

INTERNATIONAL TO TRANSGENDER HEALTH SUMMIT

**APRIL
17-18**

OAKLAND
MARRIOTT CITY CENTER
1001 BROADWAY OAKLAND CA 94607



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About the 2015 National Transgender Health Summit partners

welcome!

On behalf of the faculty and staff of UCSF's Center of Excellence for Transgender Health (CoE), the Center for AIDS Prevention Studies (CAPS), and the Alliance Health Project (AHP) please accept our very warm welcome to the 2015 National Transgender Health Summit! We are so pleased to be joining efforts of our respective organizations to convene this important summit. We, along with the many summit volunteers, have worked hard to build a program that we are confident will lead to a robust learning experience for you. We hope that you will find the information useful in your practice or research and that you will share it with your colleagues when you return home. We also encourage you to take the opportunity to network with transgender health colleagues while at the summit and exchange contact information with one another. The collective experience you will find at NTHS 2015 is one of the great resources this summit has to offer.

Over the last several years, we have made significant steps forward in the field of transgender health. There have been important revisions to the World Professional Association for Transgender Health's Standards of Care, the American Psychiatric Association's Diagnostic and Statistical Manual, and we hope soon, to the World Health Organization's International Classification of Diseases. There is greater access to covered transgender health services in many private and public health insurance plans and more high-quality transgender health providers than ever before. The expanded recognition of transgender civil rights supports our joint efforts to take action on behalf of our patients and clients. Many of us are working towards the elimination of gender identity stigma and pathology. We are confidently moving into the future, together and with renewed commitment towards excellence in transgender affirmative healthcare, for all who would seek it. Your participation in the summit is a reflection of that collective commitment; we and our organizational partners thank you!

As you can imagine, it takes a great deal of work to organize the summit. To that end, we have had exceptional assistance in planning and implementing NTHS 2015 and we want to acknowledge all who have contributed. Our supporters include members of the summit organizing committee, the track chairs, the summit host committee, the staff from CAPS' TIE Core and our colleagues from 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.

As you arrive at this year's summit, please accept our best wishes for a most successful and productive learning experience.

JoAnne Keatley, MSW, NTHS 2015 Co-Chair

*Co- Principal Investigator and Director
Center of Excellence for Transgender Health*

acknowledgements

On behalf of the faculty and staff of UCSF's Center of Excellence for Transgender Health (CoE), the Center for AIDS Prevention Studies (CAPS), and the Alliance Health Project (AHP) we would like to thank the following for their commitment to making the 2015 National Transgender Health Summit a success:

2015 National Transgender Health Summit Planning Committee:

Co-Chairs: JoAnne Keatley, MSW (CoE) and Greg Rebchook, PhD (CAPS, CoE)

Program Leads:

Clinical Track, chaired by Madeline Deutsch, MD (CoE)

Research Track, chaired by Jae Sevelius, PhD (CoE)

Mental Health Track, Academic chair Dan Karasic, MD (UCSF, Department of Psychiatry); Community Co-chair Barbara Warren, PsyD, LMHC (Mount Sinai-Beth Israel-NYC); and Logistic Co-chair Danielle Castro, MA, MFTI (CoE)

Health Policy Institute, chaired by Jody Herman, PhD (Transgender Research Williams Institute, UCLA School of Law); Harvey Makadon, MD (The National LGBT Health Education Center, The Fenway Institute); Jamison Green, PhD (World Professional Association for Transgender Health); Cecilia Chung (Transgender Law Center) and Kellan Baker, MPH (Center for American Progress)

Registration and other logistics: Angel Ventura (CoE) and Brandi Ly (AHP)

Volunteer Committee: Byron Mason (CAPS) and Sofia Sicro

Additional Planning Committee Members:

Rachel L. Kaplan, PhD, MPH (UCSF, OBGYN); Amanda Newstetter, MSW (UCSF, San Francisco AIDS Education and Training Center); Enzo Patouhas, MA (CoE); Jen Shockey, MPH (AHP); and Christina Quiñonez (CoE)

CBA Resource Center:

University of Missouri-Kansas City—Kelly Reinhardt, PMP; Molly Giuliano; Jacki Witt, JD, MSN, RNC, WHNP, CNM; Laurie J. Krom, MS

We would like to extend special thanks to our National Advisory Board members and all of our volunteers.

2015 National Transgender Health Summit Research Track Abstract Reviewers:

Seth Pardo, PhD; Sari Reisner, ScD, MA; Asa Radix, MD; Dan Karasic, MD; Tonia Poteat, PhD; Vin Tangpricha, MD; Diane Ehrensaft, PhD; Jo Olson, MD; Stephen M. Rosenthal, MD; Enzo Patouhas, MA; Cathy Reback, PhD; Jamie Feldman, MD, PhD; Juno Obedin-Maliver, MD, MPH; Rachel L. Kaplan, PhD, MPH; Madeline Deutsch, MD; Sel J. Hwang, PhD; Erin Wilson, DrPH; Maurice Garcia, MD

2015 NTHS Mental Health Track Steering Committee members:

Julie Graham, MFT; Emilia Lombardi, PhD; Seth Pardo, PhD; and Heather Weisbrod, LCSW

2015 NTHS sponsors

The Center of Excellence for Transgender Health, the Center for AIDS Prevention Studies (CAPS), and the Alliance Health Project (AHP) wish to express our sincere appreciation for all of the support we have received from Summit sponsors!

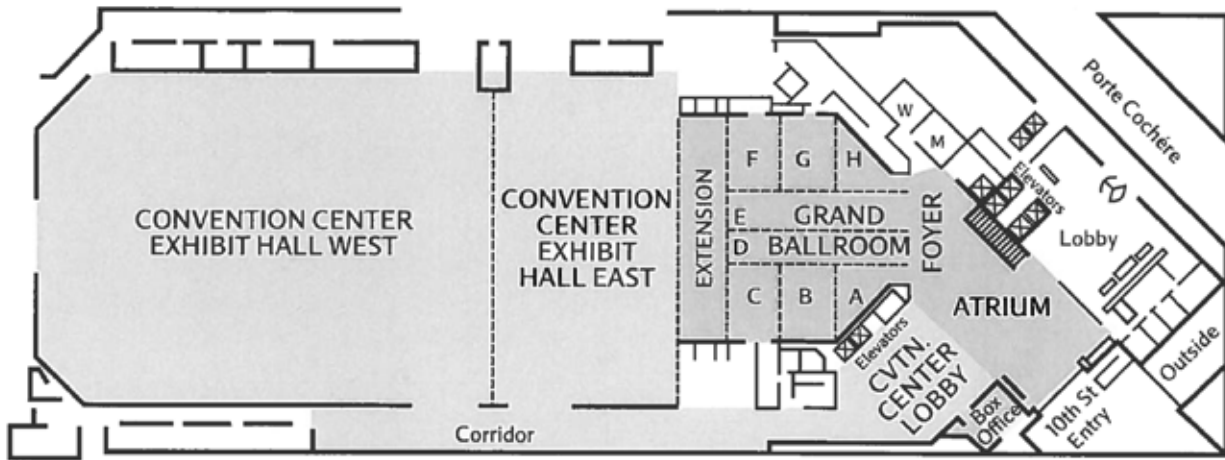


venue maps

GROUND FLOOR

Oakland Convention Center: Exhibit Halls

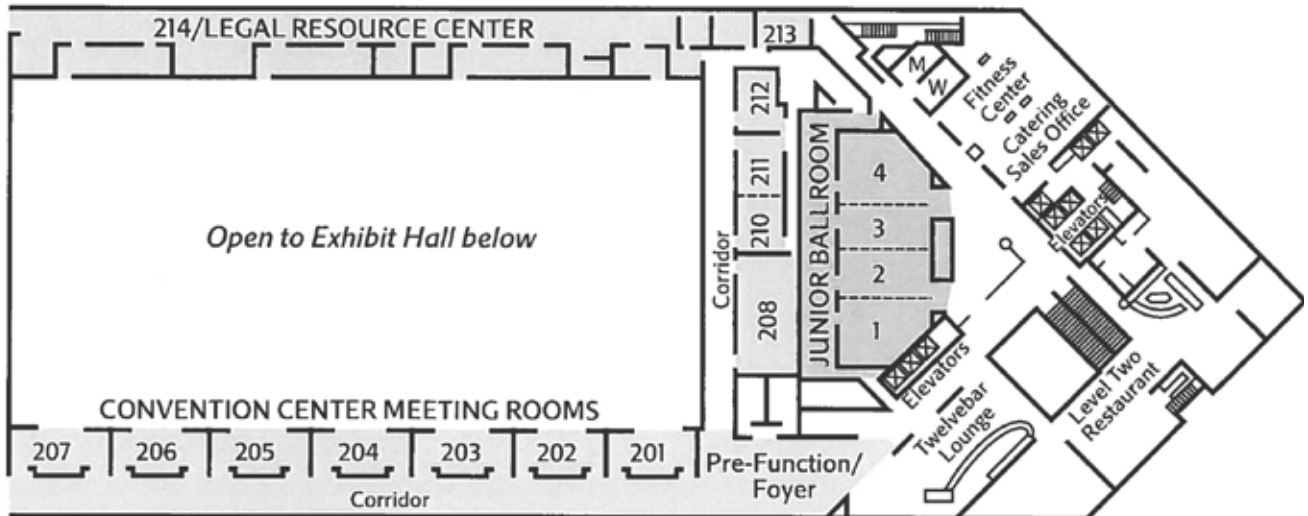
Oakland Marriott City Center: Grand Ballroom



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

The University of California, San Francisco School of Medicine (UCSF) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

UCSF designates this live activity for a maximum of **9.00 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This CME activity meets the requirements under California Assembly Bill 1195, continuing education and cultural and linguistic competency.

Nurses: For the purpose of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credits™ issued by organizations accredited by the ACCME.

Physician Assistants: AAPA accepts category 1 credit from AOACCME, Prescribed credit from AAFP, and AMA PRA Category 1 Credit™ from organizations accredited by the ACCME.

Pharmacy: The California Board of Pharmacy accepts as continuing professional education those courses that meet the standard of relevance to pharmacy practice and have been approved for AMA PRA Category 1 Credit™.

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**

UCSF Student Course Information

Course #: Med 170.37

Title: 2015 National Transgender Health Summit

Instructor: Jae Sevelius

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

AGENDA AT-A-GLANCE

April 17 ▼

EAST HALL 9:00-10am **Welcome/Opening Plenary**
10:15-11:45am **Session 1 ▼**

rm 201	RESEARCH 1	Surgical Procedures for Trans Men
202	RESEARCH 2	Mental Health: Trauma and Suicide
203	RESEARCH 3	Utilization of HIV Care
204	MENTAL HEALTH 1	Cultural Humility in Transgender Care
205	MENTAL HEALTH 2	Families of Gender-expansive Children
206	MENTAL HEALTH 3	Mental Health Assessments
207	MENTAL HEALTH 4	Providers with Trans Identities
JB* 1	MEDICAL 1	Introduction to Transgender Clinical Care
JB* 3	MEDICAL 2	Care of HIV+ trans people, providing PrEP
210	POLICY	Models of Care for Transgender Health
208	SPECIAL TOPICS	Trans women in the Andean region

EAST HALL 12pm-1:30pm **Lunch Plenary**
1:45-3:15pm **Session 2 ▼**

rm 201	RESEARCH 1	Perspectives on Transition-related Healthcare
202	RESEARCH 2	Preventive Healthcare
203	RESEARCH 3	Trans Families
204	MENTAL HEALTH 1	Gender-expansive Children
205	MENTAL HEALTH 2	Discrimination and Stigma
207	MENTAL HEALTH 4	Trans-Formed; A Life In Two Genders
JB* 1	MEDICAL 1	Speech & Language/Hair Removal/Silicone
JB* 3	MEDICAL 2	Transgender Care in Multiple Settings
210	POLICY	Winning Access to Trans Health Coverage and Care
208	SPECIAL TOPICS	Engaging HIV+ TWOC into care

GB* 3:15-4:00pm **Poster Session**
4:15-5:45pm **Session 3 ▼**

rm 201	RESEARCH 1	Barriers in Healthcare
202	RESEARCH 2	Research Methods and Data Collection Issues
203	RESEARCH 3	Biomedical HIV Prevention and Testing
JB* 1	MED 1 / MENTAL HEALTH 1	Multidisciplinary Session
205	MENTAL HEALTH 2	Safe Spaces: El/La Para TransLatinas
206	MENTAL HEALTH 3	Gender Queer Mental Health
207	MENTAL HEALTH 4	Social Media for Trans People
JB* 3	MEDICAL 2	Cardio & Bone Health/Screening/New Research
210	POLICY	Data Collection to Advance Transgender Health
208	SPECIAL TOPICS 1	Fillers: Harm Reduction +
204	SPECIAL TOPICS 2	WPATH perspectives

6:00-7:30pm **Reception** 

April 18 ▼

EAST HALL 9:00-10am **Welcome Back/Morning Plenary**
10:15-11:45am **Session 4 ▼**

rm 202	RESEARCH 1	Cultural Competency Issues in Healthcare
201	RESEARCH 2	Reaching Trans Youth
203	RESEARCH 3	Innovations in Linkage to HIV Care
204	MENTAL HEALTH 1	Spirituality and Mental Health Care
205	MENTAL HEALTH 2	Neurodiversity & Gender Diversity
JB* 1	MEDICAL 1	Fertility, gyn, and pelvic health/physical therapy
JB* 3	MEDICAL 2	Informed Consent/Incarceration/Chest Binding
210	POLICY	Beyond ACA: Litigation & Legal Advocacy Strategies
206	SPECIAL TOPICS 1	Feedback for CDC RE: HIV Info Needs
208	SPECIAL TOPICS 2	Surgery Public
207	SPECIAL TOPICS 3	Provision of care in Latin Am./Caribbean

12pm-1:30pm **Lunch Plenary**
1:45-3:15pm **Session 5 ▼**

rm 202	RESEARCH 1	Resilience and Empowerment
201	RESEARCH 2	Mental Health: Special Considerations
JB* 1	MED 1 / MENTAL HEALTH	Trans youth—intro and background
203	MENTAL HEALTH 1	Substance Abuse Treatment
204	MENTAL HEALTH 2	Kaiser Permanente & Multi-Specialty Care
205	MENTAL HEALTH 3	Pre-operative education/preparation
JB* 3	MEDICAL 2	Advanced Case Discussions and Q&A
210	POLICY	Health Insurance Coding and Billing Process
206	SPECIAL TOPICS 1	HIP for Trans People
207	SPECIAL TOPICS 2	Surgeon's Session (Closed)
208	SPECIAL TOPICS 3	Transgender Women and Corrections

3:15pm-3:45pm **Break**
3:45-5:15pm **Session 6 ▼**

rm 206	RESEARCH 1	HIV Risk Behaviors
203	RESEARCH 2	Trans*female youth in the SF Bay Area
JB* 1	MED 1 / MENTAL HEALTH 1	Clinical care of trans youth
202	MENTAL HEALTH 2	Life Stages
208	MENTAL HEALTH 3	APA Guidelines for TGNC Clients
210	MENTAL HEALTH 4	Patients seeking surgery: Challenging cases
207	MENTAL HEALTH 5	Informed Consent Models
JB* 3	MEDICAL 2	Surgical options/PostOp Management
204	SPECIAL TOPICS 1	Trans-inclusive CBA
201	SPECIAL TOPICS 2	Trans Experience in Film
205	SPECIAL TOPICS 3	Roundtable: Children and HIV/AIDS

EAST HALL 5:30-6:00pm **Closing Plenary**

plenaries

Friday, April 17 | East Hall

► Opening Plenary 9:00am - 10:00am

Facing a new Paradigm: Reflections from UCSF and CoE leadership on developing trends and progress in transgender health.

