

Summary of Findings: Access to HIV/STD Health Care Services in the Transgender and Gender Non-Conforming Latinx Community of Orange County

COMMUNITY ENGAGEMENT AND NEEDS ASSESSMENT
SUMMARY OF FINDINGS

ORANGE COUNTY HEALTH CARE AGENCY IN PARTNERSHIP WITH ALIANZA TRANSLATINX



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EXECUTIVE SUMMARY

Transgender and gender non-conforming people of color are a vulnerable population underrepresented across the US in accessing healthcare. In summer of 2021, as part of a community driven effort, Alianza Translatinx and the Orange County Health Care Agency partnered to assess the HIV/STD health care experiences of this community through needs assessment activities, including a survey and focus groups. Common themes in the transgender and gender non-conforming (TGNC) Latinx community in Orange County were identified. Barriers to HIV/STD prevention and care services included lack of personal resources (34%), citizenship status (28%), biases by health care providers (35%), and lack of training among healthcare professionals (45%). Areas of improvement include having more bilingual staff, decreasing wait times, and increased access to behavioral health services. Focus groups reinforced similar issues while highlighting lack of health insurance, cost of care, and the need for mental health support. These findings reveal opportunities to improve care utilization and health outcomes in the Orange County TGNC community through outreach, prevention, and treatment services.

ACKNOWLEDGMENTS

Community

These findings reflect the successful partnership, hard work, and commitment to serve the Transgender and Gender Non-Conforming (TGNC) community of staff and volunteers of Alianza Translatinx and the Orange County Health Care Agency’s 17th Street Testing, Treatment, and Care (TTC) Clinic and HIV Planning and Coordination (HIVPAC) unit.

Our utmost regard to the community members who provided their open and honest feedback and who graciously donated their time to make this summary of findings a reality. We value their strength and resiliency in reliving their experiences—no matter how negative—to help document the needs, discrimination, and marginalization that TGNC people experience.

This summary of findings is dedicated to the well-being of the community and to ensuring TGNC people in Orange County have access to quality health care services.

Alianza Translatinx (ATL)

The word **Alianza**, which translates directly into English as **Alliance**, means a pact or union between people, social groups, or states to achieve a common goal. Most often, alliances are born out of hope for a better future and with the intention to uplift or improve a situation and ultimately achieve success. It was with the intention of achieving equitable health care for everyone in Orange County (OC) and to establish a network of resources that can positively impact the health of TGNC people in OC that the collaboration between Alianza Translatinx and the Orange County Health Care Agency (OCHCA) was born.

Alianza Translatinx identified the need to engage OCHCA and document the needs and gaps in HIV/STD health care services for TGNC people for the first time with the hope of improving health care provision for all TGNC people in OC.

Alianza Translatinx has started paving the way for more inclusive health care service provision in OC by advocating for the creation and implementation of trans-specific health care services, as well as ensuring that other members of our community get involved in the creation and implementation of such services. Therefore, the work that our incredible staff and volunteers (Cinthya Espinosa, Rachel Pozos, Eduardo I. Perez Rios, and Analey Garcia) perform is paramount to ensuring community engagement and to the development and implementation of this project.

These findings are part of the steps to achieving this goal because they highlight the needs of the TGNC community in OC and can help local stakeholders implement healthcare services specifically tailored to bridge healthcare gaps. Ultimately, it is our hope that through this summary of findings we can motivate other community members and stakeholders to also document the needs of TGNC people to improve the quality of our lives.

- *Khloe Rios-Wyatt, President/CEO, Alianza Translatinx*

Orange County Health Care Agency (OCHCA)

The OCHCA would like to recognize the following staff for their significant contributions to planning and implementing the community engagement and needs assessment activities described in this summary of findings:

- **TTC Clinic:** Sofie Batshoun, Colleen Brody, Debbie Cabrera, Diana Cuevas, Grecia Estrada, Ivonne Huitron, Carmen Lopez, Rosa Martinez, Sal Martinez, Rosalie Mendez, Annabelle Mercado, Patricia Perez, Dr. Christopher Ried, Breana Rojo, Kevin Roldan, and Natalie Silva
- **Health Promotion Unit:** Dr. Amy Castro, Travers Ichinose, and Dr. Tamarra Jones
- **HIVPAC Unit:** Martha Garcia, Matilde Gonzalez-Flores, Mindy He, Diane Pinto, Lilia Santana, Marlon Velasco, and Alexandra Viramontes

The OCHCA would also like to acknowledge our partner in the effort to end the HIV epidemic in Orange County, Alianza Translatinx. It is through this partnership that we have started to make progress towards meaningful engagement and equitable access to HIV care and prevention services for the TGNC community. Furthermore, OCHCA would like to recognize the logistical support of Facente Consulting, specifically Leroy Blea, Perry Rhodes III, Monique Harris and Lazara Paz Gonzalez.

