, this study examines the costs and benefits to employers of providing transition-inclusive health benefits for their employees. Findings from the original survey will provide data on cost, utilization, and perceived benefits as reported by participating employers. Findings from the literature will outline the benefits of transition and how providing transition-related health care to employees who need it may impact employers' overall health benefits costs in the long run.

Genital surgery outcomes of transsexual males

Trystan T. Cotton, PhD

This paper presents the results of transsexual men's satisfaction with sex reassignment surgery. Tens of thousands of transsexual men have undergone genital surgery to align their morphological sex with their gender identity. Yet, very little is known about their surgical journeys, why they choose genital surgery, and its transformative impact on their lives. Academic literature in Gender Studies presents a truncated view of the surgical outcomes and the myriad reasons why transsexual men seek surgery in part because they don't engage the medical literature on SRS or transsexual men who've actually undergone surgery. While surgeons' report successful surgical outcomes in medical journals, their accounts lack the human perspective of patients reporting on how surgery changes their lives socially, sexually, psychologically,

and somatically. This paper presents data that corrects the analytical myopia of academic criticism of FTM genital surgery and broadens medical understanding of the significance of genital surgery for transsexual men. The data comes from three sources: 1) my ethnography of 61 transsexual men in the African diaspora; 2) medical literature statistics on FTM genital surgery; and 3) autobiographical testimonies written by transsexual men who've undergone sex reassignment.

Special Topics 1: HIV treatment cascade and silicone use

Room 208

HIV treatment cascade among transgender women in a San Francisco respondent driven sampling study

Glenn-Milo Santos, MPH; Erin Wilson, DrPH; Jenna Rapues, MPH; Oscar Macias, MPH; Tracey Packer, MPH; H. Fisher Raymond, DrPH

Background: Male-to-female transgender women (transwomen) have a disproportionate burden of HIV worldwide—transwomen have 48.8 fold greater odds of being HIV-infected compared to the general adult population, according to pooled estimates of available data. In San Francisco, transwomen have the lowest 5-year survival probability of all gender groups and the least ART use. Despite their poor health outcomes compared to other groups, little is known about the treatment outcomes of transwomen with HIV. We sought to estimate population-level HIV-treatment cascade indicators among transwomen in San Francisco.

Methods: We conducted a Respondent-Driven Sampling (RDS) study of 314 transwomen from August-December 2010. Participants were offered an HIV test and the study collected self-reported data on linkage and access to care, most recent CD4 count and viral load, and antiretroviral treatment (ART). We derived population-based estimates and 95% confidence intervals of cascade indicators using sampling weights adjusted for homophily and probability of being recruited into the study (social network size of transwomen) using established RDS methods.

Results: The RDS-weighted population-based estimate of HIV prevalence was 39% (95%CI 32-47) among transwomen tested for HIV. Among HIV-positive transwomen, 77% (70-93) reported being linked to primary care within 3 months of their HIV diagnosis and 87% (76-98) had accessed care in the past 6 months. In addition, 35% (24-55) of HIV-positive transwomen reported a CD4 count below 350, 65% (54-75) were currently on ART, and less than half (44%; 21-58) reported being virologically suppressed (viral load \leq 200 copies/mL).

Conclusions: We observed a high prevalence of HIV in our population-based estimates of transwomen in San Francisco, coupled with modest ART use and low virologic suppression rates, indicating high potential for forward transmission. These findings are consistent with San Francisco surveillance data showing that HIV-positive transgender individuals have higher HIV community viral load and higher mortality rates than other HIV-positive populations. Taken together, these data suggest that multi-level efforts are urgently needed to ameliorate disparities in HIV clinical outcomes among transwomen and reduce secondary HIV transmission to their partners.

Dying to be a woman: Morir por ser mujer

Arianna Inurritegui-Lint

The Trans-Latina Coalition presents a documentary short about silicone injection in the trans community that includes interviews with trans women who have been affected by silicone injection and complications. This video demonstrates the urgency for education about this issue, and advocates for access to healthcare that meets the needs of the trans community. Members of the Trans-Latina Coalition will lead a discussion of the film and silicone use in transgender communities.

Intersections of disclosure and prosecution: Transgender people respond to criminal laws based on HIV status

Laurel Sprague, Sean Strub, Cecilia Chung, and Robert Suttle

Communities bearing the brunt of the HIV epidemic are also communities with historically fraught relationships with public health and the justice system. As such, laws that criminalize non-disclosure of HIV status raise key issues about community norms, expectations of fair treatment by authorities, privacy and vulnerability. In 2012, the Sero Project, with Eastern Michigan University, conducted survey research with people living with HIV and affected communities (n=3248) about HIV criminalization. Results showed significant differences based on sex and gender. Critically, in a time of concern about the gaps in HIV testing, treatment, and care, transgender respondents were the most likely to say that fears about criminalization made it very reasonable to avoid HIV testing, disclosure to partners, and treatment for HIV infection. The responses from all survey respondents who were living with HIV painted a picture of intense vulnerability to the legal system. This was even more marked in the responses by transgender individuals who were much more likely to worry about false accusations than other respondents and least likely to expect that a person with HIV, particularly a transgender person, could get a fair hearing in their state if accused of HIV non-disclosure. Transwomen, in particular, indicated high levels of fear of facing false accusations. Overall, transgender respondents described emotionally difficult, complex decision-making processes regarding HIV disclosure and criminalization, particularly in terms of ethics of care for others and themselves in the face of unequal sexual relationships and larger societal stigma. The survey responses highlight multiple, overlapping vulnerabilities for transgender people within health and justice systems, revealing a critical need for advocates, researchers, and the medical community to address HIV criminalization and to ensure protective health care and legal environments for the wellbeing of transgender people living with and at risk for HIV.