JoAnne G Keatley, MSW; J. Renee Navarro, PharmD, MD; Greg Rebchook, PhD;
E. Michael Reyes, MD, MPH

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

► Luncheon Plenary: 12:00pm - 1:30pm

Trans History in the Raw: Highlights from the Transgender Archives*

Aaron H Devor, PhD, FSSS, FSTLHE

Saturday, April 18 | East Hall

► Morning Plenary 9:15am - 10:00am

Pre Exposure Prophylaxis (PrEP) and trans people: What do we know now; what else do we need to understand in order to add this promising intervention into our prevention toolkit?

Bob Grant, MD; Asa Radix, MD; Jae Sevelius, PhD.

► Luncheon Plenary 12:00pm - 1:30pm

Updating the National HIV AIDS Strategy: Inclusion of transgender people, now!

The Honorable Congresswoman Barbara Lee, CA 13th District, U.S. House of Representatives;
Eugene McCray, MD; Douglas Brooks, MSW

► Closing Plenary 5:30 pm - 6:00 pm

Key takeaways from the 2015 National Transgender Health Summit!

Clinician Rapporteur: Juno Obedin-Maliver, MD, MPH Community Rapporteur: Valerie Spencer

reception

Friday, April 17 | Skyline Room, 21st Floor

6:00 - 6:10 | Welcome, Special Thanks and NAB Introduction

JoAnne Keatley, MSW

Co-Principal Investigator and Director, Center of Excellence for Transgender Health

6:10 - 6:20 | NAB Welcome

Co-Emcees Cecilia Chung and Seth Pardo, PhD

CoE National Advisory Board (NAB)

6:20 - 6:30 | Jamison Green, PhD

WPATH Board President

6:30 - 6:40 | Hector Vargas, JD

GLMA, Executive Director

6:40 - 6:50 | Elected Officials

Senator Mark Leno

Other Elected Officials [to be confirmed]

6:50 - 7:30 | Live Entertainment

Felix Lee

"...It has been said the life purpose of an Aquarius is to save the world by spreading love, understanding and tolerance. The music of Felix Lee propels this theory into reality..."

-Macio for 'QUE POC'

Based out of Oakland, Felix Lee is a transgender musician and artist who originally hails from the East Coast and Midwest. He's passionate about creating music imbued with the power to heal the mind, body, and spirit. Using only loop pedals and electric guitar, Felix weaves enveloping soundscapes and creates cinematic auditory journeys through the art of live looping.



breakout sessions

Session 1: Friday April 17, 10:15am – 11:45am

Research 1: Surgical Procedures for Trans Men

Room 201

Durability of Neophallus Dimensions over Time Following Transgender Phalloplasty, Patient Satisfaction, and a Smartphone App for Phallus Measurements

Maurice Garcia, MD, MAS

BACKGROUND AND PURPOSE: Penile length and girth are important parameters for transgender (TG) men undergoing phalloplasty. Many report uncertainty regarding specific desired length/girth, and base choices on perceptions of what is “average”. The durability of neophallus length and girth over time post-op remains unknown, as does how neophallus length and girth change following IPP placement. Lastly, as the distribution of TG surgeons is geographically sparse in the U.S. and U.K., it is desirable to be able to receive physical exam images and accurate measurements from patients living afar. We assessed TG men’s neophallus measurements post-op, and queried length/girth preferences. We also used a smartphone App designed by our group for penis length measurements.

Light-Touch, Erogenous Sensation, and Sexual Function Among Transgender Men Undergoing Suprapubic Pedicle and Radial Artery Forearm Free-Flap Phalloplasty

Maurice Garcia, MD, MAS

INTRODUCTION AND OBJECTIVES: A key goal in female to male genital Gender Confirming Surgery is that the neophallus offer tactile and erogenous sensitivity. To optimize erogenous sensation with free-flap Radial Artery Forearm (RAP) and Suprapubic (SP) pedicle-flap phalloplasty, we offer to bury the clitoris within the ventral base of the neophallus. With RAP we now anastomose the medial cutaneous nerve to one of the clitoral dorsal nerves. Anatomic distribution, mean light-touch & erogenous sensitivity, or mean time post-op to achieve onset and peak sensation by any of these different phalloplasty techniques have not previously been reported. We assessed these and sexual function in a random sample of our patients.

A proposed algorithm for FTM top surgery procedure selection based on breast contour

Scott W. Mosser, MD FACS

In addition to the Double-Incision Mastectomy procedure for female-to-male transgender top surgery, there have been a resurgence of various techniques including the keyhole (periareolar with no skin excision), donut (circumareolar skin excision), fishmouth and inverted-T surgical techniques. Choosing between these techniques can be difficult for both patient and physician, and there are pros and cons to a commitment to any particular incisional approach. A means of assessing breast contour and in particular the “infrabreast angle” is presented with an algorithm for understanding which procedures are available based on a given breast shape. A basic overview of each technique as well as the pros and cons of the various approaches is presented.

Prelamination of Radial Forearm Flap Neourethra with Buccal mucosa and Skin graft for Phalloplasty

Christopher J. Salgado, MD

Introduction: Urethral fistulas are not uncommon (50-60% incidence) following radial forearm flap transfers for Gender confirmation phalloplasty in the FtM patient. In an effort to decrease fistula rates prelamination of radial forearm flaps was performed with a combination of buccal mucosa and full thickness skin grafts.

Finding Order in Chaos: Accounting for Variation in Estimates of Suicidality Among Transgender Adults*Noah Adams*

Estimates of suicidal ideation and attempts (suicidality) among transgender adults vary widely. In fact, since 1997, research into suicidality 'ever' has reported attempts ranging from 11% and 43% and ideation ranging from 7% to 89%. Despite this, the literature is largely silent, with little said about the cause, or impact, of this phenomenon. My research addresses this knowledge gap through a modified meta-analysis that married aspects of grounded theory, via interviews with the authors of this literature, with more formally qualitative methodology. I have specifically measured the impact of five co-variables, including education, ethnicity, and gender identification, on the incidence and extent of suicidality variation in research published, since 1997, on transgender suicidality. I have succeeded in extracting relatively more reliable suicidality rates, from the 'noise' produced by the aforementioned variation, as well as guidelines for methodology best equipped to reduce its impact in future research. My findings have implications for the reliability of future transgender suicidality research, suicidality prevention efforts, legislative activism, and public health policy.

Suicidality among Transgender and Gender Non-Conforming Youth and Young Adults: Exploring Prevalence and Correlates within a Large National Sample*Laura E. Kuper, MA*

In the largest sample of transgender adults to date, 41% of participants reported a history of suicide attempt. Only a small handful of studies exist to help explain this alarmingly high rate. The present study addresses this gap by examining the relationships between Intrapersonal and Interpersonal risk/protective factors and past year suicidality within a large sample of transgender and gender nonconforming youth and young adults (age 14 to 30; N=1,965). General social support from family and friends, Gender-Related Support, victimization, and Gender-Related Self-Concept were each associated with unique variance in both past year suicide severity and ideation frequency. Partial support was found for both the Interpersonal and Escape from Self theories of suicidality. Further, desire for gender affirming medical care was also associated with higher levels of suicidality. However, these relationships were no longer significant once access to care was considered. Taken together, results support the perspective that both general and minority specific Interpersonal and Intrapersonal stress processes influence the mental health of the TGNC population. They also assist in identifying critical preventative and intervention targets.

Physical and/or Sexual Abuse is Associated with Increased Psychological and Emotional Distress among Transgender Women*Alexandra Kussin-Shoptaw; Jesse B. Fletcher, PhD; Cathy J. Reback, PhD*

Transgender women consistently report elevated rates of physical and sexual abuse. This study examined the associations between physical and/or sexual abuse and psychological and emotional distress among a sample of urban, high-risk transgender women. From June 2005 through July 2012, 99 transgender women enrolled in a Comprehensive Risk Counseling Service program in Hollywood, CA. Participants were predominately African American/black (31%), Caucasian/white (27%), or Hispanic/Latina (22%). Participants' average age was 35 (SD=9), and 37% self-reported a HIV-positive status. Most (85%) participants reported physical or sexual abuse at some point in their lifetime, and symptoms of psychological and emotional distress (as measured by the BSI) were elevated in the sample as a whole. After controlling for participant sociodemographics, physical and/or sexual abuse was associated with significantly increased psychological and emotional distress across all measured domains except psychoticism. The omnibus test of significance associated with seemingly unrelated regression analysis confirmed that abuse at any point in the lifetime was significantly associated with increased psychological and emotional distress ($F(2, 9)=17.89; p<0.05$)

Demographics, Health Outcomes and Utilization of Ryan White HIV/AIDS Program Services by Transgender People Living with HIV

Rupali Kotwal Doshi, MD, MS; Jessica M. Xavier, MPH; Vimal V. Rao, MS

The Ryan White HIV/AIDS Program (RWHAP) annually collects client-level data through the Ryan White Services Report (RSR), including gender (male, female, or transgender) and transgender subtype (male-to-female, female-to-male, or other/unknown). We analyzed demographics, service utilization, retention in HIV medical care and viral suppression among only those clients receiving RWHAP-funded HIV medical care in 2012, comparing differences between male, female, transgender, MTF and FTM clients. Compared with non-transgender male and female clients, a slightly lower percentage of transgender clients received RWHAP-funded medical care (60.6% vs. 56.6%). Among the 325,151 clients receiving medical care in 2012, 2,848 (0.87%) were transgender (2,557 MTFs and 93 FTMs). Among all gender groups, MTFs had the lowest percentages of stable housing (77.7%). Transgender persons used less medical case management (55.8%) and more mental health (21.2%) than males or females. Retention in HIV medical care was lower for transgender persons (80.2% for MTFs and 75.0% for FTMs) compared to males (81.6%) and females (83.5%). Viral suppression was lowest among MTFs (68.4%) compared with 73.2% for females, 75.8% for males and 76.9% for FTMs.

Exploring Utilization of HIV-Related Services and Care among Transgender and Other Gender Minority Youth in the U.S.

Gary W. Harper, PhD, MPH; Laura Jadwin-Cakmak, MPH; Sari Reisner, ScD; Miguel Martinez, MSW, MPH; Liz Salomon, EdM; Bre Campbell; Elliot Popoff

This presentation will describe the methods and procedures being used in an ongoing study assessing self-reported barriers and facilitators to the HIV Continuum of Care (CoC) for transgender and other gender minority youth (TGMY). It will also detail how TGMY have been actively involved in all phases of the study design and implementation. This is a mixed-methods (qualitative and quantitative) research study guided by a developmental socio-ecological framework that also incorporates constructs of Gender Affirmation and Gender Minority Stress. The study is collecting data from diverse HIV+ and HIV- TGMY ages 16-24, including those engaged in HIV medical care and those not. Data are also being collected from service providers who work with TGMY to evaluate provider-perceived barriers and facilitators to engagement in the HIV CoC. The expanded conceptualization of the HIV CoC that is being used includes prevention, HIV testing, diagnosis, linkage to care, engagement and retention in care, initiation of and adherence to ART, and viral suppression. All data are self reported. The study is being conducted at 14 geographically diverse sites across the U.S. through the Adolescent Medicine Trials Network for HIV/AIDS Interventions.

Principles of Culturally Competent Care for Transgender Clients

Alan Weisman, MD; Willy Wilkinson, MPH; Jenna Rapues, MPH

This interactive workshop will explore terms, identities, and concepts associated with trans and gender non-conforming communities, as well as the impact of societal discrimination and trauma. Participants will learn best practices for documenting appropriate name and pronoun in clinical settings, and how to develop systems for ensuring access in gender-specific settings, such as restrooms, support groups, and residential accommodations.

Working with Families of Gender-Expansive Children

Michele Angello, PhD; Ben Geilhufe, MA, PCCi; Nathaniel Sharon, MD

Clinical approaches to support families of gender expansive and trans children and adolescents.

Mental Health 3**Room 206****Mental Health Assessments**

Michellanne Baker, PsyD; Dan Karasic, MD; Mario Sandoval; Tim Sasaki ACSW; Heather Weisbrod, LCSW

Mental health assessments for clients presenting with gender dysphoria or seeking surgery, SOC 7, how to write a letter, mental health gender teams.

Mental Health 4**Room 207****Navigating the Personal and Professional: The Benefits and Challenges for Mental Health Providers with Trans Identities**

Rosalynne Blumenstein, LCSW, ACHP-SW; Danielle Castro, MA, MFTI; Samuel Lurie, MSW, Med; Jay Williams, MSW, ASW; moderated by Barbara Warren, PsyD

This panel of Trans-identified mental health professionals will examine and discuss their own experiences addressing the challenges and the assets of being in provider role serving Transgender communities; how the intersections with other identities they may share with their clients impact their work; and what professional and personal supports, including preparation in their professional education, they have found are needed and /or helpful.

Medical 1**Junior Ballroom 1****Introduction; Using correct terminology in the clinical setting; Transgender epidemiology; Providing culturally competent care at your clinic; Using medical records to collect gender identity data; Hormones 101**

Maddie Deutsch, MD and Linda Wesp, FNP

Medical 2**Junior Ballroom 3****Care of HIV infected transgender people; HIV chemoprophylaxis (PrEP) in transgender populations; Q&A/discussion**

Asa Radix, MD, MPH; Jae Sevelius, PhD; Robert Grant, MD, MPH

Health Policy**Room 210****Models of Care for Transgender Health**

Walter Bockting PhD; Tim Cavanaugh MD; Suegee Tamar-Mattis DO; & moderated by Harvey J. Makodon, MD

Traditionally, many trans people have found their own sources of care, often traveling around the globe for various needs. With increasing numbers of people seeking access to care and services, various models of integrated care are developing. As more and more schools, corporations, and governments are covering trans health, this number will likely increase, which begs the need for more organized models. The focus of this workshop will be to describe and discuss the pros and cons of various models of care, considering the needs of people in both urban and rural areas.

Special Topic**Room 208****Moving towards the primary health of trans women in Peru: Articulating the community of trans women in the Andean region**

Jana Villayzan, MPH and Ximena Salazar; Moderator: Susan Kegeles, PhD

For the first time the Peruvian government is proposing a primary health strategy for TW that includes access to human rights, including transgender leaders in the proposal. This proposal is based on the improvement of public health services, the training providers and the enactment of laws that protect the rights of this population. It is important to share this experience with specialists and leaders of other countries to enrich the proposal.