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INTRODUCTION

Orange County Health Care Agency (OCHCA)

The OCHCA is a regional provider, charged with protecting and promoting individual, family and community health through



coordination of public and private sector resources. The mission of the OCHCA is in partnership with the community, deliver sustainable and responsive services that promote population health and equity. OCHCA is composed of the following service areas: Behavioral Health Services, Correctional Health Services, Director's Office, Finance & Administrative Services, Medical Health Services, Public Health Services, and Strategy & Special Services. Within Public Health Services, the 17th Street Testing, Treatment, and Care (TTC) Clinic and the HIV Planning and Coordination (HIVPAC) unit are under the Clinical Services Division.

The primary goal of the Ending the HIV Epidemic (EHE) initiative of the U.S. Department of Health and Human Services is to reduce the number of new HIV infections in the U.S. by 75 % by 2025 and by 90% by 2030. The EHE initiative focuses on four key strategies or pillars:

1. **Pillar One** - Diagnose all people with HIV as early as possible;
2. **Pillar Two** - Treat people with HIV rapidly and effectively to reach sustained viral suppression;
3. **Pillar Three** - Prevent new HIV transmission by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs); and
4. **Pillar Four** - Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

Orange County's EHE Plan details local strategies and interventions to achieve the goals of the EHE initiative and was developed in collaboration with the California Department of Public Health (CDPH) with input from key stakeholders and community partners, including the Orange County HIV Planning Council and the Integrated Plan Committee, which is the designated EHE Steering Committee in Orange County.

As part of the EHE planning process, OCHCA has sought to engage the community by collaborating with community-based organizations (CBOs) and other key stakeholders to reach priority populations, which are populations disproportionately impacted by HIV who have not

historically participated in the HIV planning process, yet are critical voices to help guide Orange County's EHE efforts. Orange County's priority populations are:

- Men who have Sex with Men (MSM) of color (African American/Black or Hispanic/Latinx)
- People who Inject Drugs (PWID)
- Young People (19-25 years of age)
- Transgender individuals
- PrEP-eligible individuals
- Individuals who are not virally suppressed
- Individuals who are incarcerated or have a history of incarceration

Furthermore, Orange County's community engagement strategies intend to:

- establish long-term partnerships with CBOs who serve priority populations;
- inform the delivery of, and improve access to, HIV care and prevention services;
- foster trust between HIV care and prevention service providers and priority populations;
- improve health care outcomes among priority populations; and
- inform the EHE planning process.

Alianza Translatinx (ATL)

Alianza Translatinx (ATL) is the first and currently the only transgender-led organization in Orange County (OC). The organization was founded in 2020 in response to the lack of services available for the transgender and gender non - conforming (TGNC) community, which was exacerbated during the COVID-19 pandemic. Since its inception, and with transgender people of color leading the organization, ATL curates services and programs that respond and pivot to community needs. ATL has become a community corner stone for the TGNC community in OC. It is based in Santa Ana, California and is located at 206 W. Fourth St. Suite 420 in Santa Ana.



The **mission** of ATL is to protect, defend and advocate for the needs and rights of the TGNC community as well as other marginalized communities. **Our vision** is to uplift TGNC communities of color through education, community empowerment, and social justice so that we can ensure and foster community inclusion and unity.

ATL was founded by four transgender Latinx women: Khloe Rios-Wyatt, Cinthya Espinosa, Rachel Pozos, and Leslie Jimenez. ATL's founders had a vision to establish collaborations with

multiple local agencies to create a network of resources to provide support to the community to elevate and improve the quality of life of all TGNC underserved residents of OC.

“Many local transgender residents have firsthand experience of the disconnect between obtaining care in Orange County and the TGNC community.”
-Khloe Rios-Wyatt

In Orange County, TGNC communities are often shifted to the margins when it comes to healthcare. Stigma and discrimination are key factors that significantly impact the health of the TGNC community. Additionally, TGNC individuals, especially people of color, continue to experience high rates of suicide and depression due to the continuous discrimination and marginalization that we face every day of our lives.

In early 2021, Alianza Translatinx reached out to OCHCA’s HIVPAC unit with a community-identified need for HIV/STD services, information, and resources to ensure equitable access and improved health outcomes for the TGNC community of Orange County. At the forefront of this community-identified need was addressing the history of mistrust between health care providers and the community, lack of TGNC specific data, and a need for trans specific health care services. Furthermore, OCHCA recognized the limited engagement of the TGNC community, service gaps, and disparities in health outcomes for this population. Ultimately, Alianza Translatinx and the OCHCA identified a mutual goal to identify and address HIV/STD service needs of the TGNC community in an effort to end the HIV epidemic in Orange County. Through this partnership, a health education event with a focus on PrEP was implemented as well as a survey and a series of focus groups as detailed in the summary of findings below.