Medical Basic

Medical Advanced

Mental Health

East Hall

Joint Session: Multidisciplinary case presentation

Description: Typical case vignettes and one complex case of a transitioning patient with mental illness and substance abuse will be presented and discussed by interdisciplinary panels.

Case #1: “Transition is complete, for today”

Dan Karasic, MD; Heather Weisbrod, LCSW; Deborah Brown, MD

Description: Multidisciplinary care of a genderqueer youth with bipolar disorder and alcohol dependence will be presented by three of the youth’s providers at the Dimensions Clinic. Dr. Karasic will discuss the care of patients across the gender spectrum and with co-occurring mental health conditions.

Case #2: Case vignettes roundtable

Lin Fraser, EdD; Nathan Sharon, MD; Madeline Deutsch, MD

Case vignettes illustrating principles of care will be presented and discussed by a panel of health providers from different disciplines. Discussions will explore the interface with mental health services from the perspective of primary care for a range of topics including pre-surgical clearance, gender identity exploration, and “coming-out” issues. Emphasis in this section will be on transgender patients without psychiatric co-morbidities.

Reproductive rights, fertility, and family building

Masen Davis, MSW; Katherine Hsiao, MD; Collin Smikle, MD; Laura Nixon, Esq.

Transgender people are increasingly asserting their right and desire to have families and children, raising new policy and medical questions for providers and advocates. This session will explore a range of options and implications for reproductive rights, fertility, and family structure from both provider and advocate perspectives.

Session 4: Saturday May 18, 10:30am - 12pm

Research 1: Trans women, substance use, and HIV

Room: 203

The rising cost of living: How housing status affects substance use, sexual partnering, and HIV risk behaviors in a sample of urban transgender women

Kimberly Kisler, MPH; Jesse B. Fletcher, PhD; Cathy J. Reback, PhD

Street outreach encounters were used to collect data of self-reported HIV status, substance use, and sexual risk behavior among transgender women (N=2,181) over a seven-year period, from January 2005 through December 2011. Analyses were conducted to assess demographic data, self-reported HIV status, frequency of substance use, and engagement in sexual risk behaviors and sex work. The mean age was 31.1 years (SD=8.7). Most participants (72.1%) self-reported as Hispanic/Latina or African American/Black (12.4%). Self-reported HIV serostatus also fluctuated, with the percentage of transwomen reporting HIV-positive status ranging from 5.8% (second half of 2006) to 20.7% (first half of 2005); the overall HIV-prevalence rate for the entire sample was 13.3%. The most frequency reported substances were alcohol - ranging from 37.9% (first half of 2005) to 71.0% (second half of 2006) - followed by marijuana - ranging from 12.8% (first half of 2008) to 47.2% (second half of 2009) - and methamphetamine, ranging from 14.4% (second half of 2008) to 36.0% (second half of 2007). Rates of recent engagement in unprotected anal intercourse with a male ranged from 5.0% (first half of 2006) to 17.7% (first half of 2010); recent engagement in unprotected anal intercourse for the sample as a whole was 11.9%. Rates of recent engagement in sex work ranged from 60.0% (first half of 2006) to 85.6% (second half of 2008); the rate of recent engagement in sex work for the sample as a whole was 74.1%. These data indicate the need for ongoing HIV prevention efforts directed to this particular high-risk population.

HIV status, substance use, and sexual risk trends among street-recruited transgender women

Cathy J. Reback, PhD; Jesse B. Fletcher, PhD

Street outreach encounters were used to collect data of self-reported HIV status, substance use, and sexual risk behavior among transgender women (N=2,181) over a seven-year period, from January 2005 through December 2011. Analyses were conducted to assess demographic data, self-reported HIV status, frequency of substance use, and engagement in sexual risk behaviors and sex work. The mean age was 31.1 years (SD=8.7). Most participants (72.1%) self-reported as Hispanic/Latina or African American/Black (12.4%). Self-reported HIV serostatus also fluctuated, with the percentage of transwomen reporting HIV-positive status ranging from 5.8% (second half of 2006) to 20.7% (first half of 2005); the overall HIV-prevalence rate for the entire sample was 13.3%. The most frequency reported substances were alcohol - ranging from 38% (first half of 2005) to 71% (first half of 2006) - followed by marijuana - ranging from 13% (first half of 2008) to 47% (second half of 2009) - and methamphetamine, ranging from 14% (second half of 2008) to 36% (second half of 2007). Rates of recent engagement in unprotected anal intercourse with a male ranged from 5.0% (first half of 2006) to 17.7% (first half of 2010); recent engagement in unprotected anal intercourse for the sample as a whole was 11.9%. Rates of recent engagement in sex work ranged from 60.0% (first half of 2006) to 85.6% (second half of 2008); the rate of recent engagement in sex work for the sample as a whole was 74.1%. These data indicate the need for ongoing HIV prevention efforts directed to this particular high-risk population.

Characteristics and potential needs of transgender individuals entering substance abuse treatment

Annasa Flejtje, PhD; Nicholas C. Heck, MA; James L. Sorenson, PhD

The purpose of this study is to identify characteristics of transgender individuals entering substance abuse treatment by comparing the psychosocial, mental health, and substance use histories of male-to-female (MTF) and female-to-

male (FTM) transgender persons using data from the San Francisco County Database, which contains treatment admission data for persons (N=14,015) entering treatment programs in San Francisco between July 2007 and June 2009. A total of 146 MTF and 53 FTM persons were identified in the database

Thick trust, thin trust, and HIV among trans women of color in New York City

Sel J. Hwang, PhD; Bennett Allen; Cathy Zadoretzky, MA; Hannah Barber; Courtney McKnight, MPH; Don Des Jarlais, PhD

Introduction: African American and Latina trans women (male-to-female transgender people) have been measured to have very high HIV seroprevalence nationally, and in New York City almost half are HIV positive. Trans women of color are in the midst of an HIV epidemic, and greater knowledge and understanding about trans women of color social networks may provide relevant information towards more effective interventions and policies.