Session 2: Friday April 17, 1:45pm - 3:15pm

Research 1: Perspectives on Transition-related Healthcare

Room 201

A safe, efficacious and cost-effective hormone protocol for treatment of MTF transsexuals

Jennifer A. Burnett, MS, MD, FAAFP

This study describes a Cross-Gender Hormone (CGH) protocol for the treatment of M2F transsexuals (TS) utilizing IM estradiol valerate and Depo-Provera as a Dual Hormone Protocol (DHP). This protocol was designed to be highly effective, safe, cost-effective and did not require the use of 'testosterone blockers' or any laboratory monitoring. My initial Phase 1 research demonstrated DHP to be a very practical 'harm-reduction' model for the treatment of M2F TS patients who previously had virtually no access to any medical care - due to undocumented status, living well lived below the poverty level and their ineligibility for any form of medical insurance. Continuation of Phase 2 trials for a total study period encompassing over seven years has resulted in demonstrating continued high compliance and patient satisfaction - especially regarding breast development. Many who had previously been on other forms of CGH showed additional improvements in breast size and/or nipple and areolar development after switching over to DHP. Furthermore, the absence of any cardiovascular (e.g. DVT or MI) or other significant medical complications continued throughout the Phase 2 trials as well.

Transsexual men and genital surgery

Trystan T. Cotten, PhD

Trans men are pursuing genital surgery more than ever before. Yet, little is known about their experiences because most research still focuses on the techniques and outcomes of various surgical procedures. This workshop presents data collected from qualitative research conducted on postoperative trans men exploring the following: 1) their motivations for pursuing surgery; 2) post-operative functioning and adjustment (social, sexual and somatic); and 3) residual dysphoria lingering after surgery. Importantly, these research findings enable a more comprehensive understanding of the complex dynamics (social, psychological and somatic) between genitalia and gender embodiment for trans men pursuing genital surgery, including its evolution during and after surgery. Data come from 41 ethnographic interviews conducted on trans men in Africa and the African Diaspora between 2009 and 2014 and 26 personal testimonies in two anthologies, *Below the Belt: The Truth about Trans Male Genitalia* (Transgress Press 2015) and *Hung Jury: Testimonies of Genital Surgery by Transsexual Men* (Transgress Press 2013).

Transitioning transgender (importance of surgical procedures)

Lydia A. Fein, MS; Christopher M. Estes, MD, MPH; Christopher J. Salgado, MD

Objective: Physicians often identify barriers to care of transgender patients, including discomfort in influencing decision-making during the transition process. To better understand the transition and to provide transition-related medical and surgical advice, a survey was developed to identify elements of the transition that trans persons consider to be important. Methods: IRB approval was obtained to conduct a survey with SurveyMonkey within our referral network of transgender patients. Results: The survey was completed by 86 transwomen and 68 transmen. The following are percentages of respondents who underwent a procedure and ranked it as 'Very Important' to the transition. Most important to transwomen for feeling comfortable as their identified gender were hormone therapy and legal gender change (97%/97%). Most important for passing were hormone therapy and depilation (84%/81%). Most important to transmen for feeling comfortable as their identified gender were chest reconstruction and voice therapy (100%/100%). Most important for passing were hormone therapy and chest reconstruction (88%/86%). Conclusion: Physicians can use these results to counsel transgender patients seeking therapeutic guidance during their transitions.

Research 2: Preventive Healthcare**Room 202****The associations between outness, healthcare discrimination, and postponement of preventive care among trans feminine individuals***Jennifer L. Glick, MPH*

Background: Transgender people experience negative health outcomes. This study investigates the associations between outness and preventive care delays among trans feminine people, considering stigma and discrimination in health care settings as a potential mediator. Methods: This secondary, cross-sectional study utilizes the National Transgender Discrimination Survey (NTDS). The sample (n=2248) includes respondents assigned male at birth identifying full-time or part-time as a woman, or gender non-conforming (GNC). Univariate, bivariate, multivariate, and mediation analysis are performed, controlling for potential confounders. Results: Approximately 80% of the sample currently identifies as female full time, 63% are generally out about their transgender experience; 25.9% delayed preventive care. Approximately 20% have experienced harassment in a medical setting, either being denied care, being verbally abused, or both. Out respondents are significantly less likely [OR .82 (0.67, 1.00)] and those who experienced denial of care [OR= 8.10 (6.24, 10.52)] or verbal harassment [OR= 5.34 (4.12, 6.92)] are significantly more likely to delay preventive care. The mediation analysis was not significant.

Preventive sexual health screening in female-to-male trans masculine (TM) adult patients*Sari Reisner, ScD; Dana Paradee; Madeline Deutsch, MD; Sarah Peitzmeier, MSPH; Jennifer Potter, MD*

Sexual health data specific to female-to-male trans masculine (TM) people are scarce and information is urgently needed to inform clinical screening guidelines for this patient population. This presentation will describe an ongoing study assessing the sexual health of TM adult patients funded by the Patient Centered Outcomes Research Institute (PCORI). Using a bio-behavioral, cross-sectional, mixed-methods design with 150 TM patients in Boston, Massachusetts, the study aims to determine the acceptability of as well as collect epidemiologic data on the comparative performance characteristics of several innovative biological screening modalities in this patient population. These include self-collected vaginal swab for HPV DNA compared to provider-collected cervical swab for HPV and Pap test (cervical cytology), and accuracy of self- versus provider-collected swabs for detection of other STIs. Discussion will include formative research, methods and procedures, community engagement, and lessons learned during initial implementation. Study findings will fill key gaps in clinical knowledge, and lead to potential alternative screening strategies, less invasive STI detection practices, and best practices for providers of TM people.

Research 3: Trans Families**Room 203****Experiences of genderqueer parents: a focus group study***Kimberly C. Alston-Stepnitz, MA*

This project aims to examine the experiences of genderqueer parents and highlight the need for increased recognition of genderqueer parents within research and by the dominant culture. This study conducted three focus groups comprised of six-to-eight individuals each who identify as genderqueer parents, were assigned female sex at birth, and lived in the San Francisco Bay area. Participants were invited to share stories from their everyday experiences. A qualitative method using thematic analysis was used to identify and analyze themes that emerged from the focus groups. Themes included how genderqueer parents experience social interactions, how gender is taught to and perceived by children, how gender intersects with other cultural factors, alternative family structures, gender role modeling, parent names and labels, issues related to bodies, and healing through parenting. This study will help identify ways in which genderqueer parents are not currently recognized, and the impact this has not only on the genderqueer parent, but the children and families of genderqueer individuals. In addition, this study will provide new understandings of the types of resources needed to support families with genderqueer parents.

Imagining the future: qualitative findings of future orientation from trans youth and parents/caregivers in the trans youth family study

Sabra L. Katz-Wise, PhD; Stephanie L. Budge, PhD

Transgender/trans individuals report high rates of discrimination and mental health concerns, due in part to minority stress and a lack of family support. Knowledge of the potential for negative outcomes among trans adults may shape future orientations of trans youth. The current study used qualitative data from the Trans Youth Family Study, a mixed methods study, to examine how trans youth and their parents/caregivers imagine the youth's future. A community-based sample of 16 families (16 trans youth, ages 7-18 years, and 29 parents/caregivers) were recruited in New England and the Midwest. Participants completed in-person qualitative interviews and surveys. The primary interview question of interest assessed effects of the youth's gender identity on the youth's future. Interview transcripts were analyzed using grounded theory methodology. 108 higher order themes were identified across 45 interviews, with 8 prominent themes: being a good parent, comparing experiences with others, discrimination, employment/career, negative emotions, romantic relationships, physical and emotional safety, and the importance of supportive communities. Findings from this study can inform clinical practice with families with trans youth.

Mental Health 1 Room 204

Understanding Gender-expansive Children: Progress and Controversies

Diane Ehrensaft, PhD; Nathaniel Sharon, MD; Kristina Olson, PhD

Mental Health 2 Room 205

Discrimination and Stigma

Robin Stukalin, LCSW; Charlotte Tate, PhD; and Rylan Testa, PhD

Clinical and research perspectives on the mental health effects of discrimination, stigma, and minority stress.

Mental Health 4 Room 207

Trans-Formed; A Life In Two Genders

Elan Lepovic, MA and Brian Belovitch, CASAC

Elan Lepovic detransitioned after 20 years of living as a trans woman in part due to his experiences during a graduate program in counseling psychology. Doing his master's project on this topic he discovered little research on detransition and how to best support detransitioners. In this presentation, Elan will discuss his personal journey as well as his clinical observations around detransition, retransition, and how to best support those who detransition while maintaining an affirming stance. Issues around stigma, the relationship of detransitioners to the trans and queer communities, and clinical implications will also be discussed. Brian Belovitch reveals his intimate journey, transitioning from male to female, and his subsequent de-transition back to male. Particular factors leading to his initial transition, such as substance misuse, clouded judgement and the need for guidance and support are explored. This lecture also examines the questionable support from both the medical and LGBT communities. The presentation will include video clips and photos from his personal archive.

Medical 1 Junior Ballroom 1

Speech and language considerations; Hair removal; Soft tissue fillers and silicone injections

Mark Courey, MD; Sarah Schneider, MS, CCC-SLP; Cecily Reeves, PhD, NP, PA-C; Jeannine Stark; Linda Wesp, FNP

Medical 2**Junior Ballroom 3****Developing transgender care programs within a healthcare agency; Transgender care in limited resource settings; Transgender care in a college health setting***Aydin Kennedy, MSW; Barry Zevin, MD; Anna Harte, MD***Health Policy****Room 210****Getting Covered: Winning Access to Trans Health Coverage and Care***Danni Askini, MSW; Anand Kalra; Kasey Coredini; Montica Levy; Conrad Wenzel, MSW; Jason Tescher; & moderated by Kellan Baker, MPH, MA*

The last five years have seen major changes in access to health care for trans people via both public coverage programs and private health insurance plans. Since 2012, 9 states plus Washington, D.C. have issued insurance bulletins clarifying that trans exclusions in private plans are discriminatory and illegal. In 2014, Medicare lifted its 33-year ban on coverage for gender confirmation surgeries, and Medicaid programs in several states are also beginning to remove trans exclusions and to cover transition-related care. This session will provide an overview of these changes and will discuss implementation challenges and remaining barriers to trans coverage and care, such as cost estimates, enforcement of nondiscrimination requirements, and negotiations related to scope of covered services. The session will also include a tutorial on how individuals can help dismantle these barriers by assembling, filing, and winning insurance appeals. Finally, the session will look at the Transgender Surgery Access Program, a coverage and care program developed by the San Francisco Department of Public Health that provides a model for access to transition-related care through a public health system.

Special Topic**Room 208****Notes from the field: Lessons learned from a multi-site demonstration project to engage HIV+ Trans women of color into care***Greg Rebchook, PhD; Jessica Xavier, MPH; Kelly Ducheny, PsyD; Josie Paul, LCSW; JoAnne G. Keatley, MSW; Lisa Kuhns, PhD, MPH; Cathy Reback, PhD; Tooru Nemoto PhD; Royce Lin, MD; Jeffrey Birnbaum, MD; Tiffany Woods; Brendan O'Connell, MSW; Freddy Molano, MD*

This interactive session will be an opportunity for the audience to hear updates and lessons learned from a national, multi-site project that is currently underway. Nine demonstration sites were funded through HRSA's Special Projects of National Significance (SPNS) to engage HIV-positive, transgender women of color into care. The session will begin with an overview and history of the entire initiative. Then, panelists from each site will participate in a moderated panel where they will be asked key questions about important lessons-learned thus far, followed by an open question and answer session. Topics addressed are likely to include: successful collaborations between CBOs and Health Care Organizations serving trans women of color, successful outreach models for HIV-positive trans women of color, linking trans and HIV healthcare, restructuring trans services within an organization, treatment adherence, and other important issues.

Session 3: Friday April 17, 4:15pm - 5:45pm

Research 1: Understanding and Addressing Barriers in Healthcare

Room 201

Structural barriers to and facilitators of access to HIV services among trans men who have sex with men

Sonya Arreola, PhD, MPH; Glenn-Milo Santos, PhD, MPH; Tri Do, MD, MPH; Ayden Scheim, BA; Mohan Sundararaj, MBBS, MPH; Patrick Hebert, MFA; George Ayala, PsyD

Research is needed to understand the socio-structural factors impacting the health of trans men who have sex with men (TMSM) and how these factors may put them at risk for HIV. We will present the prevalence of trans stigma, discrimination and violence in a cross-sectional study of 96 TMSM from 28 countries who participated in the 2014 Global Men's Health and Rights survey. In this study, only 12 % of TMSM reported feeling safe being a TMSM 'all the time'. Over 50% of the men reported having been: judged by their healthcare provider, threatened or blackmailed, treated poorly by their provider, personally physically assaulted or knowing someone else who was, personally sexually assaulted or knowing someone who was (each of these for 'being a trans man'). We will present the relationships between these socio-structural factors and HIV services access, showing that TMSM experience high levels of stigma, discrimination, and violence which may in turn reduce their access to HIV services and healthcare (including access to hormones). We conclude that it is imperative to scale up HIV prevention interventions tailored to the needs of TMSM by removing barriers to and support facilitators of HIV and health service access.

Do Ask, Do Tell: Patient-Centered Interprofessional Shared Medical Appointment for Transgender Veterans

Anthony Firek, MS, MD; Lisa Roybal, WHNP-BC, WVPM; Ranya Garcia, PharmD; Elizabeth Welsh, PhD; Kanval S. Gill, MSW; Susan Mejia, MPA

Introduction: The VA Loma Linda identified gaps in the delivery of competent and holistic Transgender (TG) Veteran-Centric care. This pilot is expected to result in improved access to and outcomes for gender-transition treatment. Methods: Create an interprofessional team with expertise in holistic TG care. Implement a TG shared medical appointment (SMA) program to include group quarterly, individual monthly, and telephone weekly visits. Results: The team was established and consisted of primary care provider, endocrinologist, pharmacist, psychologist, nurse, and social worker. The first SMA group visit commenced on Mar 2011 with 8 participants. Outcome measures as of Dec 2014 include: 46 referrals, 36 enrolled (33 Male-to-Female, 3 Female-to-Male). There have been 177 SMA group (as of Mar 2011), 59 telephone (as of Jun 2013), and 7 individual (as of Feb 2014) visits. Conclusions: The SMA program is feasible and effective in providing holistic care to a group that has been marginalized. The program's impact is evidenced by the increasing number of patients, efficient access to care, delivery of safe and appropriate cross-sex hormones, and is platform whereby social support and education are encouraged through participant interaction.

Access to Care Barriers among Transgender People in the US: Findings from the US National Transgender Discrimination Survey

Jaclyn M. White, MPH; Gabe Murchinson; Sari Reisner, ScD

Access to affordable, quality care is necessary for transgender people. Cross-sectional mapping and logistic regression analyses were conducted of access to care experiences using data from 6,270 US transgender adults. ArcGIS was used to identify clusters of participant income, insurance coverage, and care refusal due to being transgender and care avoidance due to mistreatment and cost. Multivariable logistic regression models estimated associations with demographic factors and care avoidance and refusal. Clusters of participants reporting barriers to care were identified across the US. In multivariable models having a lower income, being uninsured, being on the female-to male spectrum, and living in the west (referent=New England) were associated with increased odds of lifetime care avoidance due to cost. Being on the female-to male spectrum and living in the west were associated with increased odds of lifetime care avoidance due to mistreatment. Male-to-female spectrum and Southern participants had increased odds of lifetime care refusal due to being transgender (all $p < 0.05$). Identifying factors associated with barriers to care allows for the development of focused interventions for transgender people most in need of services.