METHODS

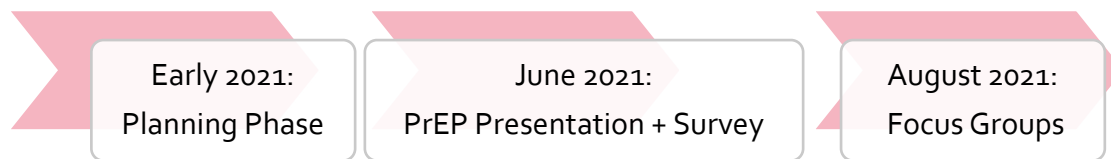
OCHCA collaborated with Alianza Translatinx to reach the TGNC Spanish speaking community of Orange County through community engagement and needs assessment activities. The work began early in 2021 with planning meetings facilitated by Facente Consulting, a consulting firm hired by the California Department of Public Health (CDPH), State Office of AIDS (OA) to provide support to local health jurisdictions with EHE planning (see Figure 1). All the activities were conducted at Alianza Translatinx.

In June 2021, a community PrEP education event was conducted and featured a presentation on PrEP in Spanish by the TTC Clinic’s Medical Director and a Public Health Nurse. The presentation was developed with input from Alianza Translatinx to ensure the information presented was culturally and linguistically appropriate for the community. HIV testing and PrEP enrollment

were also available at the event. Almost 40 community members attended. A survey was also conducted at the event to help identify HIV/STD service needs and barriers to care for the TGNC community (**see Appendix A for survey questions**). The survey was available in English and Spanish and was developed collaboratively by the OCHCA and Alianza Translatinx. It is important to note that some survey questions were adapted from the State of Trans Health¹ survey instrument, which was used to survey a similar population of transgender women in Los Angeles County. Participants had the option to complete the survey online or on paper. A total of 29 surveys were completed, three (3) in English and 26 in Spanish. Seventeen of the surveys were completed on paper and the remaining 12 surveys were completed online. Survey participants received a gift card incentive for completing the survey.

In August 2021, a series of focus groups were conducted at Alianza Translatinx. OCHCA and Facente Consulting staff facilitated the four (4) focus groups (**see Appendix B for focus group guide**). The intent of the focus groups was to gain further insight into the HIV/STD service needs and barriers to care identified through the survey, and to hear directly from the community about different ways to increase access to care and improve delivery of services in Orange County. The focus groups were conducted in Spanish and lasted approximately two hours each. A gift card incentive and dinner were provided to each focus group participant. A total of 36 community members participated in the focus groups.

Figure 1. Timeline of community engagement and needs assessment activities implemented by OCHCA and Alianza Translatinx.