Methods: These data comes from a mixed-methods study that examined low-income trans/gendervariant people of color who attended transgender support groups at harm reduction programs in New York City. The study was conducted from 2011-12, with a total N=34. The qualitative portion was derived from six focus group interviews that were audio-taped and transcribed. The quantitative portion was derived from a survey that was administered at the focus groups.

Research 2: Primary Care for Trans People

Room: 204

Harm reduction model for treatment of MTF transsexuals below the poverty line

Jennifer Burnett, MS, MD, FAAFP

Many Transsexuals are highly motivated by their extreme gender dysphoria to seek cross-gender hormones by any means possible. There is a significant subset of TS who subsist below the poverty level and, due to lack of a stable job, societal restraints (e.g. unable to qualify for any type of welfaresponsored medical care), or other factors, are unable to obtain any medical care for their condition. Many of these will seek out hormones through the “black market” and use them with little or understanding at what type(s) or dosages they are giving themselves. Most of these illicit preparations are highly unsuitable, even dangerous for those using them, and are administered with the only directions being by “word of mouth”, passed on by peers or other non-medical personnel. This presentation is a summary of 4+ years of demographic and outcomes data on the treatment of M2F transsexuals utilizing a Dual Hormone Protocol of injectable Estradiol Valerate and Depo-Provera. Through this project M2F TS were able to significantly reduce their risk for complications, receive needed patient education and be evaluated for their other medical needs as well.

We have a hard time treating your kind here: Negative health experiences of transgender women in San Francisco

Leah B. Rorvig, MS4, MSc

Transgender women are subjected to numerous forms of mistreatment in the health care setting and describe a high degree of emotional distress related to these experiences. This is particularly important in light of the high prevalence of major depression in this population. Transgender women actively prioritize gender-affirming health care and employ varied avoidant and proactive strategies to ensure knowledgeable and respectful care.

Socio-economic barriers to accessing gender-confirming care

Janelle Downing

Transgender people experience significant barriers to receiving counseling and top surgery as a result of not having health insurance. Gender confirming surgeries are not accessible for transgender people who are poor or near poor. These barriers to accessing health services may continue to perpetuate and even exacerbate disparities in health of transgender people.

Heading the call: An OBGYN's role in female-to-male transgender (FTM) patient care

Juno Obedin-Maliver, MD, MPH; Alexis Light, MS4, MPH

According to the 2011 Institute of Medicine Report and emphasized by the American Congress of Obstetricians and Gynecologists (ACOG) committee opinion, transgender individuals encounter significant barriers to healthcare. ACOG charges obstetrician-gynecologists (OB/GYNs) to help eliminate these barriers to care by creating non-discriminatory practices and assisting with transitions. But what does this mean in practice?

By drawing on preliminary research from two current studies, this presentation will discuss the care of female-to-male (FTM) transgender patients within OB/GYNs practice. One study "Gynecological Surgery for Female-to Male Transgender Men: Total vaginal hysterectomy as an approach for gender confirming surgery" is a chart review analyzing the feasibility of total vaginal hysterectomies, without the additional morbidity and cost of laparoscopy, thereby expanding options for these patients. The other, "Pregnancy After Transitioning Study (PATS) - Feasibility and pilot study of FTM transgender men who have experienced pregnancy," is a retrospective analysis to better understand the pregnancy and birth experience of FTM individuals as well as possible birth outcomes.

Special Topics 1: Trans training tools

Room 201

Affirmative care for transgender and gender non-conforming people: Best practices for front-line health care staff

Emilia Dunham, BA; Harvey Makadon, MD

In collaboration with trans health care providers, researchers and front-line staff, the National LGBT Health Education Center at The Fenway Institute created a helpful tool of best practices for front-line health care staff to provide affirmative care for transgender and gender non-conforming individuals. Our needs assessments and review of available research reveal a great need for front-line staff to learn how to appropriately and sensitively communicate with transgender patients. With increased need for health centers and other health care organizations to become more culturally competent in providing affirmative services for transgender clients, this tool addresses the often overlooked best practices for training front-line staff.

Special Topics 2: Rectal microbicides

Room 202

HIV prevention that Gels: Rectal microbicides for transgender communities

Ian McGowan, MD, PhD; David Nalos

As one of the most at-risk groups for HIV in the United States who are often left out of biomedical HIV research, transgender women can benefit greatly from playing an active role in rectal microbicide research and advocacy.

These voices are vital to shape a rectal microbicide research agenda that is inclusive and responsive to the needs of transgender communities. During this session, experts will provide an in-depth and up-to-date discussion of the science, community challenges, and advocacy related to rectal microbicides as an alternative HIV prevention strategy for transgender people who practice anal sex. Attendees will have an opportunity to view a newly launched educational video on rectal microbicides, and leave with new knowledge about the status of HIV prevention research and how to overcome the barriers that may be preventing transgender communities from becoming involved in this promising research area.

Medical Training: Basic

Junior Ballroom 1/2

Care of transgender children and adolescents

Johanna Olson, MD; Steve Rosenthal, MD; Jennifer Hastings, MD; Michele Angello, PhD

This session is an introduction for the medical provider who is new to caring for trans and gender nonconforming children and adolescents. Topics to be covered include care and social transition for children, puberty blocking and peri-pubertal clinical decision making, early through late adolescent care including cross-sex hormones, as well as a discussion of the biology of gender. Special emphasis will be made on the multi-disciplinary approach as well as important mental health considerations for youth.

Medical Training: Advanced

Junior Ballroom 3/4

Transgender surgery: What primary care providers need to know

Christine McGinn, DO

This session will cover a range of surgical topics of interest and concern to the primary care provider. Topics to be discussed include preoperative medical evaluations and clearances, common postoperative problems, medical implications of surgery, as well as an update on current surgical treatment paradigms and options.