Transparent: The State of Transgender Health in Colorado

Leo Kattari, Health Policy Manager

Transgender communities have historically been left out of health equity narratives due to the lack of data collected on gender identity and gender expression, leaving transgender health disparities unaddressed and underfunded. This presentation will explore Colorado's strategy in addressing the data collection gap in transgender communities. We will discuss how Colorado became the first state to launch a groundbreaking transgender health report with state specific data. Participants in this workshop will be introduced to strategies that engage multiple key partners including advocacy organizations, universities, community centers and state agencies, a blueprint survey tool that parallels national surveillance systems, and an overview of report methodology, limitations and lessons learned for collecting transgender health data.

HIV Testing, Seropositivity, and Linkage to Care among Transgender Persons in CDC-Funded Sites in the U.S., 2012: Effects of Improved Data Collection

Mesfin S. Mulatu, PhD, MPH; Guoshen Wang, MP; Hui Zhang, MBBS, MPH; Elin Begley, MPH; Choi Wan, PhD; John Gilford, PhD

BACKGROUND: Data collection on gender identity often disregards assigned sex at birth. This study compares HIV testing, seropositivity, and linkage to care among transgender (TG) persons in CDC-funded HIV testing programs using two approaches to determine gender identity. **METHODS:** 2012 HIV testing data collected by 55 health departments (2.56 million test events) were analyzed. The one-step approach used current gender only (male, female, male-to-female TG, female-to-male TG, unspecified TG). The two-step approach combined sex at birth (male, female) and current gender. **RESULTS:** Current gender alone identified 6,146 HIV test events among TG groups; the two-step approach increased the total by 89.8% to 11,666. In addition, current gender alone identified 189 new HIV positives; the two-step approach increased the count by 23.3% to 233. Seropositivity and linkage to care were 2.0% and 76.9%, respectively, for TG groups combined but varied by subgroups. **CONCLUSIONS:** The two-step approach improves identification, reduces misclassification, and reveals differences in HIV seropositivity and linkage to care among TG subgroups. Research on factors contributing to subgroup disparities will ensure appropriate prevention and care programs.

Feasibility and acceptability of developing a multi-site clinical cohort of transgender people with HIV

Tonia Poteat, PhD, PA-C; David B. Hanna, PhD

Little is known about whether existing HIV research cohorts collect data on gender identity, and if so, how systematically it is collected. We contacted 17 clinical cohorts who are part of a large North American HIV research consortium to determine if they collect transgender data, how they collect it, and whether they would be interested in collaborative research on transgender patient outcomes. The consortium includes >20 HIV cohorts in the U.S. and Canada contributing data on >130,000 people with HIV. 71% of the 17 cohorts routinely gather data on gender identity, with wide variability in collection method. 11 cohorts that could provide an estimate reported a combined total of 569 transgender participants (0.8%). 88% of cohorts were willing to gather systematic data on gender identity and participate in relevant transgender studies. These findings suggest that routine data collection on transgender people with HIV is both possible and desirable. Given the relatively few transgender individuals enrolled at any one site and variability in numbers across sites, pooling data across studies may be an efficient way to obtain the sample size and longitudinal data needed to answer questions of clinical importance in this population.

**Transgender participants in Phase 1-2b trials of the HIV Vaccine Trials Network (HVTN):
A descriptive and comparative analysis**

Shelly T. Karuna, MD, MPH; Michele P. Andrasik, PhD; Gail B. Broder, MHS

HIV prevalence in the US transgender (TG) population is five times the national average yet TG individuals constitute a small proportion of HIV vaccine trial participants (ppts). Data were analyzed in HVTN trials of low-risk (phase 1-2a trials) and at-risk participants (phase 2b trial) since 2009. To identify factors that may impact engagement, enrollment, and retention of TG individuals, ppts reporting gender identity differing from birth sex (TG) were compared to ppts reporting concordant gender identity and birth sex (cisgender, CG). Twelve TG (1.7%) across six ph 1-2a trials and 44 TG (1.8%) in a ph 2b trial were compared to 682 and 2452 CG in these trials. TG were younger and, in a ph2b trial, more likely to be non-white, factors associated with HIV risk. Ph1-2a TG reported more pre-existing conditions than CG, a difference not noted in ph2b. TG and CG enrolled for primarily altruistic reasons; ph 2b TG were more than twice as likely as CG to cite 'a friend joined' as a reason for enrolling. There were no differences in adverse event incidence (AEs). There were no statistically significant differences in HIV incidence, though observed point estimates were higher in TG. Retention was excellent. More study is needed.

Correlates of PrEP indication in a multi-site cohort of young HIV-uninfected transgender women

Lisa M. Kuhns, PhD, MPH; Sari L. Reisner, ScD, MA; Matthew J. Mimiaga, ScD; Robert Garofalo, MD, MPH

Transgender women are a population at highest risk of HIV infection. Pre-exposure Prophylaxis (PrEP) has shown efficacy to reduce HIV acquisition but its effectiveness at a population level will depend on utilization among those at highest risk. Baseline data from 191 HIV-uninfected young transgender women (YTW) ages 16-29 enrolled in a multisite HIV prevention trial were analyzed using a multivariable regression model fit to identify factors associated with PrEP indication operationalized using the CDC definition. Overall, 61% of the sample met criteria for PrEP indication. Only 30% reported having ever heard of PrEP and 5% reported ever taking PrEP. The majority (69%) reported being 'somewhat' or 'very' interested in PrEP use. Factors significantly associated with PrEP indication included: PrEP interest (aOR=2.95), condom self-efficacy (aOR=0.84), number of recent anal sex partners (aOR=1.27), and collective self-esteem (aOR=0.69). Despite high levels indication and interest in PrEP, there remain low levels of PrEP knowledge and uptake in YTW. Interventions are needed that increase PrEP uptake among YTW who are indicated for PrEP, particularly given evidence of their higher interest in PrEP and enhanced behavioral risk profile.

Home HIV testing among transgender women in San Francisco: a pilot feasibility and acceptability study

Sheri A. Lippman, PhD, MPH; Lissa Moran, MPH; Jae Sevelius, PhD

Home HIV testing among transgender women in San Francisco: a pilot feasibility and acceptability study - HIV prevalence among transgender women in the United States is 40 times higher than the general population, but testing rates are not commensurate with risk. Development of alternative testing strategies to ensure early detection and care is critical. We conducted a pilot study to explore feasibility and acceptability of offering self-conducted HIV testing. Fifty HIV-negative transwomen in San Francisco were provided with oral self-test kits and asked to utilize the tests once a month for three months. Survey data were collected at baseline, 1 month and 3 months. We also conducted in-depth-interviews (IDIs) with 11 participants at their final visit. Forty-four participants used the test kits. Self-testing was both feasible and acceptable: following the first test 94% reported the test easy to use; 93% said the results were easy to read; and 91% said they would recommend the self-test to others. Acceptability remained high at three months. Just over half reported preference for self-tests vs. clinic-based testing; however, IDIs revealed tension between a desire for privacy afforded by self-testing and a desire for support. Qualitative data also indicated that the cost of the self-test kits was a key barrier to future utilization.

Medical 1**Mental Health 1****Junior Ballroom 1****Joint session: Care of Transgender Patients with Mental Health Issues: A multidisciplinary approach***Barbara Warren, PsyD and Zil Goldstein, NP*

This case based session will examine the overall care management of transgender patients with co-existing complex mental health issues, including general primary care, gender affirming treatments, and mental health care. There will be a specific focus on a multidisciplinary team-based approach which includes medical, mental health, and psychosocial aspects.

Mental Health 2**Room 205****A Safe Spaces Model: Positive mental health and violence prevention at El/La Para TransLatinas***Alison Cerezo, PhD; Pau Crego Walters; Adrián Escobar; Jovana Luna*

This session will discuss the findings of a study focused on the experiences of transLatina immigrants in the U.S., with a specific focus on the benefits of El/La's service model for facilitating positive mental health and violence prevention. In a conversation with El/La service providers and transLatina participants, we will discuss transLatinas' access (or lack thereof) to health, wellness and safety in San Francisco. Finally, we will share some strengths and challenges of the 'safe spaces' model at El/La Para TransLatinas, and a discussion of next steps.

Mental Health 3**Room 206****Gender queer: Maintaining mental health in a binary world***Sand Chang, PhD and Danni Askini, MSW*

This session will be a discussion about mental health services for non-binary people that will result in a better understanding of the needs for people that identify more so with a spectrum.

Mental Health 4**Room 207****Social Media for Trans People***Emilia Lombardi, PhD and Morty Diamond*

Social Media in various forms has been an important part of trans people's lives from the early days of the internet. With the current proliferation of social media tools like Facebook and Twitter and new forms like Yik Yak and Snapchat. This session will be an opportunity for people to discuss their experiences with social media and its potential as a tool to help trans people.

Medical 2**Junior Ballroom 3****Cardiovascular health; Preventive screening; Bone health; Important recent publications in transgender medicine***Asa Radix, MD, MPH and Maddie Deutsch, MD*

Health Policy**Room 210****Data Collection to Advance Transgender Health**

Kellan Baker, ScD; Sari Reisner, ScD; Joanne Keatley, MSW; Cheryl Radeloff, PhD; & moderated by Jody L. Herman, PhD

A barrier to understanding the health status and needs of transgender and gender minority populations is a lack of population-level data. In the landmark 2011 Institute of Medicine (IOM) report, *The Health of Lesbian, Gay, Bisexual, and Transgender People*, the IOM review of existing U.S. research prioritized transgender and other gender minority population health. While research with clinical and non-probability samples are needed, a lack of population-based data about the transgender and gender minority population from federal surveys, such as the National Health Interview Survey (NHIS), limits what we know about the health of transgender and other gender minority people in the United States. In this session, we will discuss the importance of data collection and describe the current status of data collection efforts and advocacy at the state and federal levels. We will present cutting edge research on best practices for collecting gender identity, gender expression, and transgender status on surveys for population-based samples. We will describe data collection through electronic health records, including designing trans-inclusive EHRs, innovative epidemiologic research designs, and strategies for meaningful use of data from EHRs. Finally, we will discuss what practitioners, researchers, and advocates can do to advance data collection on transgender and other gender minority health.

Special Topic 1**Room 208****Harm reduction and treatment directions for fillers: what we know and directions for research and models for care and referrals**

Bamby Salcedo; Aaron Meek; Montica Levy; Jenna Rapues, MPH; Conrad Wenzel, MSW

Soft tissue fillers such as liquid silicone are an under-researched issue affecting transgender women. Fillers present myriad health risks, and historically providers have had little access to the information needed to serve women who have had fillers or who are considering them. This special topic session will elucidate current data and knowledge on fillers as well as recommendations for future research and best practices in engaging patients from a harm reduction and de-stigmatizing perspective, with a special focus on how to appropriately engage patients who have already had fillers.

Special Topic 2**Room 204****WPATH perspectives on Major Issues in Trans Health**

Lin Fraser, EdD; Jamison Green, PhD; Gail Knudson, MD; Dan Karasic, MD

In this session, the WPATH leadership will present and discuss the listed major issues of the day, followed by audience interaction and Q&A. Major issues of the day: Diagnosis; Conceptualization; Placement and Access to Care; Education and Training; Global Health & Int'l Human Rights; SOC7.5- Next Steps; And emergent issues, controversies and ethics as we evolve outside the binary.

Session 4: Saturday April 18, 10:15am – 11:45am

Research 1: Cultural Competency Issues in Healthcare

Room 202

Interim evaluation of an educational intervention to promote transgender-specific competence among medical and social service providers

Lisa M. Kuhns, PhD, MPH; Bonn Wade, MSW; Judy Perloff, MSW; Gregory M. Rebchook, PhD; JoAnne Keatley, MSW; Robert Garofalo, MD, MPH

Transgender individuals in the US, particularly transgender women, have higher prevalence of many negative health outcomes (e.g., mental health problems, substance abuse, HIV/STIs) in comparison to cisgender individuals. One barrier to improved health outcomes for transgender women is cultural competence on the part of medical and social service providers. The purpose of this project was to promote transgender-related competence among medical and service providers in one large urban area. A single session educational program, with didactic and interactive components, was designed and deployed to 130 medical and social service providers from September of 2013 to November of 2014 to address two dimensions of transgender competence: 1) knowledge, awareness and attitudes; and 2) skills and behaviors. Interim analysis of pre-post assessment scores demonstrated significant improvement in competence overall and for each of the two dimensions ($p < .01$) with evidence of greater improvement for the “skills and behavior” dimension with moderate to large effect sizes (Cohen’s $d > .6$). Findings suggest that a brief education session may be efficacious for improving transgender-related competence among medical and social service providers.

“A mouth is a mouth”: Physicians perceptions of trans women in Puerto Rico

Sheilla Rodriguez-Madera, PhD; Dr. Ramos-Pibernus, PhD; Mark Padilla, PhD; Nelson Varas-Diaz, PhD

Puerto Rican trans women face multiple challenges in accessing quality health services. Research in Puerto Rico has documented a high prevalence of HIV, illicit drug use, and high risk practices of body modifications without medical supervision (i.e. self-administration of hormones). Thus, the objectives of this presentation are to: (1) Examine the perceptions and competencies to treat transgender women among physicians in Puerto Rico and (2) provide recommendations to advance an agenda of social justice for a historically made vulnerable population. Preliminary results of the qualitative phase of a mixed-methods approach will be presented. A total of 30 in-depth interviews with physicians were conducted. Results showed that although physicians were willing to treat trans women, they lacked basic knowledge and competency skills with the population. Results also showed stigmatizing attitudes towards this population. These findings confirm what has previously been documented from the trans perspective about their negative experiences accessing health services and interacting with physicians. This is an important step in the development of interventions for skill development and awareness among the medical profession in Puerto Rico.

Research 2: Research Methods for Reaching Trans Youth

Room 201

Transgressing Social Media Networks: Innovating Novel Methods to Engage and Recruit Transfemale Youth in Research

Sean Arayasirikul; Harry Jin, MPH; Justin Cai; Erin Wilson, DrPH

This oral presentation presents an in-depth look at the development, implementation and evaluation of innovative recruitment methods that led to the largest cohort study of transfemale youth, ages 16-24, in the San Francisco Bay Area, called the SHINE Study. We aim to: 1) describe the recruitment methodology of the SHINE Study; 2) assess its efficacy and impact on the recruitment of transfemale youth and sample diversity; and 3) qualitatively investigate how respondent-driven sampling (RDS) can be enhanced for transfemale youth. The SHINE Study’s social media network sampling strategy included a 4-phase developmental process. Compared to RDS-only, social media network sampling in combination with RDS was faster and reached a sample that was younger, 16-18 years old (18.2% vs. 5.9%, $\chi^2=9.19$, $P = .03$), gender non-conforming (26.8% vs. 13.8%, $\chi^2=10.4247$, $P = .03$), stably housed (50.5% vs. 68.6%, $\chi^2=9.0038$, $P = .002$) and less sex work (19.7% vs. 31.4%, $\chi^2=5.0798$, $P = .02$). Qualitatively, we conducted brief, semi-structured interviews with 16 purposively sampled participants. Using grounded theory, we identified specific improvements to RDS study design and implementation for transfemale youth that will be discussed.