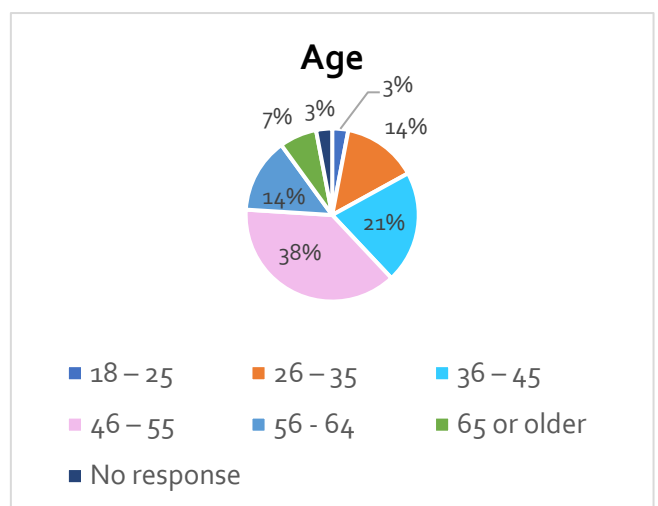
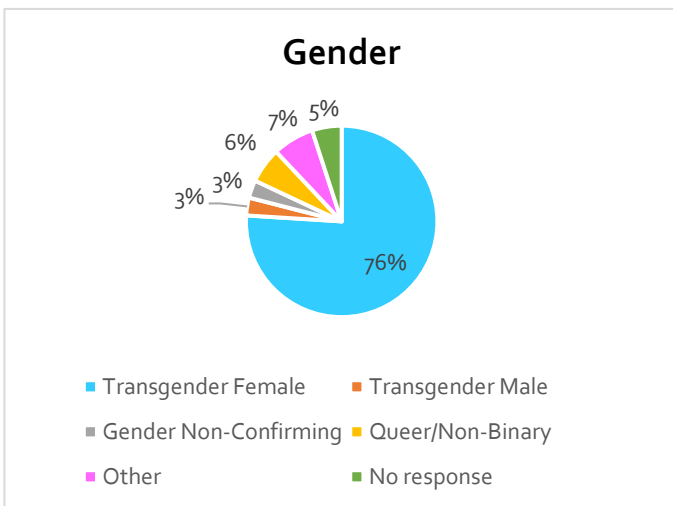
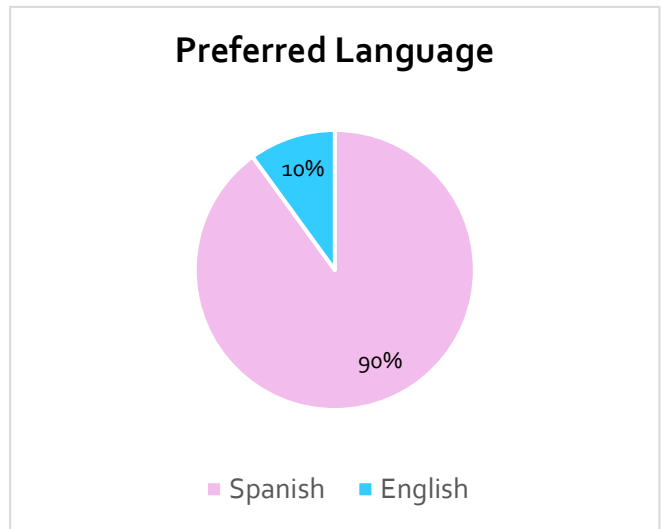
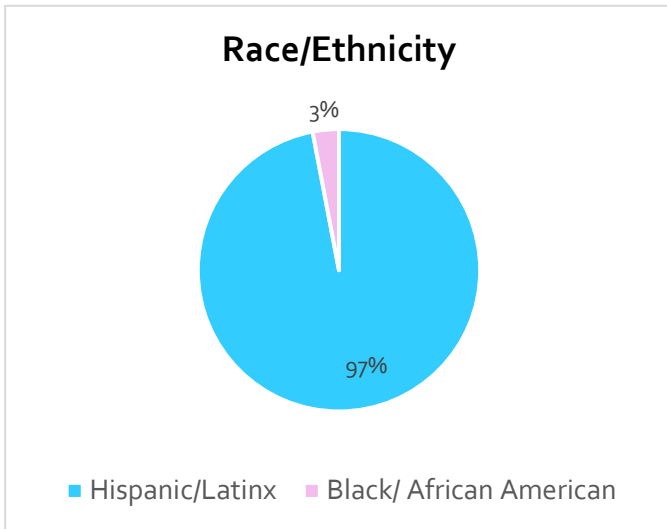


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¹ Caraves J. and Salcedo B. The State of Trans Health, Trans Latin@s And Their HealthCare Needs (2016). Available at: https://static1.squarespace.com/static/55b6e526e4b02f9283ae1969/t/583deeo579fb3beb5822169/1480453645378/TLC-The_State_of_Trans_Health-WEB.pdf

Survey Participant Demographics (29 total survey respondents)

In total, 29 individuals completed the survey. Almost all survey respondents (97%) were Hispanic/Latinx, and their preferred language was Spanish (90%). Approximately 76% of survey respondents identified as transgender female and almost 60% were between the ages of 36 and 55 years of age.



HIV Status of Participants

- 7% HIV Positive
- 73% HIV Negative
- 10% Don't know
- 10% No response

Housing

- 97% of participants reported that they are currently in stable housing
- In the past 12 months:
 - 79% of participants reported living in stable housing
 - 14% of participants reported they were in unstable housing or at risk of losing housing

HIV Related Health Behaviors

- 21% of participants reported having multiple sex partners in the past 12 months
- 7% of participants reported that they have never been tested for HIV; the primary reason for not getting tested was feeling healthy
- Of the 86% of participants who reported that they have tested for HIV:
 - 7% have only been tested once
 - 21% tested every 6 months
 - 24% tested every 3 months
 - 31% tested annually
 - 3% tested after every new sexual partner
 - 14% Did not respond

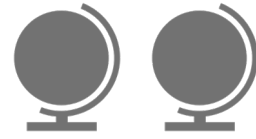
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Health Insurance Status



38 % Uninsured
14% Private Insurance
35% Medi-Cal
10% Medicare
3% No Response

Citizenship Status



38 % Documented Citizen
17% Undocumented Citizen
28% Prefer Not to Answer
17% No Response

Annual Household Income



41% Less than \$10,000
17% \$10,000-\$19,999
21% \$20,000-\$29,999
14% \$30,000-\$39,999
7% No Response

Employment Status



24 % Part Time
21% Full Time
3% Self-Employed
38% Unemployed
7% Other
7% No Response

RESULTS

Orange County HIV and STD Health Services Survey Results

The survey results below include responses from the 29 individuals who completed the survey. Not all 29 respondents answered all questions. Comments are direct quotes, without any alterations from what was documented by survey respondents. However, comments were translated from English to Spanish, as needed.