Mental Health 1: In-depth psychotherapy

Room 208

Moderator: Lin Fraser, EdD

Clinical explorations in the renegotiating of erotic matter for transgender clients

Elise Turen, PhD, ACS

TS/TG people can achieve a heightened sense of Sexual Selfhood far more nuanced and inspiring than the average population, due to the monumental task of re-ascribing and redefining sexual/erotic orientation(s) and identities potentially leading to a more profound and intimate attunement to Self and Others. This workshop will address the Clinical Issues related to the integration of a Sexual Self-hood along with a Gender Congruent Identity.

Finding the way home: The challenge of embodiment for transgender/transsexual clients

Kim Hracca, LMFT

When someone undergoes a gender transition, how do we find ways to address what is experienced in the body? In this talk, we will pay particular attention to the visceral impact of social transition, hormones and/or surgery and the challenge of navigating those changes within a relationship.

Substance abuse

Jay Williams, MSW, ASW

This presentation utilizes Harm Reduction as a holistic model to support safety, well-being, and personal empowerment in transgender, genderqueer, and questioning youth with substance concerns.

Substance abuse

Jeanna Eichenbaum, LCSW

This presentation will explore the ways that healthy and unhealthy relationships to substances have impacted and informed the trans and gender-variant communities.

Trans parents: When trans people have kids before coming out

Randall Ehrbar, PsyD

This presentation will provide a review of the literature and discussion about trans people who are parents and the impact of transition on their children.

Reproductive options for prospective trans parents

Gail Knudson, MD

This session will briefly overview the reproductive options available to trans people as an introduction to a larger discussion on family building and parenting in the latter part of the workshop.

Issues in working with cis-trans couples: Transition and beyond

Maureen Osborne, PhD

In committed relationships where one member identifies as transgender, there are unique challenges. Whether the context be one of early or later discovery/disclosure, part-time or full-time, public or private expression, straight or queer-identified, there are many difficult issues that may arise. Among these are damage to mutual trust, loss of intimacy, unrealized hopes and expectations, competition for attention, finances, and more. This talk will identify issues and suggest therapeutic strategies for working with couples with a gender variant partner.

Mental Health 4: Clinical training issues**Room 205****Transition in training***Nathan Sharon, MD*

Dr. Sharon will be discussing his personal experiences of medical transition during medical school as well as ongoing needs of teaching transgender healthcare competency within residency training.

Transgender psychiatry: Training modern clinicians*Jack Pula, MD*

Dr. Pula will discuss his efforts training psychiatric residents and other mental health professionals on caring for transgender people in psychiatric settings, making use of his own personal and professional experience, and collaboration with psychiatric colleagues in clinical and advocacy settings. Participants will learn about the state of training standards and fundamental aspects of competency in transgender psychiatric care.

Clinical training issues*Becca Keo*

Becca Keo will share experiences with encountering a professor who made a trans-negative comment in class and how the situation was navigated in a professional manner. Additional topics will include receiving support and affirmation from a mentor regarding transgender and gender diverse issues, and engaging in collaborative learning with colleagues in the social work department regarding training on trans issues.

Clinical training issues*Colt Meier, PhD*

Dr. Meier will discuss his experiences transitioning in grad school in Texas, navigating multiple relationships with community members in an ethical manner, and dealing with resistance in training graduate students and professionals in conservative environments.

Policy Institute**Room 206****Transgender-inclusive insurance roundtable***Kellan Baker, MPH, MA; Jamison Green, PhD; Masen Davis, MSW*

An expert roundtable on trans insurance issues will serve as the capstone of the Policy Institute. During this session, invited experts will discuss recent developments around comprehensive and accessible private and public insurance coverage for a range of transgender health needs. In particular, we will focus on harnessing and expanding the potential of recent engagements with insurance commissioners in California, DC, Colorado, and Oregon that have resulted in groundbreaking new protections for trans people with private insurance coverage. The roundtable will include short presentations about how the work in these jurisdictions was done, what pitfalls arose, and what future needs are for continuing to make advances with regard to both private and public coverage.

Session 5: Friday May 18, 1:30 – 3 pm

Research 1: Transgender Identities

Room: 203

Constructing a multidimensional model of gender identity and expression sensitive to the diversity of experiences within the transgender and gender non-conforming spectrum

Laura Kuper, MA; Laurel Wright; Brian Mustanksi, PhD

Based on assessment of the existing gaps in the literature on transgender and gender nonconforming developmental trajectories, the present study aimed to: (1) identify gender-related dimensions of personal experience and (2) develop a model of their development from Childhood through Emerging Adulthood that (a) is applicable to both gender nonconforming and transgender individuals (b) reflects the influence of ecological factors (c) is sensitive to issues of diversity, and (d) is informed by the sociopolitical and historical knowledge. In order address these aims we conducted qualitative interviews with twenty racially diverse young adults who reported high levels of childhood gender nonconformity. At the time of interview, roughly half of these participants identified as transgender. Remaining participants identified as lesbian or gay but not transgender, although some had identified as transgender in the past. Interviews explored the ways participants reflected on their childhood experiences, conceptualized their current identities, and narrated their process of identity development. Participants' experiences were first sorted into Intrapersonal, Interpersonal (e.g., family, peers, strangers), and Structural (e.g., school, workplace, society) domains. Within the Intrapersonal domain, four main dimensions of gender related self-understanding were identified: Gender Identity, Gender Presentation, Gender Role/Expression, and Physical Self Image. These variations in Gender were also relevant to participants' descriptions of their Sexuality. A model was developed to reflect how these Gender and Sexuality related self-understandings develop over time, as influenced by Intrapersonal and Structural factors. This model will be displayed at the poster session along with an additional three figures that provide more detail on (1) Gender and (2) Sexuality related domains of self-understanding, and (3) propose a theoretical overview of how these variations in Gender and Sexuality come to influence mental health. The model is currently being developed into a quantitative measure intended for both clinical and research applications and feedback will be welcomed from all attendees.