Understanding the sexual health and well-being of transgender Latina youth in Northern California, a mixed-methods approach

Gabriel R. Galindo, DrPH; W. Andres Pomart

A mixed-methods approach was used to examine the effect of sociocultural influences on sexual health & well-being among transgender Latina youth. We first used quantitative data from the Shine Study to assess similarities and differences between Latinas & their White counterparts across items like demographic, sociocultural and discrimination variables. Later a sub-set of Latinas from the study was contacted to participate in mini-focus groups to assess the ways in which they negotiate learned cultural values and navigate spaces across support levels. Latinas (n=74) reported significantly lower educational attainment, more social support from family, more religiosity, greater intentions for feminization procedures and more ethnoracial-based discrimination than Whites (n=82). Latina focus group participants (n=9) noted a complex system wherein life domains such as education, relationships & gender affirmation shift with respect to support level type. Our findings aid in contextualizing sexual health & well-being among Latinas within cultural & social norms. We note that programming addressing relevant life domains like strengthening family engagement & increasing community visibility can help in reducing future health disparities.

Honoring Individual's Narratives: a Queer Feminist Approach for Assessment and Engagement of Trans* Youth

Cary Klemmer, MSW; Jeremy Gibbs, MSW; Jeremy Goldbach, PhD, LMSW

Background: It has been argued that knowledge of queer and feminist theory by social work practitioners would allow for increased engagement of trans* individuals into services. Methods: Fifty sexual minority youth were recruited across sexual orientation and major race/ethnicity groups for 90-minute interviews from three social service organizations and two schools. Recordings were transcribed and entered into NVivo. Thematic analysis followed a process outlined by Boyatzis (1998). Main Findings: Coders maintained a high level of interrater agreement (93%). Participants were diverse (38% Latino, 27% Caucasian, 13% African American, 20% Asian, and 2% other). Interviews revealed that these youth generally do not align their gender and sexual identities with strictly essentialist or constructivist categories of identity. Instead, these youth acknowledge the fluid and developing aspects of sexual, racial/ethnic, and gender identity formation. The narratives contained in the data suggest that practice with sexual minority youth should utilize a continuum of queer feminist thought that grounds identity understanding in individual subjectivities. Data supports a queer feminist theoretical model for engagement with trans* youth.

Research 3: Innovations in Linkage to HIV Care

Room 203

Using an Informed Consent Hormone Protocol as a Recruitment and Retention in Care Tool for HIV+ TGNC People

Kelly Ducheny, PsyD; Blue Roth, BA; Jahara Rai Carey; Myles Brady; Adriana Maldonado; Sikora Shakur; James Swartz, PhD

Transgender and gender non-conforming (TGNC) clients are a high risk target population for HIV infection. Howard Brown Health Center (HBHC) has revised its model of care to increase timely entry and engagement in quality HIV care, create a trans-affirmative care environment to increase long-term retention of HIV+ transgender clients, and work to minimize HIV transmission within the transgender community. By offering a legal and accessible hormone prescription, TGNC clients have shown a greater willingness to engage in HIV/STI testing and long-term HIV care. Since 2010, HBHC tripled the number of TGNC clients served (467 vs. 1608), doubled the number of HIV+ TGNC clients served (65 vs. 140), showed a reduced TGNC positivity rate (14% vs. 10%) and increased the number of HIV+ TGNC patients receiving hormones (15% vs. 86%). Data from 2009 through 2014 will be reported, showing trends after launching the informed consent model in 2010, the primary care opt out HIV testing program in 2012, and the Friday evening TGNC focused drop-in program in 2014. Data will specifically explore the impact on transgender women of color.

A Novel Approach for Linking and Retaining HIV-infected Transgender Women of Color into HIV Medical Care

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

HIV prevalence among trans women is estimated to be 50 times greater than that of non-trans adults, yet HIV-positive trans women exhibit low rates of linkage to and retention in HIV care. The Alexis Project combines an innovative application of contingency management (CM) and Peer Health Navigation (PHN) to improve linkage to and retention in HIV care, and achieve viral load suppression, among trans women of color. By Feb 2016 the study will enroll 140 participants; as of November 2014, 48 participants have enrolled. To date, most participants identified as Af Amer/black (48%) or Hispanic/Latina (33%); the mean age was 36.7 (SD=8.8). 27% had never been in HIV care and almost half (47.9%) reported needing ART. To date, 54% have been linked into HIV care, with an average enrollment-to-linkage time of 22.8 days (SD=29.2). Preliminary data indicates that CM and PHN will be effective in linking HIV-infected trans women of color into HIV care. Longitudinal data will provide further information on positive health outcomes.

Mental Health 1

Room 204

Integrating Spirituality into Mental Health Care for Trans People

Zander Keig, MSW and Valerie Spencer

This workshop is intended to expose participants to the beautiful experience of having an ongoing spiritual practice, the benefits specifically for transgender people, and will conclude with a holistic ritual to energize the soul and affirm the senses. Topics will include affirmative prayer, developing a spiritual practice, transitioning and spirituality, and mental health and spirituality for transgender people. Come and enjoy yourself in this spiritually affirming workshop specifically geared toward transgender people and the issues we encounter from day to day.

Mental Health 2

Room 205

Neurodiversity and Gender Diversity: Clinical care when spectrums overlap; Gender Dysphoria and Co-Occurring Autism Spectrum Disorders: Review, Case Examples, and Treatment Considerations

Julie Graham, MFT; Laura Jacobs, LCSW-R

Transgender and gender nonconforming people who fulfill criteria for autism spectrum disorders (ASDs) often present to mental health providers with concerns that are distinct from those without ASDs. Gender Dysphoria (GD) and ASDs have been proposed to share etiologic mechanisms and there is evidence that ASDs may be more common in transgender and gender nonconforming people. Through a review of the diagnoses and literature along with two case studies of high-functioning individuals, the presenters discuss how deficits in Theory of Mind (ToM) and the limited ability to articulate an inner experience, along with the intolerance of ambiguity as a manifestation of the cognitive rigidity characteristic of ASDs, may present difficulties to gender identity formation and consolidation. The presenters suggest that ASDs do not preclude transition and that such individuals retain the right to make informed decisions regarding their medical care. The presenters also consider challenges and suggest techniques for assisting such clients. Jacobs, L.A., Rachlin, K., Erickson-Schroth, L., & Janssen, A. Gender Dysphoria and Co-Occurring Autism Spectrum Disorders: Review, Case Examples, and Treatment Considerations. *LGBT Health*, 2014, 4.

Medical 1

Junior Ballroom 1

Fertility; Gynecologic care for transgender men; Pelvic physical therapy in the context of transgender health

Kathy Hsiao, MD; Jennifer Hastings, MD; Rebecca Goldfader, MSN, CRNP; Juno Obedin-Maliver, MD MPH; Amy Selinger, DPT; Jessica Manley, DPT

Medical 2

Junior Ballroom 3

Informed consent practices in transgender care; Care of incarcerated transgender populations; Community perspectives on chest binding; Q&A/discussion

Barry Zevin, MD; Linda Wesp, FNP; Luis Gutierrez-Mock, MPH, MA

Health Policy**Room 210****Beyond the Affordable Care Act: Using Litigation and Legal Advocacy as Strategies to Advance Transgender Health Access**

Cecilia Chung; Ezra Young JD; Harper Jean Tobin; Jacob Richards; Noah Lewis; Sasha Buchert; Kate Walsham; & moderated by Anand Kalra, MA

The Affordable Care Act offers promising avenues for challenging discrimination against transgender people in the healthcare arena and ensuring access to medically necessary care. In recent years, however, advocates have also been working to expand transgender people's access to care under a variety of federal and state laws. On this panel, legal and policy advocates will share some of the ongoing efforts to advance healthcare access for transgender communities, and will discuss the promises and challenges of different legal and policy strategies. This panel will also explore some of the structural barriers to gender-affirming healthcare for transgender people.

Special Topic 1**Room 206****HIV informational needs of transgender people and providers who serve them: Feedback session to inform CDC's development of HIV messages and materials**

Nickolas DeLuca, PhD; Francisco Ruiz, MS; Jo Ellen Stryker, PhD

Transgender communities in the United States are among the groups at highest risk for HIV infection. Numerous challenges impact transgender persons' ability to receive HIV services across the HIV continuum. CDC and its partners are pursuing a high-impact prevention approach to advance the goals of the National HIV/AIDS Strategy and maximize the effectiveness of current HIV prevention methods among transgender people. In preparation for one such activity, the expansion of the Act Against AIDS campaign's inclusion of health communication messages and materials for transgender people and providers who serve them, CDC conducted an informational needs assessment. The study's main objectives were to: 1) identify barriers and facilitators to accessing HIV prevention, testing and care services by transgender persons; and 2) identify potential messages, materials and other communications to facilitate engagement in HIV care. Triangulating evidence from a literature review, environmental scan of existing materials, and a small number of in-depth interviews with experts in transgender health, the purpose of this workshop is to share findings from this formative research and generate discussion from the audience about its validity, generalizability, and limitations.

Special Topic 2**Room 208****Surgery Public**

Maurice Garcia, MD; Curtis Crane MD; Toby Meltzer, MD; Esther Kim, MD; Christopher J. Salgado, MD; Marci Bowers, MD, Thomas Satterwhite, MD; Loren S. Schechter, MD, FACS and Scott W. Mosser, MD, FACS

Session Co-chairs, Drs. Garcia and Crane, will introduce four surgical case vignettes covering a host of pre-surgery health and/or surgery decision making factors related to genital, chest and other gender confirming surgeries. The vignettes will be discussed among the panel of expert surgeons who specialize in gender affirming procedures. Members of the the audience will be encouraged to participate and engage with the surgeon panel.

Special Topic 3**Room 207****Development of a tool for the provision of care to Trans persons and populations in Latin America and the Caribbean**

JoAnne G. Keatley, MSW; Rafael Mazin, MD, MPH; Jana Villayzan, MPH; Bamby Salcedo

During this session, the presenter will share their experiences in the development of a tool conceived as a "blueprint" for the provision of care to Trans persons and their communities. The main emphasis will be on the need to engage members of the community from the beginning. The session should not be limited to the mere narration of historic events but should rather foster a discussion in which avenues for action; potential barriers and enabling factors for the implementation of comprehensive trans care services.

Session 5: Saturday April 18, 1:45pm – 3:15pm

Research 1: Resilience and Empowerment

Room 202

Digital Storytelling by HIV+ Transgender Women of Color

Brett Augsjoost; Royce Lin MD; Kate Franza; Jasmine Powell

Transgender women of color (TWOC) encounter multiple intersecting layers of discrimination, oppression and stigma. Choosing and controlling the narrative the story is a powerful way to ameliorate some of these challenges and build resilience. A cohort of HIV+ TWOC took part in a digital storytelling project through the Trans Access Program. Trans Access is a program designed to engage and retain HIV+ TWOC in care through providing primary care, along with case management, peer navigation, and support services in a community setting at the Asian & Pacific Islander Wellness Center. Digital Storytelling is an emergent medium and methodology in participatory research. Similar to Photovoice, this methodology relies on participants to design the theme, visuals, narrative, music and sound of their story. Storytellers participated in a follow-up focus group to discuss the experience of shaping, sharing and telling their stories to each other and a broader audience. The digital storytelling project was conducted as part of the local evaluation of Trans Access. This presentation will include examples of the digital stories, as well as, an analysis of the themes from the focus group and digital stories.

Project AFFIRM: A New Longitudinal Study of Transgender Identity Development and Resilience

Walter Bockting, PhD; Allen J. LeBlanc; Will Mellman; Eli Alston-Stepnitz; David Stuppelbeen

Transgender individuals face multiple challenges related to stigma associated with their gender identity, which differs from their assigned sex at birth. These challenges may negatively impact their well-being. At the same time, many transgender individuals manage to successfully cope with stigma, discrimination, and its negative health consequences by exercising their agency and developing a sense of resilience in the face of adversity. A new study underway in New York City, San Francisco, and Atlanta will examine transgender people's resilience across the lifespan, longitudinally in the context of their gender identity development. Methods include lifeline interviews and annual interviewer-administrated quantitative surveys, as well as in-depth qualitative interviews. Screening criteria will ensure that the study samples reflect diversity by study site, sex assigned at birth, and age. We will present a theoretical framework that combines theories of identity development with the minority stress model, which underlies the project. We will also present the initial findings of lifeline interviews. Findings will be translated into capacity building efforts to promote resilience and empowerment.

Marginalization and Resilience among Transgender Young Adults in Metropolitan Detroit

Laura Jadwin-Cakmak, MPH; Jose A. Bauermeister, MPH, PhD; Sari Reisner, ScD, MA; Emily S. Pingel, MPH; Gary W. Harper, PhD, MPH

Data on the health and well-being of transgender young adults are limited. The scarce data available often reflect transgender populations living in major metropolitan areas on the East/West coasts of the U.S. However, it is vital to understand the experiences of young transgender people in other regions to ensure that programs and future research are attuned to their lived realities. Using a socioecological minority stress and resilience framework, we analyzed quantitative data on health indicators, stressors and sources of resilience/support from a subset of transgender young adults (ages 18-29; N=30; 77% Black, 10% White, 13% mixed race) recruited as part of a larger study in Metropolitan Detroit. We present data regarding transgender young adults' physical and mental health, experiences of marginalization, discrimination, and barriers to healthcare. We also describe sources of resilience, including interpersonal relationships, community attachment and involvement, and future aspirations. By highlighting descriptive findings across multiple socioecological levels, findings reveal gaps in approaches that focus solely on risk and indicate the need to move beyond individual-level interventions for transgender young adults.

Community-Based Research “With” Not “On” Transgender Communities: Why and How Do We Do It*Layla Stamper; Dana Pardee, BS; Emilia Dunham; Sari Reisner, ScD*

Research staff from The Fenway Institute at Fenway Health's LifeSkills teams will discuss the challenges and benefits of simultaneously identifying as transgender and engaging our communities in transgender health research. Representatives of the LifeSkills Boston teams will provide study updates, and preview a working paper on best practices for engaging young transgender participants in research. LifeSkills is a multi-site (Boston and Chicago) research project funded by the National Institutes of Mental Health testing a group-based, HIV prevention program developed and led by and for young transgender women, ages 16-29 years. LifeSkills for Men is an adaptation and pilot test of LifeSkills for young (age 18-29 years) trans masculine identified folks in the Boston area who are gay/bi/queer and who have sex with men (TMSM). The Boston LifeSkills team has enrolled 127 young trans women, completed 13 cohorts to date and has retention rates over 94%. The LifeSkills for Men pilot project enrolled 18 young transgender men who have sex with cisgender males, with 100% retention.

Research 2: Mental Health: Special Considerations**Room 201****Health Literacy and Current Depressive Symptoms among HIV-Positive Latina Transgender Women***Sabina Hirshfield, PhD; Renato Barucco, MS; Luis Freddy Molano, MD*

Health literacy is critical to understanding and utilizing health information and has been associated with lower depressive symptoms. This study assessed health literacy (“How confident are you filling out medical forms by yourself?”) and current depressive symptoms (10-item CES-D). Data were analyzed with Pearson correlations. From 2013-2014, 27 NYC Latinas were enrolled into a study for HIV+ transgender women. Median age was 36 (range 25-61); 23% had <8th grade, 50% had up to a high school diploma/GED, and 27% had some college+; 70% were single; 59% were living below the poverty level; and 61% had a positive CES-D screen (score ≥ 10). For health literacy level, 22% were low, 19% were medium, and 37% were high (22% had missing data). Those with high health literacy had higher CES-D scores ($r=0.44$, $p<.05$) and were not in a relationship ($r=-0.64$, $p<.001$). Health literacy was not associated with age, education or poverty. In this study, HIV+ transgender women with higher health literacy reported greater current depressive symptoms compared to their low-literacy counterparts. This finding differs from the literature and more work is needed to understand the health literacy and mental health needs of this under-served population.

