



STEPPING UP

BEST PRACTICES IN PROVIDING
HIV MEDICAL CARE, SUPPORT SERVICES,
AND **FUNDING** TO TRANS COMMUNITIES

A CONSENSUS STATEMENT BY TRANS LEADERS

May 2017

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INTRODUCTION & BACKGROUND

This consensus document is intended to assist clinical providers, funders, and social service providers in strengthening their understanding of how to provide the best HIV clinical care environment, social services, and funding support possible for transgender communities. Due to the disproportionate impact of HIV on transgender and gender expansive communities, particularly among transgender women of color, it is critical that clinics and support services are welcoming, inclusive, and competent in serving this population. Additionally, funders must ensure that funding strategies and decisions are community informed to yield the greatest impact. This document can be used as a foundational tool in designing and implementing trans-informed best practices in HIV clinical care and support services as well as to assist funders in recognizing best practices in selecting models for community support.

On December 12–13, 2016, AIDS United convened a Think Tank of transgender leaders in Detroit, MI, to discuss barriers and opportunities for HIV care and prevention among transgender communities. A group of 15 leaders and HIV experts from throughout the United States was invited to participate. Due

to weather-related travel barriers, 12 participants attended the meeting. These leaders, many of whom are living with HIV, crafted the recommendations. All leaders at the meeting signed on in support of this consensus statement.

This document is separated into three categories of recommendations for best practices:

- trans-informed funding,
- trans-informed health care, and
- trans-informed social services.

These recommendations provide specific, measurable steps organizations can take to improve their approach to HIV work in trans communities.

Note on Language: In this statement, we have opted to use the umbrella term “**trans**” to describe people who identify as transgender, non-binary, and/or gender expansive.

BEST PRACTICES FOR FUNDERS

Funding is a critical component in sustaining trans-led and trans-focused HIV organizations, including those that provide clinical services. However, funding opportunities often inadvertently exclude trans-led organizations from applying due to the way funding opportunity announcements (FOAs) are frequently structured. Trans-led organizations that serve trans clients are rarely funded sustainably, if they are funded at all. If there are paid staff, their capacity is stretched to

provide basic services, and completing a complex and extensive application in a manner that is competitive with better resourced organizations is nearly impossible. Funders play a critical role in simplifying the application process while also providing technical assistance toward increasing the capacity of organizations that serve trans people. The following statements apply to funders who may promote funding opportunities that would benefit trans communities.

Nothing About Us, Without Us

The long history within the HIV community of demanding a strong leadership presence of people living with HIV/AIDS in ensuring access to quality care and support is especially relevant to trans people living with HIV today. The MIPA principles must be held up as inclusive of trans communities and serve as a tool in designing and offering care and services.

The principle of meaningful involvement of people with HIV/AIDS (MIPA) was first articulated in the Denver Principles in 1983, and has also been endorsed by UNAIDS, the body that coordinates global action on the HIV/AIDS epidemic. *The National HIV/AIDS Strategy: Updated to 2020* supports MIPA as well, calling for the “persistent advocacy from people living with HIV” and “the engagement of affected communities.”

Partnering with people living with HIV to make informed decisions about their own health care and treatment, research agendas that affect them, and creation and review of policies and programs that directly impact them are important cornerstones of the global response to HIV.

As UNAIDS explains, at its most basic level, MIPA does two important things:

- 1 recognizes the important contribution that people living with and affected by HIV/AIDS can have in the response to the epidemic as equal partners and
- 2 creates a space within society for involvement and active participation of people living with HIV in all aspects of that response.

Learn more about the meaningful involvement of people with HIV/AIDS (MIPA) on our website: www.aidsunited.org/resources

RECOMMENDATIONS

- 1. Maximize trans inclusion and leadership in all aspects of funding initiatives including planning, review of applications, and grantee selection.**

RATIONALE:

The lived experiences of trans leaders, especially those living with HIV or working in communities most affected, will lead to highly informed grantmaking that will promote greater and more sustainable outcomes.