This is my life today: A portrait of transgender women of color in New York City

Luis F. Molano, MD; R. Barucco

The workshop will present the findings of a descriptive, exploratory analysis based on records' review and case studies. We collected and synthesized the information from psychosocial assessments provided to 100 transgender female of colors in non-LGBT, community-based healthcare setting located in underserved areas throughout New York City. The study summarizes the information collected in the psychosocial assessments in the following areas: serostatus information and patient's adjustment to HIV status, medical concerns, family and collateral support, education, financial and legal situation, substance use assessment, mental health assessment, and risk assessment. Findings provided significant insight into the real lives of transgender women of color. The presentation provides qualitative insights into the difficulties that transgender women of color experience and ultimately into the implications on the way they live their live. The analysis will conclude with data-driven hypothesis in terms of service recommendations for transgender women of color.

Mental health among transgender women of color: A view on combined discrimination and transgender identity

Kevin Jefferson, BS; Torsten B. Neilands, PhD; Jae Sevelius, PhD

Little is known about the experiences of transgender women of color and their mental health needs. Given the relationship between discrimination and depression, we hypothesized race and transgender discrimination would

be associated with increased odds of depression among transgender women of color (Diaz, Ayala & Bein, 2004; Nemoto et al, 2004). Cross sectional data were analyzed from 98 participants in Sheroes, an ongoing transgender women's health study. Using logistic regression, we examined the relationship between depression and exposure to transphobic and racist events, respectively, subsequently accounting for coping self-efficacy and regard about one's transgender identity. Experiences of transphobic events (OR = 1.043; $p < .05$) and racist events (OR = 1.035; $p < .05$) increased the odds of depression, respectively; whereas regard about women's transgender identity decreased the odds of depression (OR = 0.494; $p < .05$). When we explored the combined effects of racist and transphobic events in a logistic model, we found higher levels of non-additive discrimination were associated with increased odds of depression. Our findings underscore the need to address transphobic events in transgender health campaigns, identity-based psychosocial interventions, and policy. Based on the joint influence of transphobic and racist events on depression, these strategies must also acknowledge the unique experiences of transgender women of color. Furthermore, the protective association ascribed to higher regard of a transgender identity underscores the importance of developing empowerment opportunities for transgender women. We discuss opportunities to address the health needs of transgender women of color in research, psychosocial interventions, and policy.

Research 2: Transgender Health Risks, Resiliencies, and Aging

Room: 204

Morbidity and mortality in a transgender hormone treated patient population: Preliminary data

Jamie Feldman, MD, PhD; Katherine Spencer, PhD

Background: The Institute of Medicine has called for clinical research in hormone-treated transgender persons to understand the effects of treatment. Current studies suffer low numbers of patients and short exposure time, and absence of systematic data analysis from the United States.

Methods: Retrospective chart review from 15 gender dysphoria centers (10 Europe, 5 USA), Eligibility criteria: 18 or older; received hormones prior 2010, and follow up for ≥ 1 year. Analysis of entire data set is ongoing for cause-specific side effects with age, type/dose of hormones, duration, pre-existent comorbidity, and cardiovascular risk factors. Data from one US clinic (Minnesota) has been analysed for proportion of patients receiving hormones, demographics, co-morbid status and adverse events.

Results: 357 charts were reviewed. 72 (23 FtM, 49 MtF, 20.1%) met criteria for study inclusion. 201 (56. 3%) charts showed assessment for gender dysphoria, but never received hormones at the clinic. Average age at hormone start, 33.9 years, 69% nonsmokers. Common co-morbidities: depression, hypercholesterolemia, hypertension and diabetes. 18% transfeminine and 17% of transmasculine patients were obese or morbidly obese prior to hormone therapy. Patients followed average of 4.22 years (range 1-28 years). Adverse events during feminizing hormone therapy included: 1 deep venous thrombosis, 1 myocardial infarction, and death from splenic artery rupture in a patient with underlying liver disease. Adverse events during masculinizing hormone therapy included: hypercholesterolemia, ACL tear, and subfascial hematoma related to IM injection.:

Transgender older adulthood and end of life concerns

A. Evan Eyler, MD, MPH; Tarynn M. Witten, PhD, LCSW

Transgender and gender variant persons in the older adult age groups are becoming more visible, and often present for medical services related to both gender transition and age appropriate physical and mental health needs. Research evidence is currently lacking for this population, although some extrapolations can be made from clinically relevant populations and from the non-transgender medical literature. This workshop will address the concerns of transgender older adulthood from an Ericksonian and practical perspective. Recommendations regarding preventive medical care pertinent to this population will be presented, and some of the implications of estrogen and testosterone use among older adults will be considered. Palliative care, end of life concerns, and the creation of legacy will be discussed. Results from a recent year-long survey on end of life preparation and perception will

be presented. A case based format will be used. This workshop is intended for medical and nursing clinicians who work with gender variant persons in the middle and older adult years, though others are welcome to attend.

Health and aging among LGBT older adults: Risks and resiliencies

Jill Gover, PhD

This PowerPoint presentation will review the research data from the Caring and Aging with Pride 2012 study, a collaboration with eleven community based agencies throughout the nation serving LGBT older adults, and the first national federally funded project to examine LGBT aging and health. The project accessed data from 11 community based agencies across the nation serving LGBT older adults. This presentation will highlight the key findings and the recommendations stemming from this groundbreaking research project on LGBT older adults, with a focus on transgender health disparities.

Special Topics 1: CDC roundtable

Room 201

Strengths and challenges from PS 11-1113 grantees adapting HIV prevention interventions for trans women of color

Mac McKleroy, MPH; Gladys Gonzalez; Sabrina Bennett; Sharyn Grayson; Shaun Che; Trey Gantt; Victor Harrell

This session will highlight the successes of six grantee organizations funded by CDC to implement evidence-based behavioral HIV prevention interventions and public health strategies with transgender women in Baltimore, Detroit, New York, Oakland, and Washington DC. Challenges will also be identified; and subject matter experts and peers will discuss strategies for overcoming barriers to successful implementation.