Impacts of Disclosure for Transgender and Gender Non-Conforming Therapists*Samuel Lurie, MSW, MEd*

As more transgender and gender non-conforming (TGNC) people are becoming professionally trained as mental health providers, no study has yet been done related to disclosure for TGNC-identified clinicians. The purpose of this qualitative exploratory study was to examine the experiences of TGNC-identified therapists related to disclosure about their gender identity and how it impacts the therapeutic relationship and the practitioner's own sense of efficacy, safety and well-being. Four focus groups were conducted in the northeastern United States with 19 total participants who are all master's level or above mental health clinicians who identify as TGNC. Findings were divided into three main domains of: the therapeutic relationship; supervision and workplace; and self-care and community. All three sub-sections revealed issues of burdens, stresses and challenges related to disclosure, as well as ways in which being out or visible have been beneficial and strengthening for the clinical relationship and internal resources for the individual. This project addresses a current gap in the literature on this emerging, timely topic and provides guidance for training and supervision in the field of clinical social work and counseling.

Chronic Medical Conditions and Serious Psychological Distress among HIV Positive Transgender Women of Color*James A. Swartz, PhD; Kelly Ducheny, PsyD; Blue Roth, BA; Jahara Rai Carey; Sikora Shakur; Myles Brady; Adriana Maldonado; Lisa Kuhns, PhD*

Transgender women's health studies have focused on STDs and hormone-related issues. Little is known about the prevalence of other chronic health conditions (CHCs). This presentation addresses this gap by discussing prevalence data on CHCs in a sample of HIV+ transgender women of color (TWOC) receiving medical care in Chicago

community clinics. Also considered are the associations between CHCs and physical, emotional, and sexual abuse and severe psychological distress (SPD). The sample (N = 64) was composed of 89% Black-African American and 8% Latina TWOC (mean age = 33 years). Seventeen CMCs were assessed using questions adapted from the WHO-CIDI. SPD and abuse were assessed using two brief scales. Twenty eight percent met criteria for past-year SPD and 61% experienced 1+ types of abuse (mean = 2.9). Sixty-two percent reported being diagnosed with two or more CMCs. The most prevalent CMCs were: asthma (30%), seasonal allergies (26%), dental problems (24%), migraines (21%), HBP (16%), COPD (13%), and hepatitis (13%). Logistic regressions models found abuse to be a more important predictor than SPD for individual CMCs. Implications for providing primary care for TWOC including comprehensive assessment for CMCs will be discussed.

Medical 1**Mental Health****Junior Ballroom 1**

Joint session: Trans youth introduction and background. Biology of gender; Mental health considerations in younger trans children; Use of GnRH analogs; Role of mental health providers

Steve Rosenthal, MD; Diane Ehrensaft, PhD; Jo Olson, MD; Jennifer Hastings, MD

Mental Health 1**Room 203**

Substance Abuse Treatment with Transgender and Non-Binary Populations

Jeanna Eichenbaum, LCSW; Jay Williams, ACSW; Barbara Warren, PsyD, LMHC

Substance use and abuse continues to be an issue that disproportionately impacts transgender and non-binary populations, particularly populations of color. Supportive and effective treatment has to address not just the problematic behaviors and unhealthy relationships clients have with substances, but deeper root causes and issues, such as minority stress, societal and internalized transphobia, mental health and trauma, safety, mixed vs. “trans-only” treatment settings, and the intersections and conflicts between harm reduction and abstinence based treatment interventions. In this session, four experts in the field discuss these issues and cutting edge and evidence based treatment options of transgender and non-binary clients needing help.

Mental Health 2**Room 204**

Interdisciplinary Care In Action: Kaiser Permanente’s Multi-Specialty Transitions Department

Sand Chang, PhD; Susanne Watson, PhD; Daniel Geer, LCSW; Tamara Ooms, RN, NP; Shannon Huffaker, RN, NP

Mental Health 3**Room 205**

Equal access does not guarantee equal outcomes: Pre-operative education and preparation for genital surgery for Medi-Cal patients

Barry Zevin, MD; Julie Graham, MFT; Conrad Wenzel, MSW; Montica Levy; Kandi Patterson

Preparing public health clients for genital surgeries is a multifaceted and multidisciplinary experience. Providing accurate information about the surgery, it’s expected outcomes, the typical recovery process, common complications, and identifying practical needs as a person recovers from genital surgery is critical information for patients. Clients with mental health or substance use issues benefit from understanding what is known about the interaction of anesthesia and mental health and planning to reduce risks related to surgery as well as to prevent decompensation. Transgender Health Services has developed trainings for people having vaginoplasties, phalloplasties and metoidioplasties, and a separate training for caregivers of recovering patients. Patients benefit from learning stress reduction skills to improve healing and coping skills to decrease post-operative emotional distress.

Medical 2**Junior Ballroom 3****Advanced case discussions and Q&A with the experts**

Maddie Deutsch, MD; Linda Wesp, FNP; Course Faculty

Health Policy**Room 210****Health Insurance Coding and Billing Process**

Jamison Green, PhD; Andre Wilson; Marci Bowers, MD; Jennifer Hastings, MD

Health insurance availability for trans-inclusive treatments and procedures has opened up a new (and not unanticipated) set of problems: What diagnoses, treatments, and procedures will be covered? What codes should be used? What are reasonable and customary charges? Further, what incentive is there for surgeons, who historically have worked independent of insurance plans because none (or few) were available, to join insurance networks and accept insurance payments? The focus of this session will be to review these questions, consider some possible answers, and dialogue about how to impact the establishment that determines coding and billing practices.

Special Topic 1**Room 206****High impact HIV prevention (HIP) for trans people: The successes and challenges of CDC funded community-based organizations (CBOs)**

JoAnne G. Keatley, MSW; Maria E. Alvarez, MPA; Danielle Castro, MA, MFTI; Christina Quiñonez; William J. Nazareth, Jr.; Tracey Rice; Elizabeth Rivera; Alexa Rodriguez; Sarah Stewart MSW; Cathy Kapua; Jacqueline Nieves De La Paz, PhD, CASAC and Manuel Diaz-Ramirez

This session will provide an overview of the burden of HIV on trans people in the US and the efforts of CDC funded CBOs to address the disproportionate impact utilizing a HIP framework.

Special Topic 2**Room 207****Surgeon's Session—open only for surgeons**

Maurice Garcia, MD; Curtis Crane, MD

Special Topic 3**Room 208****Transgender Women and Corrections**

Joseph Bick, MD; Frank Galvan, MD; Jae Sevelius, PhD; Barry Zack, MSW; Katie Kramer, MSW; Janetta Johnson; Kelly Winter, MA; Kate Monaco Klein, MA; Dominique Leslie

Trans women experience disproportionate rates of incarceration and have unique healthcare needs upon returning to the community post-incarceration. We will discuss current efforts to understand and improve trans women's health and their experiences of healthcare in the context of the criminal justice system.

Session 6: Saturday April 18, 3:45pm - 5:15pm

Research 1: HIV Risk Behaviors

Room 206

A latent class analysis of contextual risk factors associated with HIV among transgender women

Rodrigo A. Aguayo-Romero, MPhil

Using a syndemics framework, we conducted a latent class analysis modelling 9 factors in 3 domains: discrimination (family isolation, healthcare discrimination, physical & sexual assault), economic marginalization (incarceration, homelessness, sex work), and risk behavior (suicide, substance use). We examined associations between subgroup membership and HIV among 2,239 transgender women from the NTDS. Four distinguishable subgroups emerged. Subgroup one (56%) was marked by the absence of the 9 factors. The remaining 3 groups depicted a cumulative pattern of co-occurrence of vulnerabilities including: subgroup two (31%) marked by family isolation and suicide attempt; subgroup three (6%) marked by family isolation, healthcare discrimination, physical assault, and suicide attempt; and subgroup four (7%) characterized by the co-occurrence of all 9 factors. Thus, vulnerabilities did not emerge in isolation, illustrating syndemic effects at the social and structural level. Membership in subgroup four conferred highest likelihood of HIV-positive status. Findings support the existence of syndemics among transgender women and highlight the need for multicomponent interventions to mitigate the intersecting factors associated with HIV risk.

HIV Risk Behaviors among Transwomen Living with HIV

Tooru Nemoto, PhD; Sachiko Suzuki, MPH; Mariko Iwamoto, MA; Breonna McCree; Andrea Horne; Sabrina Suico; Jasmine McKay

Background: HIV prevalence among transwomen is high; however, little is known about HIV risk behaviors among transwomen living with HIV. Methods: A total of 573 transgender women with a history of sex work were recruited in two waves (2001-2002 and 2004-2006) in the San Francisco Bay Area and interviewed using a structured questionnaire. Results: A total of 161 participants (28%) reported being infected with HIV. The mean number of years living with HIV was 14.75 years (Range: 7 to 29 years; SD= 5.10). More HIV positive participants reported unprotected receptive anal sex in the past 30 days than negatives (45% vs 29%, respectively, $p < 0.05$). Positive participants also reported more IDU than negatives (37% vs 20%, respectively, $p < 0.05$). In addition, more positive participants reported non-prescription hormone use than negatives (55% vs 47%, respectively, $p = 0.07$). Conclusion: While some transwomen know HIV positive status for many years, they still engage in risk behaviors. Study findings are limited because of no treatment data (e.g., ART and viral load). However, results indicate a need for prevention programs to reduce HIV transmission and re-infection for transwomen living with HIV and to promote access and adherence to ART.

Gender Affirmative Assessment of HIV Risk Behaviors in Female-to-Male Trans Masculine Youth Who Have Sex with Cisgender Males (TMSM)

Sari Reisner, ScD; Dana Pardee

The sexual health of trans masculine youth on the female-to-male spectrum who have sex with cisgender males (TMSM) is understudied. One barrier to conducting HIV-related research with this study population is the lack of consensus on how to best capture sexual risk data in a standardized manner that is gender affirming and culturally-competent. This presentation describes the community-based process used by the LifeSkills for Men study team in Boston, Massachusetts to adapt the AIDS-Risk Behavior Assessment (ARBA) to assess HIV risk in TMSM youth. Adaptation of the ARBA was multi-phased and consisted of: gathering input from the LifeSkills for Men Task Force; conducting a series of focus groups; and implementing an open-phase mixed-methods pilot test with a sample of 18 TMSM youth ages 18-29 years (mean age=24; 22% people of color; 100% cross-sex hormones; 28% lifetime STI; 66% reported 3+ sexual partners in last 4 months). Pilot study participants found the adapted ARBA-TM to be acceptable, gender-affirming, and highly responsive to the diversity of TMSM sexualities, sexual behaviors, and partner genders and types. Discussion will focus on key adaptations made to the measure and implications for future research and practice.

Demographic variables affecting gender-related health care access and satisfaction for trans*female adolescents in the SF Bay Area

Elizabeth Johns; Erin C. Wilson, DrPH; Harry Jin, MPH; Sean Arayasirikul, PhD

Trans* adolescents and young adults are a vulnerable population at risk for a variety of poor health outcomes, partially due to the stigma and discrimination they experience in health care settings. The few published studies evaluating adolescent and young adult barriers to care have focused on LGBT youth populations that include inadequate sampling of trans* youth. The aim of this research is to evaluate demographic differences in access to gender-related medical and mental health care as well as satisfaction with that care for 250 trans* female adolescents and young adults in the SF Bay Area. A secondary analysis of data from the SHINE Study was performed. Bivariate analyses and logistic regression were utilized to look for associations between 10 demographic variables and access to gender-related care as well as care satisfaction outcome measures. Results showed that youth with a history of stable housing had lower odds of reporting problems accessing health care than youth who'd experienced unstable housing (OR 0.464, 95% CI 0.242-0.889) as well as lower odds of problems accessing mental health care (OR 0.378, 95% CI 0.155-0.926), regardless of their current housing situation.

Sexual networks and HIV risk among trans*female youth in the San Francisco Bay Area—data from the SHINE study

Erin C. Wilson, DrPH; Glenn-Milo Santos, PhD

This study was conducted to assess sexual networks of trans*female youth in the San Francisco Bay Area. Assortativity by age, race, partner type, HIV serostatus, and IDU across sexual networks was calculated using Newman's assortativity coefficients (NC). Multivariable generalized estimating equations (GEE) logistic regression models were used to evaluate associations with potential risk factors and condomless anal intercourse. Sexually active trans*female youth (N=230) had a total of 742 recent sexual partnerships, with an average of 3.23 sexual partners per youth. White (NC 0.30, 95%CI 0.25-0.35), African American/black (NC 0.28, 95%CI 0.24-0.32) and Latina (NC 0.28, 95%CI 0.24-0.32) trans*female youth were the most racially assortative. Most sexual partnerships were casual (n=532, 71.7%), and identified as heterosexual (n = 327, 44.1%). Most trans*female youth were in sexual partnerships with people of their same known serostatus (73.2%, n = 543) and few had sexual partnerships with people who injected drugs (n = 42, 5.7%). In multivariable analyses, condomless anal intercourse was significantly associated with primary partners (aOR 3.66, p<0.001) and having discordance in injection drug use with a partner (aOR1.83, p=0.048).

Prevalence and correlates of substance use among trans*female youth ages 16-24 years in the San Francisco Bay Area

Christopher Rowe; Glenn-Milo Santos, PhD, MPH; Willi McFarland, MD, PhD; Erin C. Wilson, DrPH

We assessed the prevalence of substance use and used multivariable logistic regression to examine the relationship between psychosocial risk factors and substance use outcomes among trans*female youth participating in the Shine Study (N=292). Most (69%) of the trans*female youth reported drug use in the prior six months. In multivariable analyses, those with posttraumatic stress disorder had increased odds of drug use [AOR=1.94 (95%CI=1.09-3.44)]. Those who experienced gender-related discrimination had increased odds of drug use [AOR=2.28 (1.17-4.44)] and drug use concurrent with sex [AOR=2.35 (1.11-4.98)]. Those with psychological distress had increased odds of using multiple heavy drugs [AOR=2.27 (1.01-5.12)]. Those with parents with drug or alcohol problems had increased odds of drugs use [AOR=2.62 (1.43-4.82)] and drug use concurrent with sex [AOR=2.01 (1.15-3.51)]. Substance use was highly prevalent and significantly associated with psychosocial risk factors. To effectively address substance use among trans*female youth, efforts must address coping related to gender-based discrimination and trauma. Structural level interventions aiming to reduce stigma and gender-identity discrimination might also be effective.

