

Listening Session Moderator



Richard Wolitski, Ph.D.

Director

Office of HIV/AIDS

and Infectious Disease Policy

U.S. Department of Health and Human Services



National HIV / AIDS Strategy and the Transgender Community



Amy Lansky, PhD, MPH
Director, Office of
National AIDS Policy

SMAIF Listening Session
December 8, 2016

NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

FEDERAL ACTION PLAN

DECEMBER 2015



NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

INDICATOR SUPPLEMENT

DECEMBER 2016



ESTRATEGIA NACIONAL CONTRA
EL VIH/SIDA
para los **ESTADOS UNIDOS:**

ACTUALIZADA HASTA 2020

JULIO 2015



NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

COMMUNITY ACTION
PLAN FRAMEWORK

DECEMBER 2015



NATIONAL HIV/AIDS STRATEGY
for the **UNITED STATES:**

UPDATED TO 2020

2016 PROGRESS REPORT

DECEMBER 2016



5 Things You Should Know



Made national progress on 9 key indicators



Established 3 new developmental indicators



Completed 76% and initiated 22% of 91 Federal actions for 2016

Implementing the Strategy in communities across the nation



Addressing challenges to meet our 2020 goals



Progress on Indicators

GOAL 1: REDUCING NEW HIV INFECTIONS

- ✓ Increase knowledge of serostatus
- ✓ Reduce new diagnoses
- ✗ Reduce HIV-risk behaviors among young gay and bisexual males

- ✓ ANNUAL TARGET MET
- ↗ ANNUAL TARGET NOT MET
(Progress in the expected direction)
- ✗ ANNUAL TARGET NOT MET
(Moving in the wrong direction)
- NO PROGRESS DATA YET

GOAL 2: IMPROVING HEALTH OUTCOMES FOR PEOPLE LIVING WITH HIV

- ✓ Increase linkage to care
- ↗ Increase retention in HIV care
- ✓ Increase viral suppression
- ✗ Reduce homelessness
- ✓ Reduce death rate

GOAL 3: REDUCING HIV-RELATED DISPARITIES

Reduce disparities in HIV diagnosis among:

- ✗ Gay and bisexual men
- ✗ Young Black gay and bisexual men
- ✓ Black females
- ✗ Persons living in the Southern US

Increase viral suppression among:

- ✓ Youth
- ✓ Persons who inject drugs

DEVELOPMENTAL INDICATORS

- ✓ Increase viral suppression among transgender women
- Increase use of PrEP
- Decrease stigma

Developmental Indicators



Increase the percentage of transgender women in HIV medical care who are virally suppressed to at least 90%

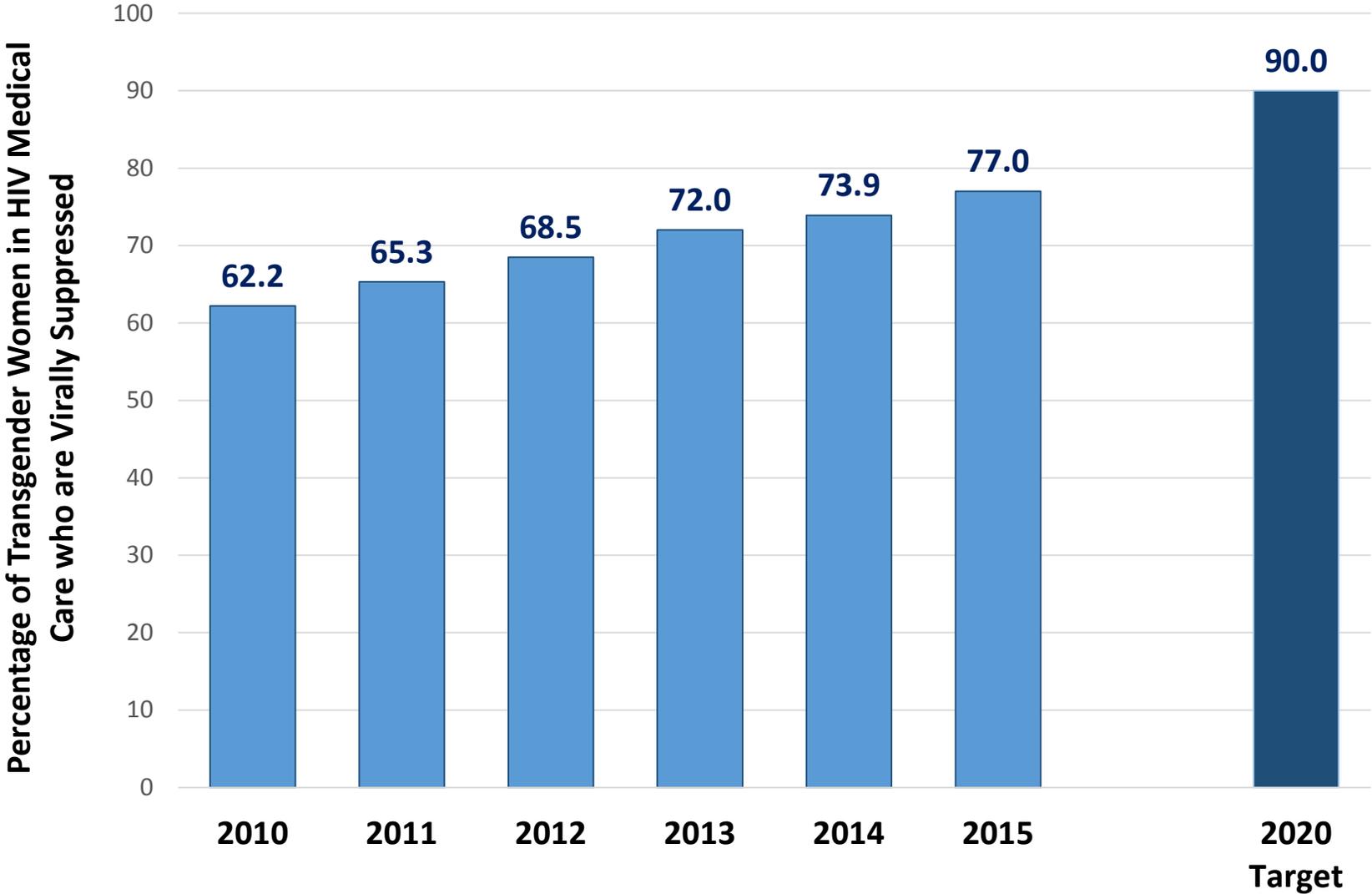


Increase the number of people prescribed PrEP by at least 500%



Decrease HIV stigma among people living with HIV by at least 25%

Increasing Viral Suppression among Transgender Women



Engagement with Trans Community

- **National HIV Prevention Conference** (Dec 2015)
- **White House Consultation** (Feb 2016)
- **Follow-up Call + New Actions Announcement** (Apr 2016)
- **United State of Women Summit** (June 2016)
- **U.S. Conference on AIDS**
(Sept 2016)
- **National Transgender Health Conference**
(Nov 2016)
- **SMAIF Listening Session**
(Dec 2016)