Special Topics 2

Room 202

Transgender care issues for pharmacists

Kirsten Balano, PharmD

This session will tackle the pharmacologic issues related to effective use of hormonal therapy for transgender clients. Evidence-based issues regarding formulation, dosing and cost will be reviewed. In addition, time will be spent reviewing HIV and Antiretroviral Pharmacology, describing current classes of agents used to treat HIV infection and identifying preferred HIV treatment strategies in 2013.

Medical Training: Basic

Junior Ballroom 1/2

Transgender surgery: What primary care providers need to know

Christine McGinn, DO

This session will cover a range of surgical topics of interest and concern to the primary care provider. Topics to be discussed include preoperative medical evaluations and clearances, common postoperative problems, medical implications of surgery, as well as an update on current surgical treatment paradigms and options.

Medical Training: Advanced**Junior Ballroom 3/4****Advanced case-based discussion**

Madeline Deutsch, MD; Anita Radix, MD, MPH; Johanna Olson, MD; Steve Rosenthal, MD; Jennifer Hastings, MD; Linda Wesp, NP; Ronica Mukerjee, NP; Curtis Crane, MD

This session will serve as a capstone to the two day clinical training track and will involve an in-depth discussion of a range of complex cases in both pediatric and adult patients. A panel comprised of course faculty will take turns reviewing and moderating case discussions.

Mental Health 1: ICD 11 Room 208

ICD 11 promises dramatic changes in diagnosis, including removal of Transsexualism from the mental disorders section, and a narrowing of the paraphilic disorders. Some controversies persist, in particular the inclusion of Gender Incongruence of Children. Proposals for ICD 11 will be presented by WHO staff and committee members responsible for the proposals, and discussed by others involved in diagnostic change.

ICD-11: Introduction

Dan Karasic, MD

This presentation is a brief overview of issues leading to the diagnostic changes in ICD 11.

ICD-11: The World Health Organization's process for revising diagnoses affecting transgender people

Geoffrey Reed, PhD

Geoffrey Reed, PhD is Senior Project Officer, Revision of ICD-10 Mental Health and Behavioural Disorders, World Health Organization. He will describe the process and timeline for revising ICD.

ICD-11: Proposals for gender incongruence diagnoses

Peggy T. Cohen-Kettenis, PhD

Dr. Cohen-Kettenis will review ICD-11 proposals on Gender Incongruence of Adults and Adolescents, and Gender Incongruence of Children

ICD-11: Paraphilic disorders

Richard Krueger, MD

This presentation will review proposed paraphilic disorders in ICD-11.

ICD-11: WPATH's recommendations

Gail Knudson, MD

WPATH has been an active participant in providing feedback to the WHO with respect to the ICD 11 gender diagnoses. This presentation will overview the three phases of the project and summarize the proposals thus far.

From gender madness to gender wellness in the ICD-11

Kelley Winters, PhD

This presentation will discuss strategies for transition health care coding in the ICD-11, addressing issues of social stigma and transition care access for children, adults and adolescents. Includes recommendations from the Global Action for Trans* Equality (GATE) Expert Working Group.

Mental Health 2

Room 201

Culturally competent care for trans people of color

Willy Wilkinson, MPH

In this interactive workshop, participants will explore the varied complexities of gender identity and expression, develop tools for providing culturally competent care for diverse client populations, and identify trans-inclusive policies and procedures to ensure equal access on an organizational level.

Mental Health 3

Room 211

Complex cases in community mental health

Heather Weisbrod, MSW; Maria Porch, LCSW; Robyn Stukalin, LCSW; Michelanne Baker, PsyD

This session will include presentation of cases from community mental health/public health settings. These cases will highlight strategies for engaging and supporting people through the process of transition while simultaneously addressing multiple psychosocial challenges.

Policy Institute: ICD 11

Room 208

Policy Institute participants will join the Mental Health 1 participants for this informative session.

Poster Reception: Saturday May 18, 3:00 pm - 4:00 pm

Transitioning transgender

Lydia Fein, BS; Christopher E. Estes, MD; Marlene Velasquez-Sedito, RN; Christopher J. Salgado, MD

Better understanding the transitioning process allows doctors to be more sensitive to their transgender patients' needs. This study sought to identify the most significant aspects of transitioning that allow transgender patients to best pass as and feel like their true gender.

Objectified body consciousness in gender diverse populations

Dulcinea Pitagora, MA; Jessica A. Joseph, MA

The Objectified Body Consciousness Scale (OBCS) has predominantly been used to measure Objectified Body Consciousness (OBC) in women. Though attempts have been made to extend the utility of the OBCS by including men in samples, there has been no research to date incorporating gender diverse individuals. The current study administered an online survey to a sample (N = 185) of individuals who self-identified as androgynous, cross-dresser/MTF, gender fluid, gender non-conforming, gender queer, man, transgender/MTF, and woman. Measures included the OBCS, Body Esteem Scale (BES), and 6 original items related to gender expression and passing. Three hypotheses were tested: (1) OBC Body Surveillance and Body Shame subscale scores for gender diverse groups should be significantly higher than cisgender groups, and will have a negative correlation to the BES; (2) scores on the OBC Control Beliefs subscale should vary significantly depending on gender identification; and (3) gender groups that identify most with culturally stereotyped genders should score higher in OBC Control Beliefs subscale correlating to higher scores on items related to salience of gender difference and importance of passing. Reliability, correlational, and Kruskal-Wallis (non-parametric ANOVA) analyses were conducted. Findings suggested that the OBCS is generalizable to gender diverse populations; passing may be a more appropriate correlate to the OBC subscales than thinness or muscularity; and a positive association with one's gender identification, regardless of compliance with cultural norms, can contribute to higher body esteem, and could mitigate the negative effects of OBC.