HIV/STD Healthcare Experience

Where do you usually get HIV or STD services? (Check one)

Location*	Percent of Survey Respondents
OCHCA's 17 th Street (TTC) Clinic	34.5%
Kaiser	10.3%
LGBTQ Center OC	3.4%
Radiant Health Centers/RADAR	3.4%
Other HIV/STD provider in Orange County (please specify provider)	13.8% (AltaMed)
Other HIV/STD provider in another county (please specify county and provider)	10.3% (Los Angeles)
I do not have a health care provider that I go to for HIV or STD services	17.2%
No response	7.1%

*Locations for which the percentage was zero (none of the respondents selected that answer option) are not listed in the table

Among survey respondents, the top three locations reported for where they received HIV/STD health care services are the OCHCA's 17th Street (TTC) Clinic (34.5%), other HIV/STD provider in the county (AltaMed) (13.8%), and Kaiser (10.3%) or an out-of-county provider in Los Angeles (10.3%). Approximately 17.2% of survey respondents indicated they did not have a regular health care provider for HIV/STD services.

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On a scale from 1 to 5 (1 is Strongly Agree and 5 is Strongly Disagree), how would you rate your satisfaction with your HIV/STD services provider. *

	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A Don't Know	No Response
Staff look like me/reflect me	34.5%	24.1%	10.3%	3.4%	0.0%	27.7%
Staff are welcoming	48.3%	17.2%	3.4%	3.4%	0.0%	27.7%
Staff are helpful	44.8%	17.2%	6.9%	3.4%	0.0%	27.7%
Staff are bi-lingual and communicate with me in Spanish, if preferred	41.4%	20.7%	3.4%	3.4%	3.4%	27.7%
Staff are sensitive to my needs and refer to me using my name and preferred pronouns	44.8%	20.7%	3.4%	3.4%	0.0%	27.7%
Services meet my needs	44.8%	17.2%	3.4%	6.9%	0.0%	27.7%
Hours of operation meet my needs	48.3%	17.2%	0.0%	6.9%	0.0%	27.7%
Office environment is welcoming and inclusive, including patient materials	44.8%	20.7%	0.0%	6.9%	0.0%	27.7%

*No responses in the neutral column

Approximately 65% of respondents indicated that they Strongly Agreed or Agreed that staff are welcoming, sensitive to their needs and utilize their preferred pronouns, and that the office environment is welcoming. Furthermore, 59% Strongly Agreed or Agreed that staff looked like them or reflected them at their HIV/STD health care provider. However, it is important to note that 14% of participants either Disagreed or Strongly Disagreed with this statement.

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The following is a list of possible reasons why you may not get the HIV/STD health care you need. Based on your own situation, please rate your agreement or disagreement (1 is Strongly Agree and 5 is Strongly Disagree).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A Don't Know	No response
Lack of personal resources	24.1%	10.3%	0.0%	3.4%	10.3%	24.1%	27.7%
Service providers having fear about or dislike of TGNC people	13.8%	20.7%	3.4%	3.4%	10.3%	20.7%	27.7%
Lack of health professionals adequately trained to deliver healthcare to TGNC people	24.1%	20.7%	3.4%	0.0%	6.9%	20.7%	24.2%
Long distances to TGNC sensitive medical care facilities	27.6%	10.3%	3.4%	3.4%	10.3%	17.2%	27.7%
Doctors and other healthcare workers who refuse to provide services to TGNC people	27.6%	3.4%	6.9%	10.3%	6.9%	17.2%	27.7%
Fear that if medical personnel find out I'm TGNC, they will treat me different	27.6%	3.4%	6.9%	6.9%	10.3%	17.2%	27.7%
Lack of transportation to get to services I need	20.7%	10.3%	6.9%	10.3%	6.9%	17.2%	27.7%

Approximately 45% of participants Strongly Agreed or Agreed with the statement that healthcare professionals lacked adequate training to deliver healthcare to TGNC people as a reason why they may not get the HIV/STD healthcare they need. Survey respondents also Strongly Agreed or Agreed that long distances to TGNC sensitive medical care facilities (38%), service providers having a fear or dislike of TGNC people (35%), and a lack of personal resources (34%) also impacted their ability to access HIV/STD health care services.

How can your HIV/STD services provider improve your healthcare experience?