NATIONAL HIV/AIDS STRATEGY and the **TRANSGENDER COMMUNITY**

Transgender people, particularly transgender women, are especially vulnerable to HIV. That's why they are a key population of the National HIV/AIDS Strategy. The Strategy guides efforts across the United States to improve the lives of transgender people who are living with or at risk of HIV.

PRIORITIZING | The Strategy prioritizes prevention and care for transgender women and other groups most affected by HIV

HIV does not affect all Americans equally. Recent estimates suggest that transgender women have among the highest rates of HIV in the country. The Strategy calls upon agencies, organizations, and communities to direct resources to transgender women and other key populations most heavily affected by HIV, and to prioritize the delivery of high-impact, science interventions for them. The Strategy notes that structural factors such as violence, poverty, and stigma must also be addressed for HIV prevention and care services to have the greatest impact.



PROTECTING HEALTH | Federal agencies are taking action to improve the health of transgender men and women

In response to the Strategy and to ongoing engagement with transgender advocates – including a White House consultation – federal agencies are undertaking a number of efforts that will benefit the transgender community, including: conducting implementation research to identify best practices for serving transgender people; supporting scientifically accurate, culturally competent, and inclusive HIV education for transgender adolescents; implementing and evaluating trauma and violence programs for transgender women; providing leadership development programs for transgender women of color; and developing federal funding opportunities that have resources targeted specifically for transgender people.

IMPROVING DATA | The Strategy aims to improve data collection in order to better measure progress in the transgender community

In 2016, the Strategy includes a brand-new indicator on viral suppression among transgender women, using data from the Ryan White HIV/AIDS Program. The CDC is expanding the collection of behavioral surveillance data to better capture the impact and burden of HIV in the transgender community. The Department of Veterans Affairs has committed to collecting data on gender identity to improve its ability to monitor healthcare access and quality of care for transgender veterans. The Department of Health and Human Services continues to encourage the addition of sexual orientation and gender identity questions to national surveys, administrative data systems, and electronic health records.



COLLABORATING | The Federal Government is committed to increasing collaboration to achieve a coordinated national response

The experiences and ongoing needs of the transgender community should inform programs and policies at the federal, state, and local levels – and effective engagement will be critical to achieve the goals of the Strategy. Governments and other planning and policy groups should continue to expand their efforts to collaborate with the transgender community in order to better serve their needs. Federal actions are also intended to motivate health departments, health care systems, community-based organizations, faith communities, and others to strengthen their own efforts to improve health and wellness among transgender men and women.

NHAS Transgender Fact Sheet

Transgender people, particularly transgender women, are especially vulnerable to HIV. That's why they are a key population of the National HIV/AIDS Strategy. The Strategy guides efforts across the United States to improve the lives of transgender people who are living with or at risk of HIV.

PRIORITIZING

The Strategy prioritizes prevention and care for transgender women and other groups most affected by HIV

HIV does not affect all Americans equally. Recent estimates suggest that transgender women have among the highest rates of HIV in the country. The Strategy calls upon agencies, organizations, and communities to direct resources to transgender women and other key populations most heavily affected by HIV, and to prioritize the delivery of high-impact, scalable interventions for them. The Strategy notes that structural factors such as violence, poverty, and stigma must also be addressed for HIV prevention and care services to have the greatest impact.



NHAS Transgender Fact Sheet



PROTECTING HEALTH

Federal agencies are taking action to improve the health of transgender men and women

In response to the Strategy and to ongoing engagement with transgender advocates – including a White House consultation – federal agencies are undertaking a number of efforts that will benefit the transgender community, including: conducting implementation research to identify best practices for serving transgender people; supporting scientifically accurate, culturally competent, and inclusive HIV education for transgender adolescents; implementing and evaluating trauma and violence programs for transgender women; providing leadership development programs for transgender women of color; and developing federal funding opportunities that have resources targeted specifically for transgender people.

NHAS Transgender Fact Sheet

IMPROVING DATA

The Strategy aims to improve data collection in order to better measure progress in the transgender community

In 2016, the Strategy includes a brand-new indicator on viral suppression among transgender women, using data from the Ryan White HIV/AIDS Program. The CDC is expanding the collection of behavioral surveillance data to better capture the impact and burden of HIV in the transgender community. The Department of Veterans Affairs has committed to collecting data on gender identity to improve its ability to monitor healthcare access and quality of care for transgender veterans. The Department of Health and Human Services continues to encourage the addition of sexual orientation and gender identity questions to national surveys, administrative data systems, and electronic health records.



NHAS Transgender Fact Sheet



COLLABORATING

The Federal Government is committed to increasing collaboration to achieve a coordinated national response

The experiences and ongoing needs of the transgender community should inform programs and policies at the federal, state, and local levels – and effective engagement will be critical to achieve the goals of the Strategy. Governments and other planning and policy groups should continue to expand their efforts to collaborate with the transgender community in order to better serve their needs. Federal actions are also intended to motivate health departments, health care systems, community-based organizations, faith communities, and others to strengthen their own efforts to improve health and wellness among transgender men and women.

Learn more about the National HIV/AIDS Strategy at aids.gov/2020.