Transgender health: Fulton and DeKalb counties transgender mobilization project

Benjamin Moore, MS, PhD

This poster explores a method to reduce the lack of HIV specific prevention programs, medical clinics, case management, and social support services available for the AA Transgender communities in Metro Atlanta - DeKalb and Fulton Counties.

Laser hair removal services for transwomen: An effective connection to care

Cecily Cosby, PhD, FNP-C/PA-C; Tamera Valenta, MSN, FNP; Tev Monnin, RN, FNP

Maintaining continuity with primary and/or specialty care services is often challenging for many transwomen. Strategies intended to facilitate the connection to care can have a positive impact on both quality of life and patient outcomes. A needs assessment conducted with a California Bay Area group of transwomen in 2011 identified feminizing services, specifically the management of facial hair, as a high priority. Few things are as masculinizing as dark, coarse facial hair. Beyond the anxiety and distress this causes are the associated safety concerns related to being 'clocked' by those who would do harm. Feminizing services, such as laser hair removal (LHR) and electrolysis are increasingly being seen as medically necessary rather than simply cosmetic. The permanent reduction of facial

and body hair can have a significant impact on personal and professional credibility as well as safety. Beginning in August 2011 LHR services were offered in space donated by a local CBO. Notices of the affordable services were sent to several local transgender affiliated organizations. Treatments were offered 3-5 days per month. Since optimal hair reduction typically can require between 5 and 10 treatments, each 4-6 weeks apart, these services offer the opportunity for regular, ongoing client contact. Over the course of LHR treatments, screening related to risk behaviors, health education, HIV testing, queries related to medical and psychiatric needs, medication adherence support and referrals can be offered. To date there have been no treatment-related adverse events, and over 125 unique patient participants have resulted in over 600 patient encounters.

Older transgender experiences in psychotherapy

Amanda Beth Elder, MA

The purpose of this study is to enrich the understanding of transgender individuals' subjective experiences in psychotherapy throughout their lifespan, both to offer perspectives that are often overlooked due to transgender marginalization, and to improve the quality of psychotherapeutic care for gender variant people. The researcher will conduct one-hour interviews with a diverse sample of 8 to 10 transgender-identified people. Participants will be 60 years of age or older, with at least one significant psychotherapeutic experience, regardless of their gender identity at the time of treatment. A qualitative research method using thematic analysis will identify and analyze themes embedded in the data (Braun & Clark, 2006). The study intends to be trans-affirmative, and will refrain from asking personal questions regarding participants' health. In respect of participants' privacy, no questions will be asked about their health history regarding surgical, hormonal or other gender realignment procedures they may have had. They will be able to disclose anything regarding their health history solely at their discretion. Participants will ideally be recruited with the purpose of maximizing diversity related to gender, race, ethnicity, age, and ability status to offer different perspectives on the topic. Respondents will be screened by email to determine their eligibility for the study.

MTF transgender Christians: An exploratory study with milestone events

Trista L. Carr, PsyD; Mark A. Yarhouse, PsyD; Rebecca Thomas, BS

This poster will expound on the descriptive and qualitative data of an exploratory study of 32 MTF transgender Christians. It will also address the clinical, ethical, and theological considerations for clinicians in their work with transgender Christian persons.

Exploring the experiences of transgender college students

Robert Enoch, MS

The purpose of this research study was to achieve a better understanding of the experiences of students attending the University of Montana who identify as transgender. While relatively few studies have examined the experiences of transgender college students, those looking at this community have determined that these students typically lack support in various domains, including not having adequate access to physical and mental health services, not having appropriate campus facilities (e.g., restrooms and locker rooms), and needing more allies among both faculty and students (Beemyn, 2003; McKinney, 2005). The intent of this study was to discover whether these issues are still identified, determine how challenges for transgender students have changed over time, and hear about any positive aspects of their experiences.

Using a phenomenological approach to qualitative analysis, semi-structured interviews were conducted with 15 students recruited from various LGBT-oriented community and campus organizations. Interviews were coded by a

team of researchers, allowing for a number of themes to emerge that embody the experiences of these students. Results indicated that some of the findings from earlier studies, such as concerns about access to physical and mental health services, are still relevant; however, there was also evidence that transgender students' inclusion in campus organizations has increased. Implications from the study focus on ways in which campus administrators can strive to help make their universities more inclusive places for transgender students.

Navigating Jewish and transgender identities

Nicole Thalheimer, MA

Holding both a transgender and a Jewish identity can come with a plethora of challenges and stigma. The invalidation of an already marginalized group is exacerbated by clinical invisibility and lack of empirical research. The current review of literature yielded no empirical studies that examine the experiences of individuals who identify as transgender women and Jewish. Some narratives have been compiled in recent popular memoirs looking at individuals with these intersecting identities. Holding multiple minority statuses can compound minority stress in a multitude of ways, often times affecting the mental health of the individual. Transgender individuals are often marginalized for identifying outside the gender binary, which complicates and compounds the lived experience of individuals who find themselves at the intersection of other marginalized statuses as well. Without research to guide their practice, many clinicians may feel at a loss when trying to work with a client who identifies as transgender and Jewish. The presentation will discuss the existing information on individuals who identify as transgender and Jewish, the need for further research, and the importance of an intersectional approach when working clinically with transgender individuals.

Exploring social and behavioral contexts for HIV risk behaviors in the San Francisco transgender community: Preliminary findings from a community based drop-in center

Erin Armstrong; Judy Tan, PhD; Cynthia Dela Cruz

Using the “Behavioral Health Survey”, a data collection tool created by A&PIWC and input from the SFDPF, over 50 unique data points from participants every 6 months, and covers topics as diverse as employment, immigration, condom usage, sexual behavior/history, alcohol and drug use, Hormone Replacement Therapy, and more.