BEST PRACTICES:

- i. Trans leaders should oversee designing funding opportunities for their communities.
- ii. Trans people should make up the majority of reviewers involved in the review and selection processes for trans-specific funding initiatives.
- iii. Funders must ensure significant trans representation on all funding initiatives that include but are not limited to trans communities.
- iv. Trans representation should:
 1. Reflect the diversity of the trans communities (trans women, trans men, and non-binary, and/or gender expansive individuals,
 2. Focus resources on the most marginalized sub-communities (e.g., trans women of color, trans people in Native communities, trans people living with HIV, and trans people living in rural areas), and
 3. Include people who are meaningfully involved with and engaged in their communities.

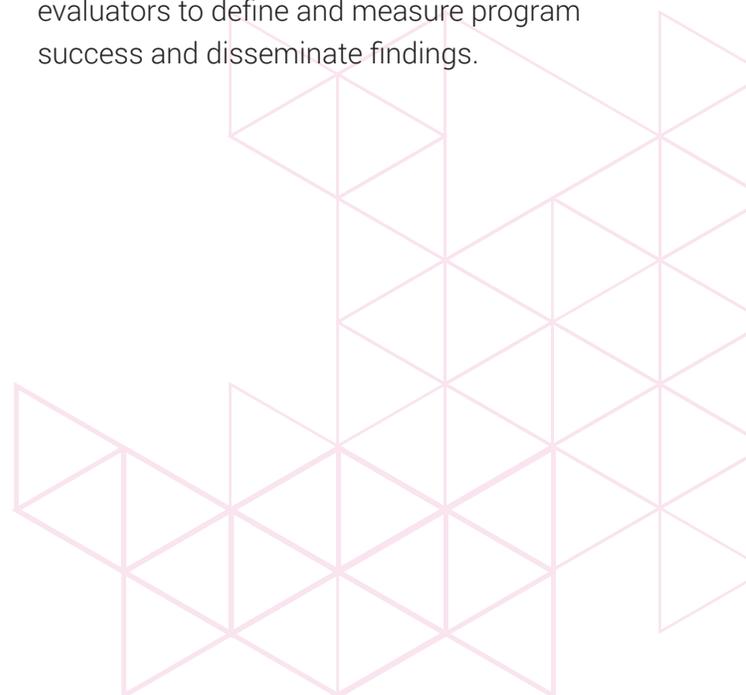
- 2. Funders should recruit, train, and promote trans staff in their organizations.**

RATIONALE:

Funders can use their power to set fair and equitable employment practices and recognize the value of trans colleagues in philanthropic settings. This will help end the practice of merely providing periodic stipends to trans leaders and show a commitment to economic justice.

BEST PRACTICES:

- i. Funders should demonstrate a commitment to the inclusion of trans people in their workforce, particularly in the job application process, by intentionally calling for trans applicants.
- ii. Funders should seek out and employ trans contractors, consultants, evaluators, etc. for their funding opportunities. Trans people should be involved throughout the life of the funding initiative, from inception to culmination.
- iii. Funders should engage trans leaders and evaluators to define and measure program success and disseminate findings.



3. Create innovative approaches to low-barrier, sustainable strategies to minimize roadblocks that trans-led organizations or coalitions face when applying for and managing funding.

 **RATIONALE:**

Trans-led organizations are often operating on very small budgets and may be eliminated from consideration when comparing annual budget to award amounts.

Additionally, having the internal capacity to write a competitive proposal is often not possible. Funders must have a willingness to work creatively with trans-led groups to ensure that the bar for successful applicants is not perpetually out of reach.

 **BEST PRACTICES:**

- i. Provide technical assistance during the application process that is accessible to a range of groups and organizations.
- ii. Provide technical assistance on grant management basics and evaluation.
- iii. Consider developing a process that allows organizations to apply by phone.
- iv. Avoid minimum organizational budget stipulations in FOAs and prioritize funding for trans-led start-up organizations.
- v. Refer to current best practices for trans-led grantmaking, such as the **Trans Justice Funding Project process for microgrants**.
- vi. Commit to funding multiple years to promote sustainability and meaningful outcomes.
- vii. Be intentional about using gender-affirming language throughout the grantmaking process and materials.