@Amy44



WhiteHouse.gov/ONAP



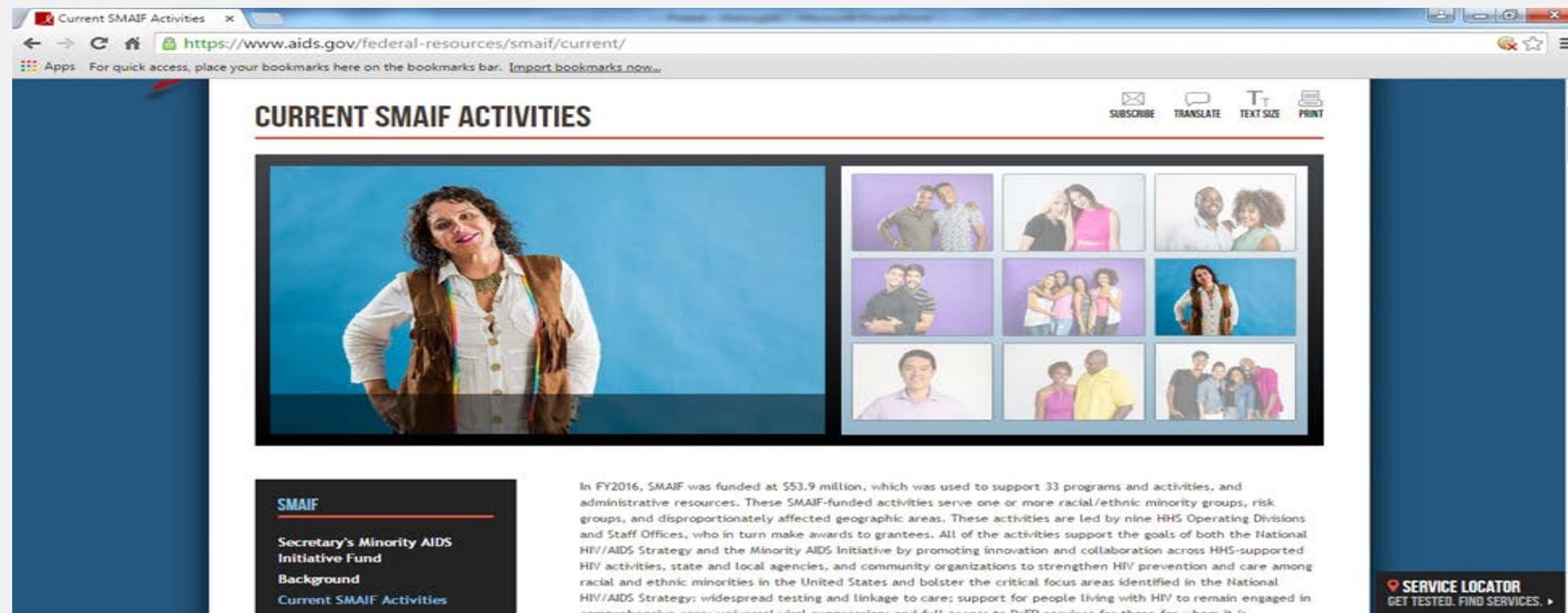
SMAIF OVERVIEW

Timothy P. Harrison, Ph.D.

Senior Policy Advisor

Office of HIV/AIDS and Infectious Disease Policy

HHS



The screenshot shows a web browser window with the URL <https://www.aids.gov/federal-resources/smaif/current/>. The page title is "CURRENT SMAIF ACTIVITIES". The main content area features a large portrait of a woman on the left and a grid of nine smaller photos on the right, each depicting diverse groups of people. In the top right corner, there are utility icons for "SUBSCRIBE", "TRANSLATE", "TEXT SIZE", and "PRINT". A dark blue sidebar on the left contains a navigation menu with the following items: "SMAIF", "Secretary's Minority AIDS Initiative Fund", "Background", and "Current SMAIF Activities". The "SMAIF" item is currently selected. Below the main content, there is a text block that reads: "In FY2016, SMAIF was funded at \$53.9 million, which was used to support 33 programs and activities, and administrative resources. These SMAIF-funded activities serve one or more racial/ethnic minority groups, risk groups, and disproportionately affected geographic areas. These activities are led by nine HHS Operating Divisions and Staff Offices, who in turn make awards to grantees. All of the activities support the goals of both the National HIV/AIDS Strategy and the Minority AIDS Initiative by promoting innovation and collaboration across HHS-supported HIV activities, state and local agencies, and community organizations to strengthen HIV prevention and care among racial and ethnic minorities in the United States and bolster the critical focus areas identified in the National HIV/AIDS Strategy: widespread testing and linkage to care; support for people living with HIV to remain engaged in comprehensive care; universal viral suppression; and full access to PrEP services for those for whom it is". In the bottom right corner, there is a "SERVICE LOCATOR" button with the text "GET TESTED. FIND SERVICES." and a right-pointing arrow.



Community Input

- Leaders from organizations who volunteered on a first-come, first-served basis were invited to answer:
 1. What are the most important barriers to improving HIV prevention and care for transgender women of color that you think the SMAIF might help address?
 1. What are your recommendations for activities to address these barriers?

JoAnne Keatley, MSW
UCSF Center of Excellence for Transgender Health



Lack of accurate data

“Data for transgender persons are not presented in this report because information on gender identity is not consistently collected or documented in the data sources used by HIV reporting jurisdictions.” CDC 2015 HIV Surveillance report

Guidance exists!

“In May 2012, CDC issued guidance to state and local programs on methods for collecting data on transgender persons and working with transgender-specific data. However, characterization of HIV infection among transgender persons may require supplemental data from special studies.” CDC 2015 HIV

Surveillance report

SMAIF

Recommendation #1

Support capacity building services focused on state and local health departments in order to accurately and consistently capture transgender HIV cases nationwide.

SMAIF

Recommendation #2

Link gender affirming health services to HIV care as well as provision of PrEP.

- Trans women prioritize gender affirming health services; providers who address these needs appear more responsive and sensitive to their needs. Document best practices of providers who demonstrate efficacious health care delivery.