Medical 1**Mental Health****Junior Ballroom 1**

Joint session: Clinical Care of post-pubertal youth. Gender affirming hormone therapy; Care of non binary youth; Interactions with the foster system, Care of trans youth in low resource settings, Psychosocial issues; Review of complex cases

Jennifer Hastings, MD; Steve Rosenthal, MD; Diane Ehrensaft, PhD; Jo Olson, MD; Linda Wesp, FNP

Mental Health 2**Room 202**

Life Stages: Coming out, Workplace, Aging

Zander Keig, LCSW; Jei Africa PhD; Lin Fraser EdD

Mental Health 3**Room 208**

The Creation and Application of the American Psychological Association (APA) Practice Guidelines for Working with TGNC Clients; To Certify or Not To Certify: Gender Specialists In Question

Sand Chang, PhD; Kelly Ducheny, PsyD; Julie Graham, MFT; Walter Bockting, PhD; Gail Knudson, MD

As health care administration affecting transgender health has rapidly evolved over the past several years, there is a growing support for the necessity of certification for mental health providers serving transgender patients.

Mental Health 4**Room 210**

Challenging cases in patients seeking surgery: A dialogue between surgeons and mental health providers

Dan Karasic, MD; Maurice Garcia, MD; Scott Mosser, MD; Michele Angello, PhD; Christine McGinn, DO

A panel of surgeons and a panel of mental health providers pose questions to each other on complex clinical issues.

Mental Health 5**Room 207**

Informed consent models

Barry Zevin, MD and Danni Askini, MSW

Medical 2**Junior Ballroom 3**

Surgical options for transgender patients; Management of postoperative complications and common conditions

Erica Weiss, MD; Toby Meltzer, MD

Special Topic 1**Room 204****Building Capacity of Health Systems to Sustain Trans-Inclusive HIV Prevention and Care Services**

Maria E. Alvarez, MPA; Mehroz Baig, MIA, MS; Danielle Castro, MA, MFTI; JoAnne G. Keatley, MSW; Melissa Margolis; Michael McLeod; Gary Najarian, MSW; Seth Pardo, PhD; Jenna Rapues, MPH; J. Gabriel Rendón, MA; Jennifer Shockey, MPH; Tim Vincent, MS

Due to the disproportionate rates of HIV in transgender communities, coordinated efforts are essential in mitigating current disparities by building the capacity of community based organizations, health departments and healthcare agencies to create, implement and sustain trans-inclusive HIV prevention and care services. This interactive workshop will provide an opportunity to learn about national capacity building assistance projects, funded by CDC under PS14-1403 Capacity Building Assistance for High Impact HIV-Prevention Initiative, that aim to strengthen the HIV prevention workforce to optimize the interventions and strategies focused on transgender communities. The workshop will include a summary of current trans specific HIV data, an assessment of challenges at CBA provider and organizational levels, examples of innovative technical assistance approaches and recommendations for supporting HIV high-impact prevention for transgender communities. The goal of this workshop is to provide participants with innovative strategies and resources used by CBA providers to improve HIV-related health outcomes in transgender communities.

Special Topic 2**Room 201****Intersectionalities of Trans Experience in Film**

Sponsored by Gender Reel

Sofia Sicro

This session will include films that highlight the multiple and intersectional societal concepts from the lives of trans people. For more details please request a copy of the film schedule at the registration tables.

**Special Topic 3****Room 205****Roundtable discussion: Coalition for children affected by HIV and AIDS**

John Miller, MA

Poster Reception: Friday April 17, 3:15pm - 4pm Grand Ballroom

Narratives of agency and exclusion amongst transgender female sex workers in Cape Town, South Africa

Zoe Samudzi, MSc

Commercial sex workers are often perceived as possessing “deviant” identities, contributing to their exclusion from health services. The literature on sex worker identities in relation to health has focused primarily on female sex workers as the “carriers of disease”, obscuring the experiences of transgender sex workers and the complexities their gender identities bring to understandings of stigma and exclusion. To address this gap, this research draws on interviews with transgender female sex workers receiving services from the Sex Workers Education and Advocacy Taskforce (SWEAT) in Cape Town, South Africa. Findings suggest that the social identities imposed upon sex workers contribute to exclusion from public, private, discursive, and geographic spaces. Although possessing a gender identity deeply stigmatised by South African society and gender constructs, many transgender female sex workers described their identities using positive and empowered language. While many of those interviewed felt empowered by positive identities as transgender women, sex workers, and sex worker-advocates, disempowerment and vulnerability was also linked to masculinised and feminised identities.

Is the Mechitza Permeable? An Exploratory Study Navigating Jewish And Transgender Identities

Nicole Thalheimer, MA; Braden Berkey, PsyD

Identifying as a Jewish transgender woman can come with a plethora of stigma and challenges, compounded by the ongoing existence of microaggressions and violence and lack of empirical research. Participants took part in 90-minute semistructured qualitative interviews using a questionnaire created based on Bronfenbrenner’s ecological systems theory. After transcription, the researcher and two assistants ascertained eight major themes and four minor themes: (a) Family (spouse, parent, or sibling) Interactions; (b) Dynamics of Sexual Orientation; (c) Professional Help and Bureaucratic Red Tape; (d) Stealth and Disclosure of Transgender Identity; (e) Education; (f) What Does It Mean To Transition; (g) Changes to Community Interactions; and (h) Transgender Jewish Interactions. The four minor themes were: (a) Interactions with and Views of Israel, (b) Naming and Language, (c) Not Fitting In, and (d) Reaction of Children. The meaning and construction of the participants’ transgender and Jewish identities varied greatly. Resilience and humor played roles in all participants’ narratives. This study supports and validates the idea that there is no one right way to be a transgender Jewish woman.

Mental Health Treatment Satisfaction and Best Practice Adherence: Does Clinician Adherence to Trans-Affirmative Best Practices Matter?

Barbara Hooks, MA; Karen Davison, PsyD

This study found a strong correlation, $r = .8721, p < .00001$, between ratings of mental health treatment satisfaction and clinician adherence to trans-affirmative best practices (BPA) from the literature. An online survey of 149 transgender or gender nonconforming adults from the United States completed the Client Satisfaction Questionnaire-8 (CSQ-8), as well as study specific questions that evaluated clinician BPA, access to gender specialists, and demographics. Additional findings include that participants treated by gender specialists were more satisfied with treatment than participants seen by non-specialists at a statistically significant level, $p = .00000037421$. Participant demographic trends were present, including statistically significant differences, $p = .000000224$, in participants’ preferred gender identification, based on age cohort, with younger transgender participants more frequently identifying with non-binary gender identities labels. Lastly, no statistically significant differences, $p = 0.099$, were found in access to mental health gender specialists based on the population density of participants’ residential location, rural or urban, at the time of treatment; this was likely influenced by sampling issues.

In Their Own Words: Trans People Speak Out

Carmen Lalonde, MA

This presentation summarizes data from a qualitative study that explored the subjective experiences of 20 transgender individuals over the age of 18 who self-identified as either transgender or gender non-conforming. The data describe the participants' experiences of finding their authentic gender identities within a gender binary world. The researcher used a systematic, grounded theory procedure to organize and analyze the interview data, incorporating multiple coders at the initial phase of data analysis. Five major theoretical constructs emerged; 1) a developmental pathway of transgender development; 2) the importance of doing their own independent research as they struggled to understand their sense of being trans; 3) experiences of both social support and social rejection, including transphobia as they began to transition; 4) the continual challenges of being trans; and 5) experiences of resilience and a commitment to advocacy. These findings have the potential to transform the understanding of gender from an attribute that is fixed and binary, to one that is fluid and diverse. Keywords: transgender, female-to-male (FtM), male-to-female (MtF), and queer.

Defining “community participation” amongst trans and gender-variant people with a diagnosis of schizophrenia or bipolar disorder

Merrick Pilling; Meg Howison; Sean Kidd

In this presentation we focus on the experiences of the trans and gender-variant people who participated in a mixed method longitudinal study with lesbian, gay, bisexual, queer, and trans (LGBTQ) people who have been diagnosed with schizophrenia or bipolar disorder. This study investigates the nature of “community” for LGBTQ people with these diagnoses in Toronto, Ontario. The mental health recovery model recognizes participation in community as a crucial component of fostering wellness, yet there are few studies examining the meanings of “community.” Fewer still investigate community participation amongst LGBTQ people with mental health diagnoses. Community participation is particularly relevant to trans and gender-variant populations given the functions of community for marginalized people as a source of empowerment, support, and solidarity. Preliminary findings regarding the trans and gender-variant participants suggest that there are specific challenges created by structural transphobia that shape how “community” is defined, created, and experienced. We contextualize these challenges within a framework that considers the critical intersections between poverty and structural transphobia, sanism, homophobia, and racism.

Mobilizing voluntary and academic communities in the UK to address the health and wellbeing of trans* communities

Scott Vrecko, Department of Social Science, Health and Medicine, King's College London; Billy Gazard, Department of Psychological Medicine, Health Inequalities Research Network, King's College London

Transgender communities in the UK face significant challenges relating to struggles for (a) social and legal equality, within a culture that has systematically excluded and marginalised them and (b) access to adequate healthcare provisions that are tailored to communities' specific needs. Moreover, academic social science research on transgender issues in the UK has largely focused on theoretical analyses rather than on understanding and addressing the practical and everyday needs that arise in relation to transgender exclusion and marginalization. This presentation will report on a novel initiative in progress, which seeks to develop collaborative alliances between trans* organisations, and academic researchers interested in advancing the cause of transgender health and wellbeing. An analysis will be provided of preliminary findings from a day-long focus group discussion, involving 10 representatives from voluntary trans* organisations and 5 academic researchers, oriented towards identifying the most urgent needs and issues that could be addressed through collaborative and participatory forms of research.

Transgender-related harassment and bullying in school-based settings

Rodrigo Aguayo-Romero, M.Phil; Natalie M. Alizaga, MPH

This study explored characteristics associated with experiences of harassment and bullying from peers and educators using a non-probability sample of 5,508 transgender participants from the National Transgender Discrimination Survey. Binomial logistic regression analyses indicated that individual characteristics including

race/ethnicity, birth sex, gender non-conformity and transition procedures play a significant role in likelihood of experiencing bullying and harassment. Female-born transgender individuals were significantly more likely to experience bullying by peers and educators while attending middle through graduate school. Those having undergone transitional procedures were significantly more likely to experience bullying by peers and educators in all educational stages. Additionally, those who are visually gender non-conforming were significantly more likely to experience bullying by peers in middle school, and by peers and educators while attending college. Experiences of transgender bullying by peers and educators vary by different educational stages depending on individual characteristics. Anti-bullying programs should tailor efforts depending on the educational stage, and should reach students as well as educators.

Sexual Preferences and Partnerships of Transgender Persons Mid or Post- Transition

Lydia A. Fein, MS; Christopher M. Estes, MD, MPH; Christopher J. Salgado, MD

Objective: The transition process can affect transgender persons' sexual desire. To investigate the effects of transitioning on sexual experiences, we created a survey to explore current and past sexual partnerships, including sexual partner preference, as they relate to the transition. / Methods: IRB approved design and distribution of a survey via SurveyMonkey.com within our referral network. / Results: The survey was completed by 64 transwomen and 63 transmen mid or post-transition. Thirty-six percent (23/64) of transwomen and 27% (17/63) of transmen reported no current sex partner. Among the 23 transwomen, 15 had begun hormone therapy; 4 had undergone orchiectomy. Among the 17 transmen, 15 had begun hormone therapy; 4 had undergone oophorectomy. Since beginning transition, 30% of transwomen and 24% of transmen reported a change in sexual preference. Most transwomen reporting a change currently have no sexual partner (47%), and 67% of transmen reporting a change currently have a cisgender, female partner. / Conclusion: Our results suggest that the transition does impact the sexual partnerships and preferences of transgender persons. Further investigation is needed to evaluate longitudinal outcomes and rationales of our findings.

Increasing transgender health competency in primary care providers: Development of the TransPocket Guide

Christopher W. Morales-Phan, Graduate Physician Assistant Student

The educational pocket guide developed is aimed at equipping primary care providers a resource assisting in the initiation and maintenance of cross-sex hormone therapy for the transgender patient. This resource was developed while acting as a co-director at a student-run hormone therapy in a large, urban city in California. While multiple print or digital resources exist providing information on hormone therapy, there is no simple resource that can be provided to students or new practitioners that allows them an "on-the-go" aide. The guide was reviewed by a panel of established cross-sex hormone therapy prescribing primary care providers, for content and effectiveness, and adjusted to its final format. The review of the guide suggests its implication will have a positive and useful effect on both health care education and the range of health care provided to transgender patients without the need for endocrinology or other specialty referral.

Making Transgender Persons Infected with HIV Count in New Jersey

C. Sadashige; J. Ryan; A. Ibrahim; B. Bolden

Transgender persons are at elevated risk for HIV. Until late 2011, the New Jersey HIV/AIDS Registry could not record information about 'current gender' identity. Key words related to 'transgender' were searched in the Registry's comments fields. The Registry was matched to other databases for conflicting gender information from different sources. Calls were placed to sites reporting more recent conflicting information, and documents were reviewed on older information. Only cases clearly indicating a different current gender from sex at birth were marked as transgender. Sixty-two transgender persons were cumulatively diagnosed with HIV in New Jersey through October 31, 2014. Fifty-eight (94%) were female (birth sex male); four (6%) were male (birth sex female). Despite the lack of a data field to record gender identity, New Jersey was able to count transgender persons diagnosed with HIV since 1982. Transgender cases were included in the 2014 HIV epidemiologic profile for the first time for use in prevention and treatment planning. The HIV Program will work to more accurately count transgender persons infected with HIV and to capture information about behavioral risks for acquiring HIV.

Moving Hormone Care for Transition Purposes from a Specialty clinic to the Primary Care Setting

Jacke Humphrey-Straub, MSW; Ben Hudson; Liza Thantranon, Esq.; Katherine Gardner, MD

Objective: Assess the number of patients successfully transferring hormone management from a specialty clinic to the primary care setting using an interdisciplinary and case management approach. Introduction: Several well recognized organizations support prescribing hormones for transition purposes in the primary care setting as a way to integrate hormones into whole person care and to increase hormone access for the transgender population. Despite these recommendations, transgender individuals continue to have difficulty accessing hormones through their primary care providers in Sacramento, CA. Currently, many rely on specialty care to access hormones. Methods: Using survey data, we will follow a cohort as they meet with an integrated interdisciplinary team, set up appointments with primary care providers, meet with their providers, and follow up for ongoing management of hormones. Results: Data analysis and collection is ongoing. Conclusion: Hormone care can likely be transferred successfully from a specialty clinic to the primary care setting. Implication: Increased access to hormone may be achieved by facilitating transfer of care from the specialty setting to the primary care setting.

Teaching Transgender Cultural Competency to Medical, PA, and NP Students

Katherine Gardner, MD; Swati Rao, MD; Ben Hudson

Objective: Increase trans cultural competency in future health care providers through exposure to direct transgender patient care as students. Introduction: Barriers to accessing health care for transgender people are numerous. New laws in California mandate insurance coverage for hormones and surgery for transition purposes. However, despite the legal mandates regarding coverage, tremendous barriers still exist to accessing services for transgender people. One significant barrier to accessing needed care is limited provider knowledge and cultural competency regarding transgender health concerns. Method: We will use pre and post surveys to assess cultural competence and likelihood to prescribe hormones to transgender patients before and after exposure to hormone care in a clinical setting. We will compare longitudinal survey data to survey data of students who did not participate. Results: Cultural competency and reported likelihood to prescribe hormones increased with the intervention. Conclusion: Exposure to transgender patients in medical training increase the number of providers who are culturally competent. Implications: Deliberate exposure to trans care in medical education can increase access to services.