- 44.8% of participants would like to have more bilingual (English/Spanish) staff.
- 34.5% of participants would like to have TGNC staff.
- 20.7% of participants would like to have access to weekend and evening hours.

What other HIV/STD services do you think should be offered by your HIV/STD services provider to best meet your healthcare needs?

- 51.7% of participants would like behavioral health services offered.
- 24.1% of participants would like anal health services offered.
- 34.5% of participants would like hormone replacement therapy services offered.
- 20.7% of participants would like Hepatitis C services offered.
- 13.8% of participants would like harm reduction services offered.
- 24.1% of participants would like post affirmation surgery care offered.

Personal Needs and Resources

Please indicate other health topics you would like to learn more about.

- 58.6%- Gender affirmation surgery
- 34.5% -Health care system navigation
- 27.6%- HIV medications
- 44.8%- HIV prevention
- 44.8%- Housing services
- 34.5%- Mental health services
- 13.8%- Ryan White HIV/AIDS program
- 10.3%- Substance use services
- 13.8%- Undetectable = Untransmittable (U=U)

Are there any organizations in the community who you trust that we could work with to make your healthcare experience better?

- 55.2% Yes (Alianza Translatinx and OCHCA)
- 27.6% No
- 17.2% No response

Focus Group Responses

A qualitative approach was used to analyze the data from the focus groups to identify common themes and group ideas from participants. Some direct quotes from participants are also included.

1. On a five-point scale, where “1” is very dissatisfied and “5” is very satisfied, how satisfied are you with HIV care and prevention services in Orange County?



Successes (Question 1):

Some participants reported:

- feeling they were treated well and with respect.
- they were generally given adequate attention and care.
- that adequate information (workshops) was made available in the community.



Areas of Growth/ Opportunities (Question 1):

Some participants reported:

- experiencing long wait times or difficulty making an appointment.
- being treated differently or unfairly based on immigration status.
- not receiving adequate amounts of contraceptives, such as condoms, when requested.
- a lack of understanding of trans women and their sexual health needs by healthcare providers (for example, participants reported being questioned about their menstrual cycles).
- a lack of empathy for trans women by healthcare providers (for example, some participants reported that questions from providers felt invasive).
- a lack of information from providers geared toward the trans women population.
- a lack of communication about how to access information/workshops about PrEP.

2. How do you feel about available HIV/STD Health Care Services in Orange County?



Successes (Question 2):

Some participants reported:

- they were treated well despite being from another country and being content with services available, as the same services are often not provided in their home countries.

- being content that HIV test results and follow-up was done by their doctor (as opposed to other healthcare staff).
- being satisfied with care because they receive HIV/STD testing and medication.
- having mental health support among peers.
- appreciating that providers asked patients about mental health.
- having transportation support (for example, bus passes) and a sliding fee scale for services helped to access needed care services.
- having great rapport with providers at AltaMed, among those who received care at AltaMed.
- experiencing improved wait times and time spent in the clinic (in comparison to wait times in the past).



Areas of Growth/ Opportunities (Question 2):

Some participants reported or indicated:

- being turned away from services and not being able to access care due to their undocumented citizenship status and a lack of benefits and resources for undocumented citizens.
- providers should offer free contraceptives since some health care providers charge a fee.
- they must often seek healthcare outside of Orange County due to lack of knowledge and compassion (by health care providers) within the county for the TGNC community.
- they experienced long wait times when accessing services.
- high cost of healthcare for uninsured patients.

Some participants reported a lack of:

- provider knowledge for providing care to the transgender community.
- follow-through by referring provider for accessing resources/support services; participants feel that they are often given a referral and expected to know how to navigate the system to find a provider and access the needed service.
- access to PrEP.
- transgender staff.

- concern with provider’s capacity to support in preventing other STIs (for example, focus is often solely placed on HIV/PrEP and has diverted attention away from other STIs).

Some participants reported a need for:

- affordable hormone therapy and PrEP services, mental health support, and transgender-specific health services.
- providers referring to patients by their preferred name and pronouns.
- treatment options when benefits are exhausted under their current health care insurance provider (for example, Medi-Cal).
- modeling the TGNC-friendly programs in existence in Los Angeles.

3. What is your comfort level with receiving HIV/STD health care from providers in Orange County?



Successes (Question 3):

Some participants reported or indicated:

- a feeling of being normalized or feeling “normal” in their interactions with healthcare providers.
- Alianza Translatinx is new, but a great support system.
- gratitude to Orange County healthcare providers, “Thank you, Orange County, for trying.”
- satisfaction with services provided through their healthcare insurance provider, “For me, they give me everything here, as I have Medi-Cal ... They always take good care of me, they are calling me on the phone, ‘The medicines are ready.’”