KIM WATSON

**Co-Founder/ Vice President
Community Kinship Life**



Leo Rennie, MPA
Senior Legislative & Federal Affairs Officer
Public Interest Government Relations Office
American Psychological Association
Washington, DC
(202) 682-5110
lrennie@apa.org
www.apa.org



Mental Health Needs of Transgender Women of Color

- ❑ Transgender women experience marginalization on numerous levels

- ❑ Intersectional stigma and discrimination result in psychological distress

- ❑ Mental health treatment for transgender women of color should address:
 - ❑ *High rates of depression and depressive symptomology (Sevelius et al., 2014)*
 - ❑ *Suicidality (Clements-Noelle, Marx & Katz, 2006)*
 - ❑ *High levels of substance use (Garofalo et al., 2007)*



HIV Prevention and Treatment Barriers for Transgender Women of Color

Research has shown numerous barriers to HIV prevention, treatment, and retention in care for transgender women of color.

- Exclusion from employment and educational opportunities
- High risk behaviors
- Homelessness
- Lack of familial support
- Violence
- Mental health disorders
- Avoiding testing and health care due to stigma and negative past experiences
- Prioritizing hormone therapy over HIV care
- Concerns regarding adverse interactions between antiretroviral treatment for HIV and hormone therapy
- The lack of culturally competent transgender-sensitive healthcare

Recommendations for SMAIF

- ❑ Ensure that upcoming SMAIF FOA's address social determinants health, especially mental health disorders and psychosocial issues among TWOC
- ❑ Fund demonstration projects to develop and evaluate innovative interventions and program models that can leverage existing SAMHSA's mental health and delivery systems and mental health parity laws to increase access and availability of quality mental and behavioral health services for TWOC
- ❑ Cross-cutting priorities include:
 - Integrating HIV treatment with hormone therapy
 - Addressing medical mistrust and the misinformation and assumptions of medical providers regarding transgender women of color
 - Facilitating access to culturally competent, trans-informed healthcare providers
 - Supporting interventions focused on increasing access to gender affirmative

APA Resources

- [Guidelines for Psychological Practice with Transgender and Gender Nonconforming People](#)
- [Affirmative Counseling and Psychological Practice With Transgender and Gender Nonconforming Clients](#)
-
- [Report by the Task Force on Gender Identity and Gender Variance](#)
- [Answers to your Questions About Transgender People, Gender Identity and Gender Expression](#)

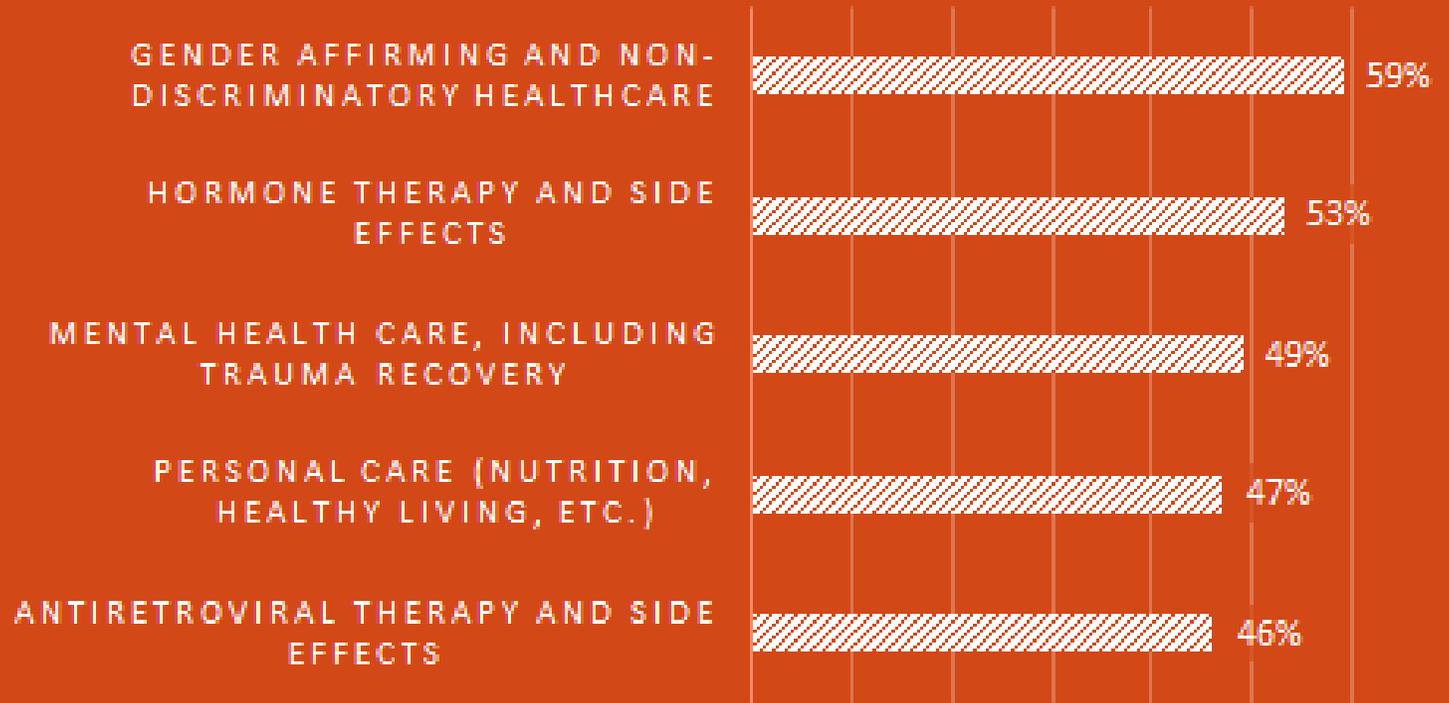
Cecilia Chung
Senior Strategist
Transgender Law Center