A Call to Action: Engaging Trans Communities in Rectal Microbicide Research

Clare Collins, MA, MEd, Associate Director of Communications and External Relations, Microbicide Trials Network; Jonathan Paul Lucas, MPH, Senior Community Program Manager, Microbicide Trials Network/FHI 360; Ian McGowan, MD, PhD, Principal Investigator, Microbicide Trials Network

Transgender women are greatly impacted by HIV, but lack of comprehensive health data has made it difficult to assess the full impact of HIV on their lives. Recent efforts, however, are making inroads to involving transgender communities more fully in HIV prevention research, specifically in the area of rectal microbicides. In 2013, the National of Institutes of Health-funded Microbicide Trials Network (MTN) and Be the Generation Bridge held a one-day consultation with transgender civil society representatives and advocates from U.S. and international transgender-focused health organizations. The meeting provided a forum to discuss issues of importance to transgender communities related to HIV prevention. Consultation attendees (n=29) discussed the barriers, challenges and gaps in research, and the conflation of MSM with transgender women. As a result of this discussion, MTN is now in the process of developing a rectal microbicide study specifically designed for transgender women. While more work remains to be done to address the high rates of HIV in trans communities, the consultation was a successful first step in an ongoing conversation among transgender and research communities about biomedical HIV prevention.

Sources of gender-related support: Demographic variations and mental health correlates among transgender and gender non-conforming young people

Laurel Wright, MPH

Transgender youth and young adults often experience a number of obstacles accessing gender affirming information and support. Using data drawn from the largest national sample of transgender youth and adults (age 14 to 30, N =1,965), this presentation explores the frequency participants reported accessing 10 sources of gender-related information and support (e.g., family, friends, professionals, media, online communities), the perceived helpfulness of each source, and correlations between perceived helpfulness and mental health outcomes (e.g., depression, quality of life). Use of certain forms of information/support and perceptions of their helpfulness significantly differed between groups by sex assigned at birth, socioeconomic status, geographic region, and racial/ethnic identity. Results highlight the overall importance of access to helpful sources of gender-related information and support and help to identify subgroups that may experience greater barriers to seeking or perceiving gender-related information/support as helpful.

Evaluation of online provider trainings on clinical and culturally competent care for transgender and gender variant patients

Ginny Cassidy-Brinn, ARNP; Simon Adriane Ellis, CNM, ARNP; Linda Gromko, MD; Sarah Salomon, MPH; Maddie Deutsch, MD

Background: Healthcare providers receive limited education about care for transgender and gender variant (TG/GV) people. Methods: Cardea produced a webinar series on comprehensive, culturally proficient clinical care for TG/GV patients. Topics included primary care and TG/GV specific care. Participants were surveyed at registration, post-webinar, and 4 months later. Results: >700 providers from various care settings across the U.S participated; 35% with prescribing privileges. Half had seen one or no TG/GV patients, past year. Post-webinar 83% planned changes to practice. At follow-up, >90% were comfortable with their TG/GV knowledge and clinical abilities. 37% reported no agency expansion of transgender health services; 48% indicated no changes in how agencies document patient gender. 58% had seen a TG/GV patient post-webinar. Conclusion: Webinar demand was high nationwide. Providers not currently seeing transgender patients are interested in doing so. Participants reported improvements in knowledge/confidence, but additional training is needed. Agency-level changes are needed to create supportive environments for TG/GV patients.

A Retrospective Review: Male to Female Transgender Patients on Estrogen Replacement Therapy and Hyperprolactinemia, what are the implications?

Pedro Luis Gonzalez MD, MT, Associate Medical Director for Infectious Diseases, Community Healthcare Network; Luis Freddy Molano, MD, VP of ID and LGBT Services

Prolactin levels are elevated due to pregnancy, nipple stimulation, stress, pituitary gland (PG) tumors, decreased dopaminergic inhibition, decreased clearance, hypothyroidism, injury to chest wall and medication induced. When stimulated, levels can raise from 35 ng/ml up to 600 ng/ml, having about 20 ng/ml as the upper normal value. In the presence of any of the above mentioned conditions and depending on the level of prolactin increase, symptoms may appear. In women, loss of libido, amenorrhea, infertility and galactorrhea can be noted. In men, loss of libido, impotency, low sperm count, galactorrhea and breast enlargement is noted. If a PG tumor is present, headaches with visual field defects and other symptoms are manifested. Estrogen replacement therapy (ERT), oral contraceptive pills or the withdrawal of them might increase serum prolactin. We are evaluating 50 Male to Female Transgender patients that are on ERT and looking at their mean prolactin levels. With this retrospective chart review, we aim to associate any symptoms of hyperprolactinemia to the use of ERT in a 12 month period. This is an ongoing study, scheduled to be finalized by January 2015.

Transwomen's Access and Utilization of HIV Medical Care and HIV Medication

Glenda N. Baguso, MS; Erin C. Wilson, DrPH; H. Fisher Raymond, DrPH

Many US transwomen have barriers accessing HIV medical care and have difficulty integrating HIV medication into their daily routine. This secondary analysis was conducted to examine transwomen's access to HIV medical care and utilization of HIV medication. The Transfemales Empowered to Advance Community Health (TEACH) study was conducted in 2010 with 314 transwomen in San Francisco, CA. In this sample, 35.7% transwomen self-reported being HIV positive (n=112), and eleven participants were unaware of their HIV positive status (3.5%). Most transwomen living with HIV (n=123) had engaged in HIV medical care ever (n=108; 87.8%) and had ever taken HIV medications (n=88; 71.5%). Yet only 80 transwomen (65%) were currently on HIV medications. Reasons for not taking medication ranged from feeling good and not needing medication to worrying about adherence and drug interactions with hormones. Most transwomen had been on hormones in the past (88.6%), but only 62.6% were currently using. Few studies focus on transwomen's continuum of care in HIV therapies. Data presented will focus on factors that influence why some transwomen access HIV care and take HIV medications.

Preliminary Sociodemographic and Risk Findings Among a Cohort of Young Transgender Women in Brooklyn

Jeffrey M. Birnbaum, MD, MH, Executive Director HEAT Program; Elizabeth A. Eastwood, PhD Associate Professor, Brooklyn College, CUNY School of Public Health; Jennifer E. Lee, MPH

Background: The specific health needs of transgender women of color must be tailored to meet their life circumstances, and youth pose special challenges. Methods: We examined demographic and risk factor data from a study to engage and retain the HIV care and care for high-risk women, and compared HIV+ to HIV- enrollees. The sample was young adults aged 18-24. We describe the sample sociodemographic characteristics, risk factors for dropping out of care, and compared HIV+ to HIV- transgender women. Results: From January - October 2014, 13 transwomen aged 18-24 were enrolled, 7 Latina and 6 African descent. 6 were HIV+ and 7 HIV- with median age of 21. There were no differences between HIV+ and HIV- on any demographic or risk factors. 10/13 had HS graduate, 10 insurance, 12 US citizens. 5 earned <\$50/month in employment, 6 not have enough to eat, and 4 no money for basic necessities. Risks in the last 6 months showed that 46.2% had received mental health services, 6 unstably housed, 2 incarcerated, 3 engaged in sex for money/goods, 2 used drugs, and 4/10 had a high CES-D depression score. Conclusions: This study confirms literature of transgender women with unmet subsistence needs and risks competing with health care.

TransAction: A Community-based Program for High-risk Trans Women

Cathy J. Reback, Ph.D; Jesse B. Fletcher, Ph.D

TransAction is a 'homegrown' intervention that began in 1995 and is currently the longest running program for trans women in Los Angeles. TransAction is based on Social Network and Social Support Theories and uses harm reduction and motivational interviewing to encourage behavioral change. From Mar 2005 through Jul 2014, 601 trans women participated in the program. Most identified as Hispanic/Latino (40%), Af Amer/black (25%) or Caucasian/white (12%), and most identified as either heterosexual (72%) or bisexual (16%). Mean age was 34 years (SD=11), and HIV prevalence was 23.5%. Half (50%) reported having less than a high school education, and 25% reported currently living on the streets. The most common topics discussed during intervention sessions were self-esteem (30%), social support (18%), emotional support (17%), housing (16%), and sex work (13%). During individual sessions, participants identified the following areas for personal behavioral change: increase condom use (50%), seek employment/job training (48%), reduce non-exchange sex partners (35%), reduce the number of times sex while high (34%), reduce sex work (32%), reduce exchange sex partners (31%), increase condom use during sex work (31%), and seek housing (27%).

Hormone treatments and surgeries in Argentinean transgender population

Virginia Zalazar, Psychologist researcher in Fundacion Huesped, Argentina; Ines Aristegui, Psychologist researcher, Fundacion Huesped; Marcela Romero, Redlactrans and ATTTA Argentina; Mar Lucas Gomez, Director of Direction of Programs, Fundacion Huesped; Omar Sued, Director of Clinical research, Fundacion Huesped; Eugenia Socias, Clinical research, Fundacion Huesped; Claudia Frola, Clinical research, Fundacion Huesped

Introduction: The ways transgender people construct their identity varies significantly, from changing their clothing or adopting mannerisms to performing medical interventions. Objective: To explore the differences between transwomen (TW) and transmen (TM) in their access to cosmetic surgery, hormone treatments, mastectomy, implants, oil injection and/or sex reassignment surgery (SRS) before and after the Gender Identity Law was enacted in Argentina. Methods: 452 TW and 46 TM responded to a national-wide survey that explored changes due to the law in 2013. / Results: 68.2% TW and 33.7% TW used hormones before the law: the majority on their own (54.9% TW; 49.5% TM), and 20% TW and 38.1% TM with medical supervision. Only 2.4% TW and 5.1% of TM conducted SRS. TW conducted more cosmetic surgery: 40.6% of nose/cheekbones surgery and 42.5% breast/buttocks implants, mainly with medical assistance. 61.2% TW injected industrial oil (92.7% with the assistance of other TW). 15.7% TM performed a mastectomy. Since the enactment of the Gender Identity Law, 23.6% of TW and 53.2% of TM consulted an endocrinologist; 33.5% of TW and 42.8% TM asked for hormone treatment; and 3.4% of TW and 4.6% of TM consulted for SRS. 28% TM consulted for mastectomies.

PEP Use among Transgender Women at a Community-Based Clinic in Los Angeles, California

William L. Hernandez, RN, MS, NP; Matthew R. Beymer, MPH; Risa P. Flynn, BS; Ward Carpenter, MD; Robert K. Bolan, MD

Background: Transgender women (TW) are at high risk for HIV infection in the United States with an incidence of 7.8 infections per 100 person-years. Pharmacologic post-exposure prophylaxis (PEP) helps avert infection in high-risk populations, but the circumstances influencing PEP utilization among transgender women remain unclear.

Methods: To determine the circumstances influencing PEP utilization, TW who reported recent condomless anal or vaginal sex and who accessed PEP (n = 28) were compared to TW with the same risk but who did not access PEP (n = 184). Number of sexual partners, STI history, substance use and commercial sex work were evaluated as potential predictors of PEP using multivariable logistic regression models.

Results: Over 25% of TW reported commercial sex work during their lifetimes in both the PEP and non-PEP utilizing samples. However, PEP-utilizing TW were more likely to have engaged in sex work in the past year ($p = 0.0001$) when compared to TW who had not accessed PEP, controlling for race, ethnicity, age and education. There were no differences in PEP utilization by number of sexual partners, STI history or substance use.

Discussion: Only 13.2% of this sample of TW who presented for testing and reported recent condomless anal or vaginal sex accessed PEP. Recent commercial sex work was found to be a significant predictor of PEP use in this sample. These findings indicate that PEP use is both acceptable and utilized for TW engaging in commercial sex work, but education is needed to increase uptake among TW with other similar risks.

Acknowledging Gender and Sex: New online course helps clinic staff and providers create a welcoming environment for transgender people.

Enzo Patouhas, MA; Jen Shockey, MPH

This course was developed by the Center of Excellence for Transgender Health. The development team included the following individuals: Maddie Deutsch, MD; Jamison Green, PhD; JoAnne G. Keatley, MSW; Nicole Mandel, Lissa Moran, MPH; Enzo Patouhas, MA; Jennifer Shockey, MPH.

about the UCSF Alliance Health Project



The UCSF Alliance Health Project (AHP) offers LGBTQ-affirming mental health services, substance use counseling, and peer support to low-income members of the LGBTQ and HIV-affected communities. We also provide HIV testing and STI screening at our services center and mobile test sites. Founded as the AIDS Health Project, AHP has been proudly providing HIV prevention and mental health services in San Francisco since 1984, when we helped to establish the San Francisco Model of Care—a system of care credited with helping many people with HIV and AIDS live longer and healthier lives.

AHP embraces education as central to its mental health and wellness mission and has developed HIV and LGBTQ training curricula and publications for more than 25 years. As a collaborator in the UCSF CBA Partnership, AHP provides training and technical assistance on testing and counseling and other prevention issues to CBOs around the nation.

AHP is the state of California's primary HIV test counseling certification training developer and provider and has created more than two dozen face-to-face and online courses on a range of issues including testing technology, outreach and recruitment, human sexuality, and counseling approaches for HIV-positive clients. AHP researchers developed Personalized Cognitive Counseling, and AHP is actively involved in the national distribution of PCC, as well as Couples HIV Testing and Counseling, training and technical assistance.

We were one of the first publishers of HIV-related mental health books and newsletters for frontline health and mental health providers, researchers, and public health professionals. Our publications and trainings offer opportunities to cultivate the skills of HIV test counselors, mental health and substance abuse treatment professionals, and staff from agencies seeking to foster a culturally competent, LGBTQ-affirming environment.

AHP Mission Statement

Our mission is to support the mental health and wellness of the lesbian, gay, bisexual, transgender and queer (LGBTQ) and HIV-affected communities in constructing healthy and meaningful lives.

AHP Values

Our values guide our activities and ensure that our services are client-centered, strength based, health and wellness enhancing, and culturally competent.

Management Team

James W. Dilley, MD, Executive Director; Lori Thoemmes, LMFT, Director; Paul Dertien, Manager, Fiscal and Administrative Operations; Robert Marks, Manager, Publications and Training; Ramon Matos, LMFT, Manager, Behavioral Health Services; and Perry Rhodes, III, Manager, HIV Counseling and Testing Services.

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about the Center for AIDS Prevention Studies



Established in 1986, the Center for AIDS Prevention Studies (CAPS) at UCSF is one of the world's largest research centers dedicated to social, behavioral, and policy science approaches to HIV.

The mission of the Center for AIDS Prevention Studies is to conduct research to prevent new HIV infections, improve health outcomes among those infected, and reduce disparities. As the HIV epidemic and healthcare needs continue to evolve, CAPS research has advanced to stay on the cutting edge of HIV prevention science. By conducting local, state, national, and international research on critical issues in AIDS prevention, CAPS responds to the growing global epidemic by stimulating and fostering collaborative HIV-related epidemiological, behavioral, social, and policy research. Through synthesis and dissemination of our research findings, CAPS aims to have optimal impact on further prevention research, policies, and practice; and initiate and assist in the development and implementation of community collaborative research worldwide.

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about the Center of Excellence for Transgender Health



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

The CoE 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 trans identified leaders from throughout the country. 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.

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