Areas of Growth/ Opportunities (Question 3):

Some participants reported:

- a lack of information on how to save on cost of care.
- all medical professionals need ongoing training and training should be provided by the TGNC community.
- a need for discussions between the trans community and healthcare providers.
- services in Los Angeles, specifically in the city of Long Beach, were very welcoming.

- being dissatisfied that some providers gave their test results over the phone.
- a lack of (financial) assistance with hormone therapy.
- that a lack of resources for (gender) transition surgeries can lead individuals to the black market.

Some participants reported a need for:

- more providers who are knowledgeable about the LGBT community or who have specific education in trans issues.
- support in gaining citizenship.
- more groups like Alianza Translatinx.
- more sex education.
- advocacy for patients going through sex reassignment/transition surgeries.

4. What barriers to care have you experienced/are you experiencing?

Successes (Question 4):



- Participants reported that Alianza Translatinx uses both theory and practice in the work that they do in the community, while many other organizations only have theory and do not work (or do not know how to work) directly with the community.



Areas of Growth/ Opportunities (Question 4):

Some participants reported:

- a lack of services in Santa Ana.
- being provided an insufficient number of safe-sex supplies (for example, condoms, lubricant).
- a need for resources for personal and professional development to access higher education and grants or scholarships for the trans community to enter the healthcare field.

"I went to Google and put 'transgender services, 'nothing' nothing came of it. I put 'services for hormones,' and I found in Santa Ana. And when you go, they say, what are you coming for?"

- being on long holds when on the phone with provider offices and reduced access to services when services are offered only via phone.
- limited proficiency with technology and would prefer in-person appointments even during the pandemic.
- a need for extending provider services to satellite locations such as Alianza Translatinx.
- a need for trans women representation in advertisements for health care services.

"I have lived in a state called Nebraska... You can see the difference between Los Angeles and Nebraska, but Orange County and Nebraska it is almost the same. We are like in a rural area."

5. What additional services and resources would make you feel supported in getting the care you need?



Areas of Growth/ Opportunities (Question 5):

Some participants reported:

- a need for resources that support their mental and emotional health.
- a need for resources for personal and professional development, such as English language and technology classes.
- a need for workshops led by people from the trans community and more focus groups to get feedback directly from the community.
- a need for housing, specifically housing for trans women, and legal support for the community.
- being offered resources, however, when they contacted the resource, they were made to feel they had to jump through hoops to access the help.
- a need for comprehensive healthcare services, not just HIV services.
- a need for medical providers to provide hormone therapy. With lack of access to proper healthcare, the trans community must often practice hormone self-administration and management.

"You cannot focus on HIV needs without addressing the needs of the whole person. You need financial stability, accommodation, etc.... You need mental health assistance, even if it is in a group, it is a good start."

KEY FINDINGS

Survey

The results from the survey highlighted several key findings related to the demographics and HIV/STD health care needs and barriers of the TGNC community of Orange County. At least 28% of respondents were uncomfortable disclosing their citizenship status, 21% reported having multiple sex partners, 7% had not tested for HIV due to feeling healthy, and 10% did not know their HIV status.

Several survey respondents (10.3%) reported a need to seek care and treatment in neighboring counties, such as Los Angeles. Based on responses about overall satisfaction with services in the county, the following were top reasons noted for why services in Orange County may not meet participant's needs: inconvenient hours of operation, staff not being welcoming or helpful, communication/language barriers, and lack of sensitivity in using appropriate pronouns.

More than half of respondents would like to have behavioral health services offered and would like to learn more about gender affirmation surgery.

Limitations of the survey include a small sample, as only 29 individuals completed the survey during the HIV prevention education event. Recruitment for attendance was in collaboration with the Alianza Translatinx community based organization. Furthermore, participants were predominately monolingual Spanish speaking (90%) and reported being transgender females (76%). Thus, findings from the survey may not be applicable to other TGNC populations in Orange County.

Focus Groups

Focus groups provided further insight into the HIV/STD service needs and barriers to care identified through the survey, as well as input from the community about different ways to increase access to care and improve delivery of services in Orange County. Many participants reported feeling they were treated well, with respect, and were given adequate care and attention. Participants reported satisfaction with services being provided utilizing a sliding fee scale, improved wait times (compared to wait times when accessing services in years past), and appreciation when test results were provided by a doctor (as opposed to other healthcare provider staff who participants did not esteem as highly). Some participants reported receiving bus passes and assistance with transportation. There was also an overwhelming amount of feedback regarding the support and trust for Alianza Translatinx and the need to access healthcare services in Los Angeles.