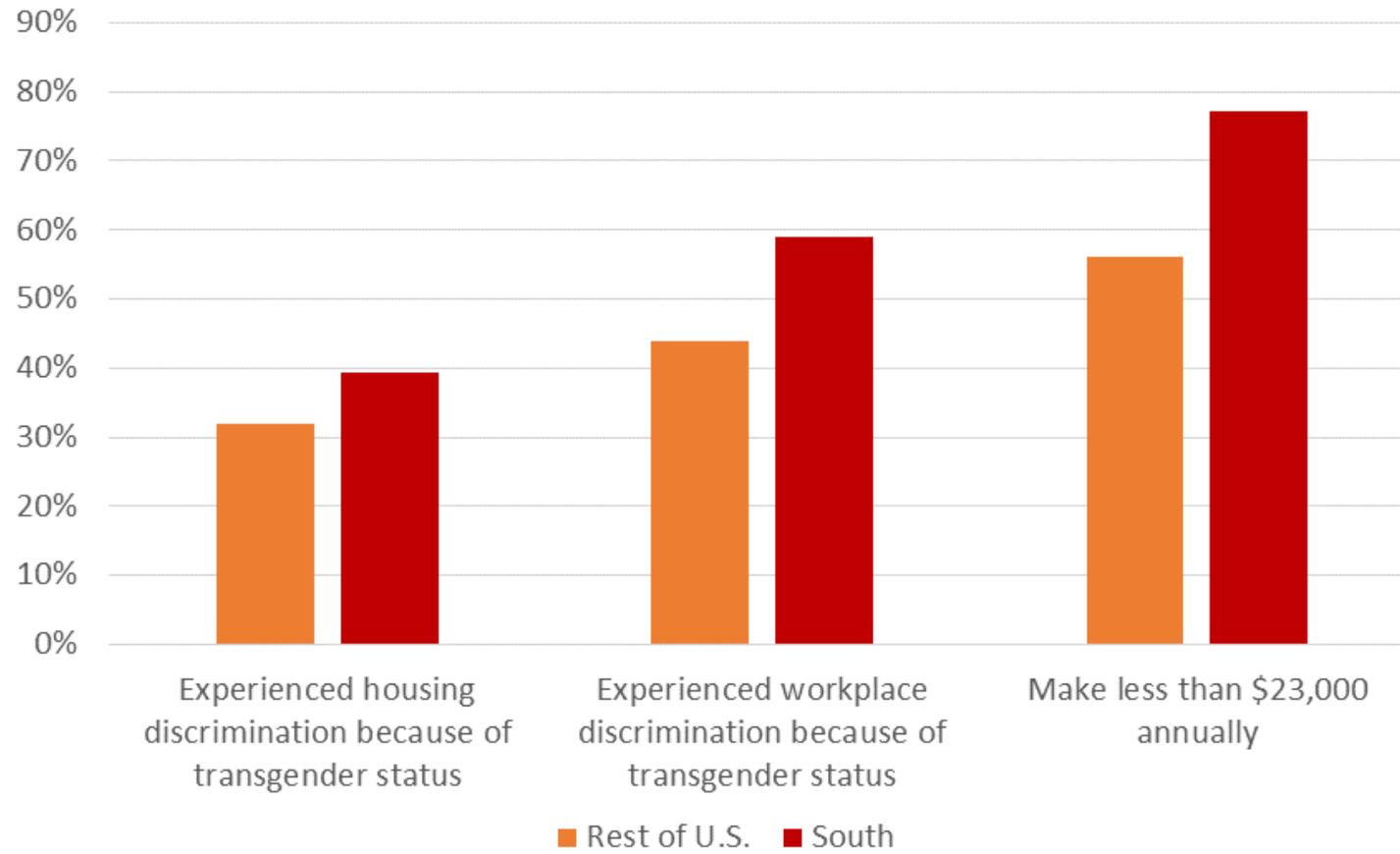
Southern Discomfort: Trans People Living with HIV in the South



