

Ending the HIV Epidemic (EHE) Regional Learning Collaborative

*Alameda, Los Angeles, Orange, Riverside, Sacramento,
San Bernardino, San Diego, and San Francisco Counties*



Session 15:

***Providing Culturally Competent and Inclusive HIV Services for the
Trans Community***

**Tuesday, January 25, 2022
10-11:30 a.m. PST**

Session Agenda

1) Presentations

- **The San Diego LGBT Community Center**
 - **Deja Cabrera, Community Health Educator & Advocate**
- **Borrego Health**
 - **Dr. Antonia D'orsay, Director of Trans Services**
- **EI/La Para TransLatinas**
 - **Victoria Castro, Program Manager, HIV Counseling**

2) Panel Discussion/Q&A

- Enter questions using  Q&A
- Share comments/resources using  Chat

SEXUAL HEALTH AT THE CENTER

Deja Cabrera

She/Her/Hers

Community Health Educator & Advocate



The San Diego LGBT Community Center

INTRODUCTIONS

- Name
- Pronouns
- Role at The Center



THE SAN DIEGO LGBT COMMUNITY CENTER

TESTING AT THE CENTER

#BeTheGeneration (#BTG) is The Center's comprehensive **Sexual Health & Wellness Program** that ensures individuals are empowered to take charge of their sexual health and well-being. Comprised of five tenets, this program will **Empower** by utilizing a robust combination of education, engagement, and services; **Fight** to reduce stigma and barriers and improve access to screening; **Test** so individuals know their status; **Protect** by providing information to make informed choices on how to remain HIV negative and STI free; and **Treat** by providing resources and care should they be diagnosed with HIV and other STIs.



TESTING AT THE CENTER

- HIV Testing
 - Anonymous and confidential testing offered
 - Two kinds of rapid tests
 - OraQuick – finger stick
 - Determine AB/AG
 - Early Test
 - Couples' Testing
- Hepatitis C (HCV) Testing
- Offered five days a week, by appointment only



INTRODUCING

A pink starburst graphic with a black outline, centered on a blue background. The text inside the starburst is white and reads "STI Testing at The Center!".

STI
Testing
at The Center!

WHAT MAKES OUR TESTING UNIQUE

- Only site that offers anonymous HIV testing
- Our test counselors are community peers
- Client-centered, sex-affirming, pleasure-affirming, non-judgmental
- Information and fact-focused
- Educational and affirming rather than isolating and intimidating
- Follow-up and referrals to additional resources after testing is complete



COMMUNITY PARTNERS

- Good2Go - (619) 543-9340
- FHCSD – (619) 515-2545
- Planned Parenthood - (888) 743-7526
- SYH – (619) 668-4100
- Vista CC – (760) 631-5000
- San Diego County – (619)-692-8300



**FREE & LOW
COST
STI
TESTING!**

CALL US!

FREE RAPID HIV TESTING

Make your appointment today!
619.800.4252



TESTING HOURS

Mon - Thurs: 11am - 4pm
Fri: 11am - 2pm



LIKE US ON SOCIAL MEDIA!



[Facebook.com/bethegeneration](https://www.facebook.com/bethegeneration)
[@betheneration2.0](https://www.instagram.com/bethegeneration2.0)
[#betheneration](https://www.instagram.com/bethegeneration) [#BTG](https://www.instagram.com/bethegeneration)

- *Fight
- *Test
- *Treat
- *Protect
- *Empower



THE SAN DIEGO LGBT COMMUNITY CENTER

CONTACT US!

- **Deja Cabrera, Community Health Educator & Advocate**
 - 619-692-2077 x109
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QUESTIONS?