To learn more about the Trans Justice Funding Project,
visit www.transjusticefundingproject.org/

BEST PRACTICES FOR HIV CLINICAL CARE PROVIDERS

Trans people face ongoing disparities related to accessing health care services, particularly those that are trans-friendly and affirming. Due to fear of discrimination from providers as well as financial and safety barriers to accessing health care, trans people face a variety of unique barriers to maintaining their

health. The following statements apply to physical, mental, and behavioral health service providers and should be widely distributed to Federally Qualified Health Centers, community health centers, the Indian Health Service, and other public and private health care providers.

RECOMMENDATIONS

1. Implement low-barrier, seamless health care and linkage services.

RATIONALE:

Due to financial hardship, housing instability, trauma due to a very real fear of violence in their daily lives, and distrust of medical personnel, trans people often fall out of care. If trans people are to successfully engage in and remain retained in care, clinical settings must design care that accounts for this reality.

BEST PRACTICES

- i. Providers should consider establishing trans medical homes that address all health needs in a “one-stop shop” to retain and engage people in a consistent level of preventive and primary care.
- ii. If unable to provide care, providers must take responsibility to identify and provide referrals to trans-affirming providers to ensure continuity of care and minimize the likelihood of a trans person falling out of care.

2. Health care organizations should recruit, hire, train, and promote trans health care providers.

RATIONALE:

People can better relate to a provider who is like them, particularly trans individuals who may have had negative experience in health care settings. This can improve the way care is delivered and received. Trans providers have a deeper understanding of key care issues facing trans patients because of shared identities and cultural experiences. The importance of establishing trust in the clinical setting cannot be underestimated, and having trans personnel in the clinical setting is critical to continued engagement and positive health outcomes.

BEST PRACTICES:

- i. Health care organizations should engage in meaningful outreach and employment practices to attract trans applicants to fill clinical provider roles that require engagement with trans communities.
- ii. If a clinic is serving the LGBTQ community it is important to include trans people in forward facing positions that help to create a welcoming environment.

3. Providers and health care organizations should affirm and respect all clients' gender identity and presentation.

 **RATIONALE:**

When trans people are treated respectfully, regardless of gender expression, they are more likely to stay engaged and retained in medical care. There is great diversity in how trans and gender non-conforming individuals identify and present themselves. Understanding this diversity and valuing it as a provider organization is critical to successfully serving this community.

 **BEST PRACTICES:**

- i. Ensure intake and screening forms and health records are gender affirming. These records must include chosen name and gender pronoun options.
- ii. Include trans-inclusive policies and procedures in patient materials, including grievance procedures for experiences of discrimination within the care setting.
- iii. Ensure patients can find trans-affirming language and services in all printed and online materials.
- iv. Provide gender-neutral bathrooms and explicitly state that clients can use the bathroom of their choice.
- v. Display trans-affirming materials in the medical setting, such as pamphlets, posters, etc.

4. Health care providers must take responsibility for educating themselves and developing their capacity to serve trans clients.

 **RATIONALE:**

It is not uncommon for clinicians and clinic staff to have limited or no experience serving trans communities. Training and resources on best practices enable clinical staff to serve trans clients in a manner that is respectful and culturally competent. Clinic administrators should seek out these trainings and provide them to staff as part of their onboarding process as a new hire and as continuing education throughout their careers.

 **BEST PRACTICES:**

- i. Health care organizations that serve trans clients should provide and require attendance at an annual trans training for all staff.
- ii. Treatment must be informed by medical standards (such as the [WPATH Standards of Care](#))—not moral judgements.
- iii. Frontline staff play a critical role in creating a safe and supportive environment for trans people. Frontline staff should follow the best practices outlined in the National LGBT Health Education Center's guidance [here](#).

To learn more about the WPATH Standards of Care, visit www.wpath.org

5. Appropriate health care services must be provided to all trans clients who need them.

RATIONALE:

There are readily available standards of care, such as the WPATH Standards of Care, for trans individuals that must be followed in settings that serve trans individuals. These standards ensure the best health outcomes and can help guide best practices.