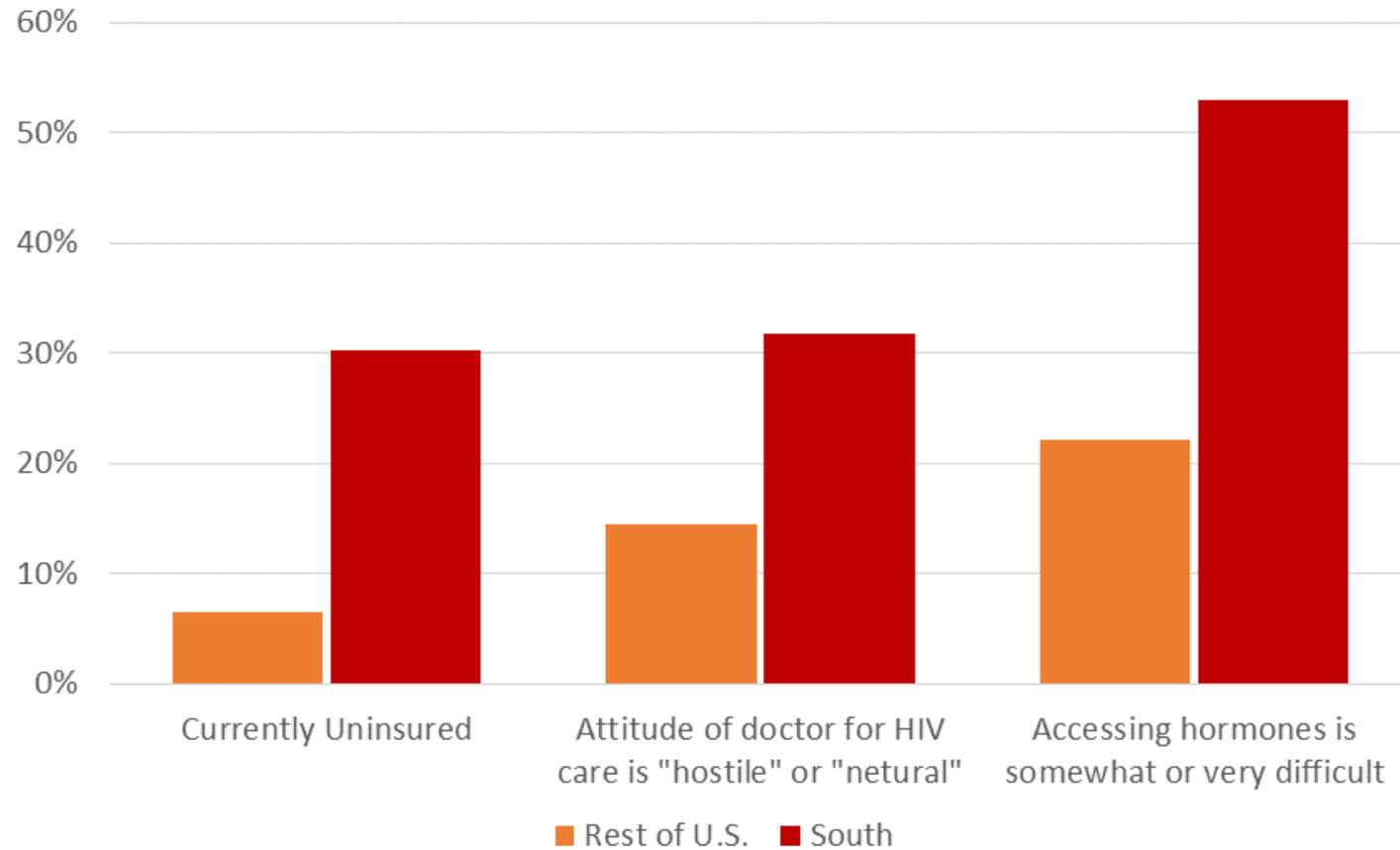
TOP 5 HEALTH CONCERNS



Economic Vulnerability

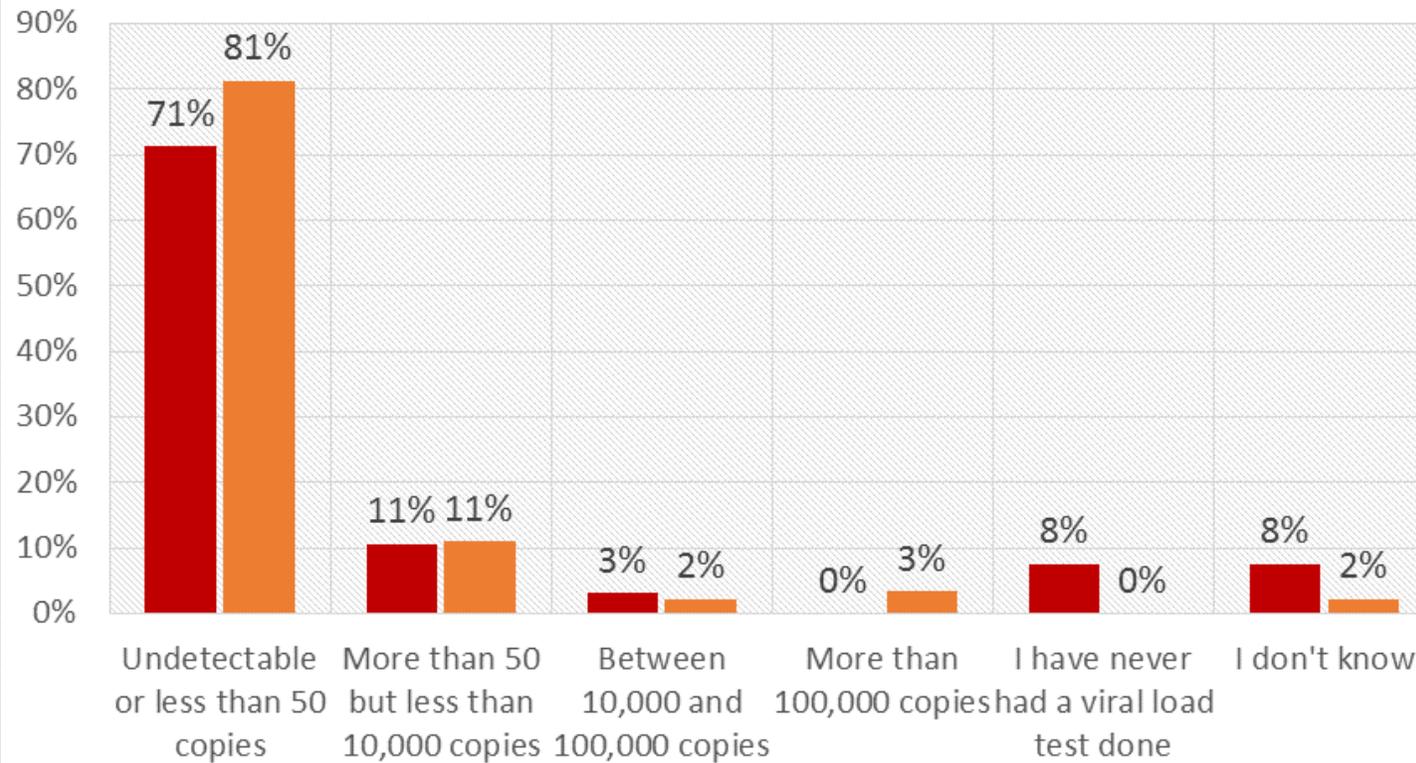


Health care barriers



What was the result of your most recent viral load test?

■ South ■ Rest of U.S.





Tonia Poteat, PhD, PA-C
Assistant Professor, Epidemiology
Johns Hopkins School of Public Health

-
- Barriers to HIV prevention and care
 - Recommendations to address barriers



STIGMA AND DISCRIMINATION: BARRIERS TO HIV CARE UPTAKE AND PROVISION

- Stigma and Discrimination are barriers to both the provision and uptake of HIV services.
 - 33% of 28,000 trans participants in the 2015 National Trans Survey reported having at least one negative experience with a healthcare provider b/c of being trans
 - 15% were asked invasive or unnecessary questions about being trans that were unrelated to their visit.
- 54% of TG people with routine healthcare have providers who don't know how to provide care for trans people with 24% reporting their providers knew almost nothing.
- 23% reported not seeking care they need in the prior year due to fear of being disrespected or mistreated as a trans person. This was higher among TPOC

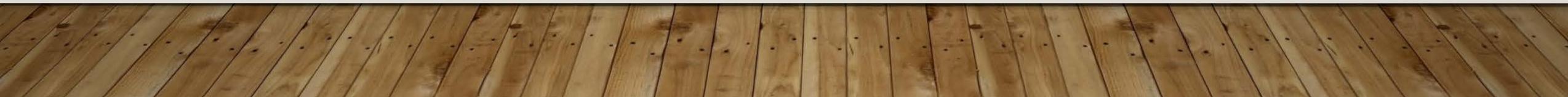
WHY AND WHAT CAN WE DO?

- My qualitative work indicates that **lack of knowledge** in how to provide medically competent as well as culturally competent care for trans people drives HC stigma.
- One important role SMAIF can play is to ensure that HIV providers and their entire practice staff are **fully trained** to provide a gender affirming clinical environment as well as to provide knowledgeable MEDICAL care for transgender patients.