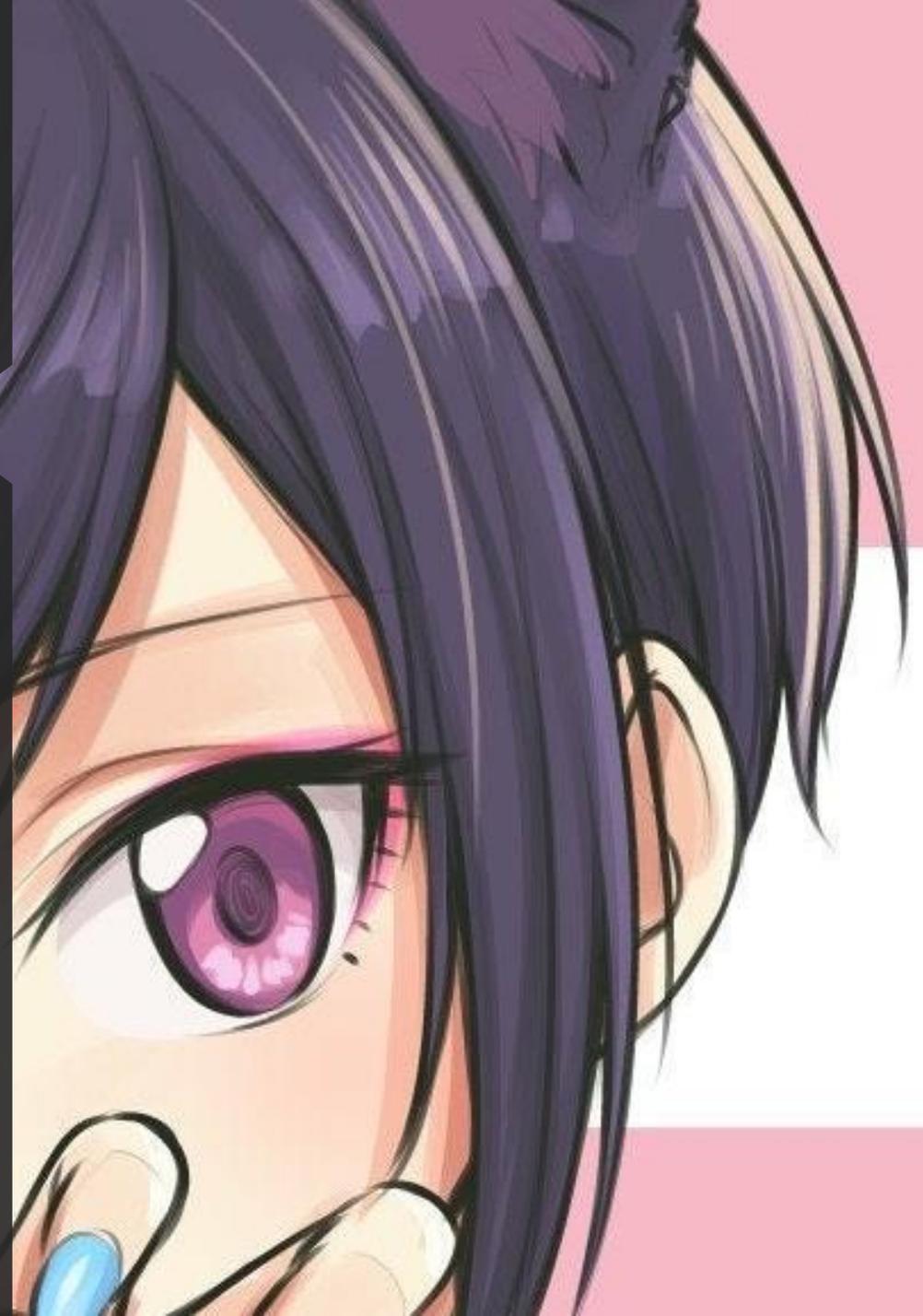
THE SAN DIEGO LGBT COMMUNITY CENTER

Trans HealthCare & HIV

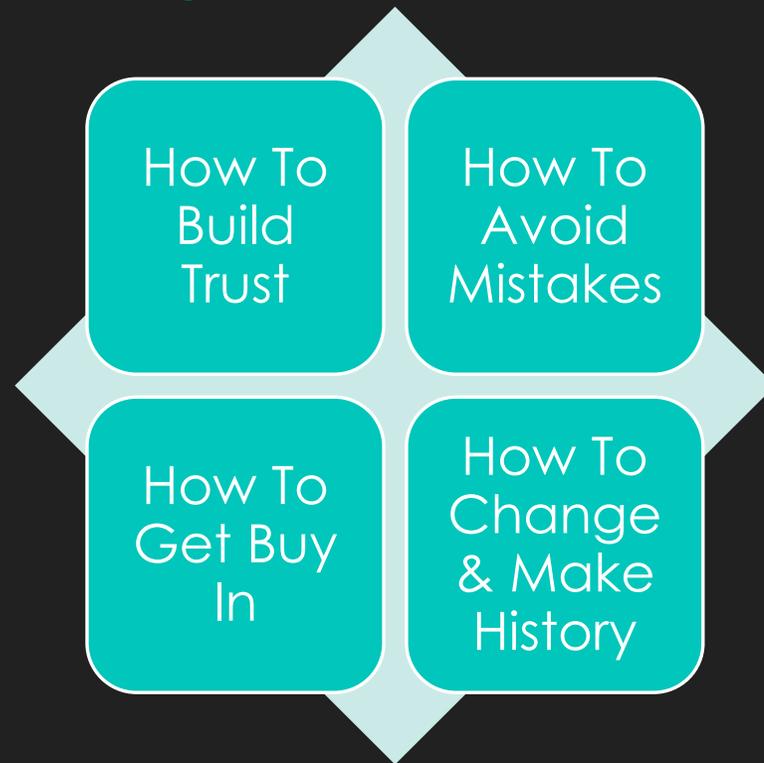
Ending the HIV
Epidemic

Toni D'orsay, PhD, MS, MA

- Director of Trans Services,
Borrego Health
- Just your Typical Trans Woman



Some Central Points



- Demographic Data Collection
- Descriptive over Prescriptive
- Basic Bias and Habit Challenges
- Nothing About Us Without Us

Challenge One: Identify the Population

- The First major Challenge we have is that the History of HIV Medicine is filled with a lot of history of Trans people being involved, but almost no data on them.
- For the vast majority of the last 40 years, Trans people were classified as MSM, which explicitly calls them men.
- Note that Trans Masculine & Trans Men, as well as Non-Binary folks were excluded from that.
- Trans Men were finally recorded three years ago.
- Electronic Records Systems do not effectively capture the demographics of trans people
- This combines with a deep ambivalence and general animosity towards trans people as being “difficult”, “too much”, and “forcing change”.

Solution One: Cultural Humility

There are a lot of approaches to this kind of stuff. As a social psychologist, I tend to prefer a behavioral approach that identifies not merely overt discrimination but subtle stuff as well.

Ambivalence, or the not really wanting to commit because it requires “extra” work, or watching a self behavior, or investing in changes that cost more to systems, is one of these more subtle forms.

Anxiety, including anticipatory ideation, is another.

Aversion, the desire to not have to deal with and so either push it away or stay away from it, is a third.

The rarest form, but still present, is Animus, which is the intense dislike of trans people and things about trans people. This is the most overt stuff.

Solution Two: Improved Data Collection



- Demographics should include a two step process
- Sex: Male, Female, Intersex, "X"/"N", No Answer
- Gender: Man, Woman, Non-Binary (Enby/NB), Gender Fluid, Genderqueer, Demi, Agender, and more that can vary from locale to locale.