BEST PRACTICES:

- i. Health care providers must become familiar with and adhere to Culturally and Linguistically Appropriate Services (CLAS) Standards. The CLAS Standards were created as a framework to address the diversity of experiences people of different cultural backgrounds have when accessing health care. The principal standard establishes that providers should “provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”
- ii. Providers must advocate for appropriate health care procedures and screenings for patients based on their anatomy, which includes sex-specific care such as gynecological exams, Pap smears, prostate exams, breast exams, etc.
- iii. Providers should move toward a model of providing care based on informed consent. Providers should not serve as “gatekeepers” and require trans patients to undergo extensive therapy prior to accessing any treatment. In a gatekeeping model, the ultimate decision for whether a client can or cannot access transition-related services falls on the provider. In an “informed consent” model, the ultimate decision comes down to the patient with appropriate education and guidance from a provider.

6. Health care organizations should engage in continuous evaluation of trans clients’ satisfaction with health care programs.

RATIONALE:

To ensure that trans patients are served in a gender-affirming environment that encourages continued engagement in care, it is critical to collect data on satisfaction within the health care setting. Clinics should take a multi-pronged approach to collecting feedback from the trans community and develop a clear protocol for integrating feedback into clinic practices.

BEST PRACTICES:

- i. Trans Community Advisory Boards (CABs) should be in place to advise staff in all aspects of care, including which services should be offered and which should be referred to specialty clinics. The role and scope of the CAB should be clearly defined and led by trans community members.
- ii. All providers should collect trans-specific data on client satisfaction and have a meaningful process in place to revise policies and practices on an annual basis. This data should include questions not only about gender identity but also about race, ethnicity, ability, and income to demonstrate the needs of multiply-marginalized trans clients.
- iii. A process should be developed to ensure that trans employees are also able to give feedback on their needs and satisfaction.

To learn more about Culturally and Linguistically Appropriate Services (CLAS) Standards, visit <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

BEST PRACTICES FOR HIV-RELATED SOCIAL SERVICE PROVIDERS

Discrimination against trans people in various forms can lead to negative life outcomes, especially regarding health, housing, and employment. Social service agencies may

frequently serve trans clients to connect them to critical support services that improve their quality of life and overall safety. The following statements apply to these organizations.

RECOMMENDATIONS

1. Social service providers should affirm and respect all clients' gender identity and presentation.

RATIONALE:

Trans and gender non-conforming individuals identify and present themselves in many different ways. As a social service provider it is critical to understand and value this to serve this community successfully.

BEST PRACTICES:

- i. Ensure intake, screening forms, and client records are gender affirming. These records must include chosen name and gender pronoun option.
- ii. Include trans-inclusive policies and procedures in client materials, including grievance procedures for experiences of discrimination within the organization.
- iii. Ensure clients can find trans-affirming language and services in all printed and online materials.
- iv. Provide gender-neutral bathrooms and explicitly state that clients can use the bathroom of their choice.
- v. Display trans-affirming materials, such as pamphlets, posters, etc.

2. Social service providers should engage in continuous evaluation of trans clients' satisfaction with programs.

RATIONALE:

Social service providers should take a multi-pronged approach to collecting feedback from the trans community and develop a clear protocol for integrating feedback into the organization's practices to ensure that trans clients are served in a gender-affirming environment.

BEST PRACTICES:

- i. Trans Community Advisory Boards (CABs) should be in place to advise staff, including which services should be offered and which should be referred to other organizations. The role and scope of the CAB should be clearly defined and led by trans community members.
- ii. All providers should collect trans-specific data on client satisfaction and have a meaningful process in place to revise policies and practices on an annual basis. This data should include questions not only about gender identity but also about race, ethnicity, ability, and income to demonstrate the needs of multiply-marginalized trans clients.
- iii. A process should be developed to ensure that trans employees are also able to give feedback on their needs and satisfaction.

3. **Trans leadership and staff should be at the center of social service programs to ensure that services are informed and implemented by those with trans-life experience and expertise. Organizations should recruit, hire, train, and promote trans employees.**

RATIONALE:

Trans social service providers have a deep understanding of key psychosocial issues that others may not. The importance of establishing trust in serving the trans community cannot be underestimated, and having trans personnel is critical to continued engagement and positive outcomes.