STIGMA REDUCTION AND MEDICAL EDUCATION

- Tools for educating HCP on **medically** appropriate care are available through the COE Trans Health, National LGBT Health Education Center, WPATH; and other
- In addition to medical training, effective tools for **facility-wide stigma reduction** interventions are available and have been tested in multiple countries. Toolkits are available through the The Stigma Action Network and The Health Policy Project has developed a Comprehensive Package for Reducing S&D in Health Facilities.
- A mandate for **AETCs** may be an efficient mechanism to implement this important information to current providers and clinics as well as support for providers in training.

THANK YOU





Luis Freddy Molano, M.D.
Vice President of Infectious Diseases and LGBTQ Programs
Transgender Family Program

Engagement and Retention Initiatives for Trans Women of Color

Case Study: Transgender Family Program at Community Healthcare Network
(Queens, Brooklyn, Bronx)

- 175 HIV negative transgender women
- 225 HIV positive transgender women

Focus is on creating a safe environment

- Transgender staff members empower members of the community
- Staff are cognizant and supportive that patients can come from the sex work industry
- Weekly support groups (safe space is VERY crucial)
- Planning for patients' engagement requires thinking outside the medical box
 - Personal development, legal, housing, community, inclusion, hormone access, food security
- Cultural and clinical competency does not equal a medical degree!

Contact us:

Luis Freddy Molano, M.D.
VP of ID/LGBTQ Programs & Services
212-545-2460
fmolano@chnnyc.org

Jessica Contreras
SPNS Trans Women of Color Program Manager
718-883-8635
jcontreras@chnnyc.org

Rachel Quarles
Senior HIV Program Associate
212-545-2443
rquarles@chnnyc.org



Octavia Y. Lewis, MPA
Project Manager Bronx-Lebanon Hospital Center
Doctoral Candidate Public Policy & Administration Walden University

Disparities of Transgender Youth...

- Familiar Acceptance and Support
- Access to Quality Education
- Access to Competent Healthcare
- Availability of LGBT Sensitive Providers
- Access to Legal Hormones
- Access to Stabilized Housing

Transgender Youth Bullying Statistics...

- 82% of transgender youth report that they feel unsafe at school
- 44% of them had been abused physically (ex. punched, shoved, etc.)
- 67% of them had been bullied online
- 64% of them had their property stolen or destroyed

<https://nobullying.com/transgender-bullying/>

The Effects of Transgender Youth Bullying...

- About **six** times more likely to be seriously depressed
- More than **eight** times more likely to attempt suicide
- More than **three** times more likely to abuse illegal drugs
- More than **three** times more likely to engage in risky sexual behavior

<https://nobullying.com/transgender-bullying/>



Sean Ebony Coleman
Founder & Executive Director
Destination Tomorrow



890 Garrison Avenue, 2nd Floor
Bronx, NY 10474

www.destinationtomorrow.org
sean@destinationtomorrow.org



Danielle Castro MA MFT

Project Director

www.transhealth.ucsf.edu

www.facebook.com/transhealth



Recommendations

- Trans community driven research to develop effective interventions to address HIV health disparities among trans people.
- Capacity building for providers of health and HIV care services for trans women in jails and prisons including clinics outside of incarceration settings.
- Community driven violence prevention and stigma reduction through coalition building and capacity building for health care providers and trans women of color.
 - MAI used to fund a program that provided trans people with the opportunity to learn how to educate health care professionals in order to increase access to HIV care services. The project included a TOT for trans people and physicians. The two partnered to educate health care professionals in local health jurisdictions.



Bamby Salcedo
President/CEO
TransLatin@ Coalition



This section highlights written submissions from the community..



A.R.I.S.E

Association of Refugees, Immigrants and Survivors
of human trafficking Engage in the AIDS Response

Claire Gasamagera

Co-Founder & CEO

gasamagera.claire@gmail.com

313-445-7606

Aaron Anderson

Co-Founder

313-925-5025

aaron4971@hotmail.com

A healthy population for a wealthy nation

Q1. What are the most important barriers to improving HIV prevention and care for transgender women of color that you think the SMAIF might help address?

Fear for immigration status:

Some immigrants TWC are foreign born, some are here fearing persecutions in their home countries, other are survivors of human trafficking, . immigrants TWC in this category have constant fear for immigration and it's hard to talk about Health, HIV prevention, testing when they are not stable mentally

Cultural and linguistic barriers:

Some immigrants TWC don't speak English or they don't necessarily understand the American culture, they get lost trying to navigate the complicated health system.

Poverty:

immigrants are often vulnerable to extreme poverty as they may be always under employed, they lack means for transportation to get to the clinic or they simply must work 2 to 3 jobs to make the ends meet making it harder for them to access HIV services.

HIV Criminalization:

in 2010, HIV was removed from the definition of "communicable disease of public health significance," thus removing its bar to admissibility. However, HIV criminalization convictions leads to many serious felonies such as aggravated sexual assaults, And Under the Immigration and Nationality Act, which governs immigration law in the United States, if an immigrant is convicted of two "crimes of moral turpitude," they become removable, i.e. they can be deported thus immigrants living with HIV can always be deported under HIV criminalization statutes. HIV criminalization laws signal to immigrants that getting HIV test put them at risk of being subjected to HIV criminalization laws.

A.R.I.S.E

Association of Refugees, Immigrants and Survivors
of human trafficking Engage in the AIDS Response

Claire Gasamagera

Co-Founder & CEO

gasamagera.claire@gmail.com

313-445-7606

Aaron Anderson

Co-Founder

313-925-5025

aaron4971@hotmail.com

A healthy population for a wealthy nation

Q1. What are the most important barriers to improving HIV prevention and care for transgender women of color that you think the SMAIF might help address continued.

Violence and exploitation:

Immigrants in general and immigrants TWC are subjected to violence mainly due to the rise of xenophobia, some live-in relationships where they cannot take an initiative of getting HIV services, many are exploited to do sex work and live with fear of violence and don't know how to navigate the system to get out of that kind of life.

Stigma and discrimination:

Immigrant communities stigmatize and discriminate People Living with HIV, in addition many immigrant communities are not friendly to LGBT, they feel like TWC of color learned to be Transwomen from Western cultures. Immigrant TWC live in constant fear for rejection from their communities and at the same time they subjected to face stigma and discrimination subjected to all people living with HIV. Thus, immigrant TWC may not access HIV services due to fear of rejection, stigma, and discrimination from her own family.