- The bounds for Trans Demographics should be descriptive and inclusive, and based on two key principles: Affirmation and Self Identification
- Note that the most widely used numbers for the population are based on a prescriptive and exclusive model. Studies over the last 70 years have had numbers anywhere from 0.1 percent of the whole up to 8% of the whole (WPATH, SOC 8 draft, 2021).

Solution 3: Include Trans and Gender Diverse Folks

- The scientific and medical study of Trans people in the modern understanding has over 150 years of history behind it. In the US, for about 100 of those years, the baseline has been to treat trans people as “crazy”, or Mentally Ill, or having some sort of problem that is either the fault of bad parents or they are just broken people.
- Trans folks resent this, and so even though they have to engage with medical care at large, they do not trust and do not often survive the experience.
- Starting in 2007, US Trans based groups began and continue a basic standard: Nothing about us without us. If you want to reach trans people, you must hire TGD folks into your organizations in contact and leadership roles.

**Why all of this and not
“advice on treatment”**

Trans people deal with significantly higher levels of Anxiety and Depression that are *known* to be entirely caused by the way that they are talked about, treated, and dealt with.

Names (Not a preference)

Pronouns (the interpersonal)

Gender Identities (there are about a dozen common ones)

Language Matters

Mosquito Bites

Care for Trans Poz folks is “easy”

All normal measures are done the same way
everything else is done. **It is the way that we
engage in and treat trans people that differs.**



“Trans People do not exist to meet your expectation of how Men or Women are meant to be. They exist to create new expectations for you.”

Dr. A. E. D'orsay

Trans and Gender Diverse folks put an inordinate amount of effort into negotiating a world that is built in opposition to them at the most basic levels of every day life.

TGD people are too often seen as an additional burden, as a difficulty, as a problem – and the constant pressure to “just go along” is causing harm, poor health, and death.

Thanks

Questions and
Answers are my
favorite part!