BEST PRACTICES:

- i. Social service organizations should engage in meaningful outreach and employment practices to attract trans applicants to fill clinical positions that require engagement with trans communities.
- ii. If an organization is serving the LGBT community it is important to include trans people in forward facing positions that create a welcoming environment.

4. **Services provided to trans clients should be trauma-informed in both their approach and implementation.**

RATIONALE:

Trans people face disproportionate levels of discrimination and violence. This manifests in a variety of ways including lack of employment and housing opportunities and physical intimidation and violence that can make it difficult to leave one's home to seek out and receive services.

BEST PRACTICES:

- i. Service providers should follow the Substance Abuse and Mental Health Services Administration (SAMHSA) **definition of a trauma-informed approach**:
 1. Realize the widespread impact of trauma and understand potential paths for recovery;
 2. Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 3. Respond by fully integrating knowledge about trauma into policies, procedures, and practices; and
 4. Seek to actively resist re-traumatization.
- ii. Service providers should be knowledgeable about external community resources that are available to trans people experiencing the consequences of ongoing trauma.
- iii. Recognize that trans people are strong and resilient in their ability to survive and thrive as valued community members.

To learn more about SAMHSA's trauma-informed approach, visit www.samhsa.gov/nctic/trauma-interventions

5. Social services programs should assess and eliminate any barriers that hinder trans clients' access to services.

 **RATIONALE:**

Trans clients are often blamed for not showing up for services. Instead, social service programs must address the impacts of financial hardship, traumatic experiences within social service systems, and the competing priorities trans people often have to balance before accessing social services.

 **BEST PRACTICES:**

- i. Programs that serve trans clients should be free, low-cost, or on a sliding scale to be truly financially accessible.
- ii. Program developers should be responsive to community needs by considering a flexible schedule that includes evening and weekend hours.
- iii. Social services should be provided at a location that is accessible and responsive to community needs, which includes a location near public transportation and/or providing mobile services as needed.
- iv. Provide seamless services both internally and with external community service partners to minimize opportunities for trans people to fall out of care and support systems.
- v. Recognize and build support services that enhance physical and emotional safety and promote trans wellness.
- vi. Implement a rapid response plan and services to deal with urgent issues that clients may face as well as long-term care and support.
- vii. Include and welcome chosen family—people a client may be emotionally close to and consider “family” even though they are not biologically or legally related—in services and recognize the critical role that they play.

6. Social services providers should regularly engage in training and learning opportunities about trans communities and approaching service provision with cultural humility.

 **RATIONALE:**

Trans communities have a very real history of service provision that has not been welcoming, respectful, or informed by trans experiences and needs. Many social service providers are new to serving trans communities. It is critical that providers actively seek out learning opportunities and formal training in order to avoid re-triggering trauma and deterring engagement of their trans clients.

 **BEST PRACTICES:**

- i. Social service organizations that serve trans clients should require an annual trans training for all staff.
- ii. Frontline staff play a critical role in creating a safe and supportive environment for trans people. Frontline staff should follow the best practices outlined in the National LGBT Health Education Center's guidelines [here](#).
- iii. Engage with local trans-focused and -led groups and organizations to create a support network for trans clients that is appropriate and creates a resource for staff training.

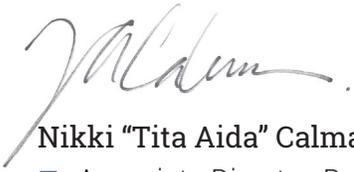
To learn more about the best practices outlined in the National LGBT Health Education Center's guidelines, visit <http://bit.ly/2hb14AX>

STATEMENT OF SIGNATORIES

As leaders convened for AIDS United's Transgender Think Tank, we, the undersigned, have put forward best practices for organizations to improve their approach to trans health and justice. We understand that trans people, particularly trans women of color, face the most adverse HIV and other health-related outcomes and the least attention from major funding, health care, and

social services institutions. It is with this conviction that we find it necessary to compile strategies for funders, health care providers, and social services providers to engage trans people in a meaningful way toward creating improved HIV care and services and targeted funding. We strongly encourage leadership in these fields to adopt as many of these best practices as possible.

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