A.R.I.S.E

Association of Refugees, Immigrants and Survivors
of human trafficking Engage in the AIDS Response

Claire Gasamagera

Co-Founder & CEO

gasamagera.claire@gmail.com

313-445-7606

Aaron Anderson

Co-Founder

313-925-5025

aaron4971@hotmail.com

A healthy population for a wealthy nation

Q. 2. What are your recommendations for activities to address these barriers?

For fear for immigration status:

ARISE applaud the good work of other organizations working to provide legal representation for immigrant TWC to help them get legal status. However, the need is high and those organizations are located in major cities making it hard for immigrant TWC to access them within the legal time to get legal support. We need to strengthen the work of organizations that provide free legal assistance to immigrants TWC. ARISE act as a liaison between immigrants and a list of organizations with free legal representation for LGBT immigration cases. We hope to establish working partnerships with these organizations.

For linguistic and cultural barriers:

ARISE to seek invest in cultural linguistic case management around the country, where immigrants and immigrant TWC can receive case management that are culturally and linguistically competent to address their issues. Most immigrant TWC come from Africa and we seek to provide them case management where they will receive most of their services from their peers, who will help them in translation and interpretation. As a young organization with limited resources, we have been able to assist immigrants living with HIV through peer navigation.

A.R.I.S.E

Association of Refugees, Immigrants and Survivors
of human trafficking Engage in the AIDS Response

Claire Gasamagera

Co-Founder & CEO

gasamagera.claire@gmail.com

313-445-7606

Aaron Anderson

Co-Founder

313-925-5025

aaron4971@hotmail.com

A healthy population for a wealthy nation

Q. 2. What are your recommendations for activities to address these barriers continued?

For HIV criminalization:

We continue to mobilize, educate immigrants and immigrants TWC about HIV criminalization laws and at the same time we work with other organization nationwide dedicated to end HIV criminalization laws.

For Violence, exploitation, stigma, and discrimination:

We continue to mobilize, educate immigrants and immigrant TWC about their legal rights and legal responsibilities by raising awareness.

In summary as a young organization with very limited resources and very limited reach we welcome [Secretary's Minority AIDS Initiative Fund \(SMAIF\)](#) to support us , to use ARISE as one way of reaching out to immigrants and immigrant TWC , to identify more barriers and address them , and to educate mobilize immigrants and immigrants TWC to be literate about HIV criminalization laws, their legal right and legal responsibilities and to amplify immigrants voices through representation at the decision making structures and forums.

Mark Misrok, MS
Ed, CRC
President, Board of
Directors

What are the most important barriers to improving HIV prevention and care for transgender women of color that you think the SMAIF might help address?

Transgender women of color face major discrimination in hiring and in the workplace. The difficulty in gaining healthy, living wage employment drives many to high-risk illegal and unprotected work activities. Criminalization further decreases access to needed employment.

High rates of transgender women of color report experiences of bullying, abuse, violence and familial rejection as youth in school, and experiences of discrimination in post-secondary education. These barriers to education increase the difficulty in developing healthy, satisfying careers.

Poverty, unemployment, underemployment, and unsafe, unprotected illegal employment all contribute to vulnerabilities to HIV among HIV-negative transgender women of color. Among transgender women of color living with HIV, poverty, unemployment, underemployment, and unsafe, unprotected illegal employment are among key barriers to accessing and retention in care, treatment adherence and viral suppression.

What are the most important barriers to improving HIV prevention and care for transgender women of color that you think the SMAIF might help address continued?

Few communities with the largest populations of transgender women of color include trans-specific employment initiatives among HIV prevention and care programs. For areas with the least resources, such as rural communities or in the South, not only is there a lack of available targeted services, the lack of existing centralized trans-specific employment and education information and support online or elsewhere for transgender women of color is glaring, especially in the context of public workforce programs unprepared to effectively address employment needs of transgender women of color.

**Mark Misrok, MS
Ed, CRC**
*President, Board of
Directors*

What are your recommendations for activities to address these barriers?

Employment initiatives for people living with or placed at greater risk for HIV are especially important to respond to needs of transgender women of color, in both HIV care and prevention.

Transgender-specific and transgender-led employment services need to be scaled up in high-impact communities.

Existing HIV employment programs need capacity building assistance to effectively engage and serve transgender women of color, as do Federal, State and local government-run and community-based public workforce programs.

A centralized trans-specific employment and education information and support resource needs to be developed and functionally accessible online.

This section highlights additional recommendations submitted by the speakers...



Speakers' Additional Recommendations:

- Fund multipurpose, multi-service centers that are led by trans women, that will provide HIV prevention services to trans women including trans women who are immigrant and undocumented. (Bamby Salcedo)
- Invest in homegrown and environmental HIV prevention interventions geared towards trans women of color including trans women of color. (Bamby Salcedo)
- Encourage funded organizations to implement hotlines that would address emergencies that trans women may experience and so that they can also be connected to other existing services. Programs should be client-centered, multidimensional and comprehensive. (Bamby Salcedo)
- Programs should be client-centered, multidimensional and comprehensive. (Luis Freddy Molano)
- Most of current Evidence Based Interventions do not address the medical or behavioral needs of the trans community nor are trans specific. (Luis Freddy Molano)
- Programs need to identify support systems for patients including but not limited to medical services, case management, educational initiatives, food and housing security, etc. (Luis Freddy Molano)
- Trust based relationships need to include members of the community, allies, and leaders. These individuals need to be brought in from the planning, implementation and evaluation. We need substantial client input in order to capture the specificity of the population. (Luis Freddy Molano)

Speakers' Additional Recommendations Cont.

- Hours of operation are vital. The regular 9 to 5 approach will not work. (Luis Freddy Molano)
- Address the unmet needs of aging trans women of color. (JoAnne Keatley)
- Peer-to-peer coaching on health and legal literacy. (Cecilia Chung)
- Transgender workforce development in high-incident regions for both prevention and care. (Cecilia Chung)
- Digital tools to assist transgender women locate safe, welcoming, competent and quality services, including transition care, in their areas. (Cecilia Chung)

THANK YOU