Asian transgender clients APICHA Community Health Center

Jun Matsuyoshi, LCSW

APICHA Community Health Center’s Trans Health Clinic is 20 months old. Services include: trans-focused primary care, mental health services, case management, and psychoeducation groups.

Malama mahuwahine

Lyndall Ellingson, PhD; Ashliana Hawelu-Fulgoni

This presentation will provide understandings of the health and well-being of mahuwahine (Native Hawaiian Transgender women). The data are from three separate studies conducted by the presenters from 2004-2011 among mahuwahine living on O`ahu. The studies varied significantly and provide a wide range of data that capture the lived experience, perceptions, challenges and resiliencies of mahuwahine around substance use, intrapersonal violence,

access to health care, experience with medical and social service providers, sex industry work, homelessness, and poverty. Quantitative survey results highlight increased risk for sexually transmitted infections, substance abuse, homelessness, and violence. Qualitative results, garnered from interviews and focus groups, explore ethnic and gender identity, ethnic and culture pride, familial and social support networks, as well as historical, geographical and cultural threats to well-being and sources of resilience. Impact data on the effectiveness of culturally-focused HIV and Hepatitis C prevention program designed for mahuwahine will also be discussed including pre- and post-test data on sexual risk and harm reduction behaviors, perceived agency, perceived risk, and substance use.

Adaptation is the key: successfully conducting mass HIV testing among Transgender Women

Pocahontas Crowe; Tamara Stephney; Kimberley A. Parker, PhD, MPH, CHES

Abounding Prosperity (AP) in Dallas, Texas has the reputation as the “go to” agency for Black Men Who Have Sex with Men (MSM); and, this reputation has led to some encouraging inroads in serving Black Transgender male-to-female (MTF) individuals. However, the national tendency to collapse MSM issues with the needs of Transgender individuals has also caused missed opportunities. However, over the past year, the mass testing of MTF at AP has seen significant increases that have naturally developed from a research-based practice. The focus of the proposed forum will be a discussion of this research-based practice that has led to significant recruitment of Transgender women for mass HIV testing.

About a year ago, AP instituted a discussion group known as “Chat & Chew,” a monthly meeting for MTF centered around good food and great conversations. Creating questions that would generate dialog about sex, sex work, other forms of employment, friendship/support networks, and self-esteem/life style, the “Chat & Chew” became a repository of personal testimonies, struggles, and triumphs. Processing this raw data and hiring a Transgender woman to help us translate their experiences into practice, AP was able to boost its mass HIV testing numbers.

Archival footage of MTF who will not be able to attend the Summit will be a part of the presentation. The actual speakers will be a round table including MTF who have been a part of AP’s mass HIV testing program.

about the Center of Excellence for Transgender Health



The mission of the Center of Excellence for Transgender Health (CoE) is to increase access to comprehensive, effective, and affirming healthcare services for trans and gender-variant communities in the United States. The Center

of Excellence for Transgender Health combines the unique strengths and resources of a nationally renowned training and capacity building institution, the Pacific AIDS Education and Training Center (PAETC), and an internationally recognized leader in HIV prevention research, the Center for AIDS Prevention Studies (CAPS), both of which are housed at the University of California, San Francisco.

Our ultimate goal is to improve the overall health and well-being of transgender individuals by developing and implementing programs in response to community identified needs. We include critical community perspectives by actively engaging with a National Advisory Board (NAB) of 14 trans identified leaders from throughout the country: Jordan Blaza; Dee Dee Chamblee; Ashliana Hawelu-Fulgoni; Sel J. Hwahng, PhD; Mattee Jim; Earline Budd; Yoseñio V. Lewis; Terra Moore; Raquel Sapien; Bali White; Tiffany Woods and Cecilia Chung. The collective experience of our diverse and talented NAB assures that all of our programs address issues that are timely and relevant to the trans community.

Our faculty and staff reflect diverse backgrounds in academia, public health research and social justice work. With many combined years of experience in transgender health, the CoE strives for excellence in all that we do. Faculty and staff are listed below:

E. Michael Reyes, MD, *MPH Professor*
JoAnne Keatley, MSW, *Director*
Gregory M. Rebchook, PhD, *Assistant Professor*
Jae Sevelius, PhD, *Assistant Professor*
Madeline Deutsch, MD, *Clinical Lead*
Jamison Green, PhD, *Health Policy Analyst*
Luis Gutierrez-Mock, MA, *Senior Technology Exchange Specialist*
Danielle Castro, *Community Mobilization Specialist*
Angel Ventura, *Program/Research Assistant*
Enzo Patouhas, MA, *Research Assistant*
Yavanté M. Thomas-Guess, *Technology Exchange Specialist*
Charlie DeVries, *Summit Coordinator*

To learn more about The Center of Excellence for Transgender Health, please visit our website at www.transhealth.ucsf.edu.

about the World Professional Association for Transgender Health



The World Professional Association for Transgender Health (WPATH) is an international association devoted to the understanding and care of transgender, transsexual and gender nonconforming individuals. Founded

in 1979, and currently with over 650 physician, psychologist, social scientist, and legal professional members, all of whom are engaged in research and/or clinical practice that affect the lives of transgender and transsexual people, WPATH is the oldest interdisciplinary professional association in the world concerned with this specialty.

WPATH Mission Statement

As an international multidisciplinary professional Association the mission of WPATH is to promote evidence based care, education, research, advocacy, public policy and respect in transgender health.

WPATH Vision Statement

We envision a world wherein transsexual, transgender and gender non-conforming people benefit from access to evidence-based health care, social services, justice and equality.

Standards of Care

WPATH promotes the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. The SOC are based on the best available science and expert professional consensus. The overall goal of the SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well being, and self-fulfillment.

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