Regarding barriers to access to care, most participants reported long wait times, difficulty getting an appointment, and lack of follow through with referrals (by the referring provider). Several individuals felt they were treated differently based on their immigration status. Participants discussed the overall lack of understanding medical professionals have of the TGNC community and would like to see additional transgender-specific training facilitated by people from the TGNC community. The issue of lack of healthcare insurance and cost of healthcare continued to surface during the discussions, along with the lack of awareness by some community members on sliding fee scales. The need for mental health care was a recurring theme. Participants expressed that most mental health support comes from their peers. Participants also identified a need to address social determinants of health, such as housing, economic resources, education (technology classes), and support services (legal and transportation services).










A limitation of the focus groups is that the majority of individuals who participated in the focus groups were the same individuals who completed the survey, thus the results may not be applicable to the general TGNC population in Orange County.

RECOMMENDATIONS

The following recommendations (see Figure 2) are based on the survey and focus group findings detailed in this summary of findings and are intended to provide some general guidance on next steps to improve the quality of and access to HIV/STD healthcare services for the TGNC community of Orange County. OCHCA and Alianza Translatinx developed these recommendations jointly with support from Facente Consulting. These recommendations will be shared with key stakeholders throughout Orange County as we work to make progress to improve healthcare access and outcomes for the TGNC community, and will take a concerted and ongoing effort.

(Continued on next page.)

Figure 2. Recommendations for improving HIV prevention and care services for the TGNC community in Orange County.

Topic/Area		Recommendations
	Administration	<ul style="list-style-type: none"> • Additional staff to answer phone calls and respond to patient needs in all clinics serving TGNC individuals. • Identify and adopt best practices from service providers from neighboring counties such as Los Angeles.
	Advertising	<ul style="list-style-type: none"> • When marketing for services, use pictures of diverse populations, specifically the transgender community.
	Staff Members	<ul style="list-style-type: none"> • All staff should be trained on best practices for working with the TGNC community, with ongoing training provided by someone from the TGNC community. • All staff should be competent in understanding healthcare needs of the population.
	Comprehensive Healthcare	<ul style="list-style-type: none"> • Provide safe-sex supplies in the quantity requested by patients to meet their needs. • Ensure the provision of or referral to other needed medical services, such as hormone replacement therapy and gender affirmation surgeries, to help eliminate barriers in accessing health care. • Mental and emotional health services. • Basic sexual health education. • Encourage and promote HIV testing.
	Cost of Healthcare	<ul style="list-style-type: none"> • Provide information and resources on how to access affordable healthcare services, specifically low-cost healthcare, and prescription coverage (PrEP). • Provide navigation services to ensure patients have access to affordable health care services and to navigate the intricate system of care.
	Legal Support	<ul style="list-style-type: none"> • Provide referrals for legal support services. • Provide information and/or referrals to healthcare providers who provide care to undocumented citizens.
	Non-traditional medical settings	<ul style="list-style-type: none"> • Offer services in communities and places where TGNC community members live, work, and socialize.
	Provider Practices	<ul style="list-style-type: none"> • All medical providers should be trained on how to make appropriate referrals for gender affirmation surgeries and follow-up services.
	Social Determinants of Health	<ul style="list-style-type: none"> • Referrals or in-house case management services with follow-up if not currently available. • Information or referrals to personal and professional development services, such as English as a second language and technology classes. • Ongoing discussion between health care providers and the community and/or focus groups for additional insight on the needs of the TGNC community.

KEY TERMS

Cisgender: A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

Culture: A social system of meaning and custom that is developed by a group of people to assure its adaptation and survival. These groups are distinguished by a set of unspoken rules that shape values, beliefs, habits, patterns of thinking, behaviors and styles of communication, encompassing religion, food, clothing, language, marriage, music, and behavior.

Discrimination: The unequal treatment of members of various groups based on race, gender, social class, sexual orientation, physical ability, religion, and other categories.

Gay: A person who is emotionally, romantically, or sexually attracted to members of the same gender.

Gender binary: A system in which gender is constructed into two strict categories of male or female.

Gender: A concept referring to the social identity and roles associated with being a man or a woman that are usually learned through early socialization and reinforced by social norms.

Gender non-conforming: A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

HCV (Hepatitis C Virus): A liver infection that is spread through contact with blood from an infected person.

Heterosexual: A sexual orientation that describes women who are primarily emotionally and physically attracted to men, and men who are primarily emotionally and physically attracted to women. Also referred to as straight.

HIV (human immunodeficiency virus): A virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).

Homophobia: The fear and hatred of or discomfort with people who are attracted to members of the same sex.

Intersectionality: The idea that comprehensive identities are influenced and shaped by the interconnection of race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, religion, age, and other social or physical attributes.

Latinx: The word "Latinx" (pronounced "La-teen-ex") is the gender-neutral alternative to Latino (male), Latina (female).

LGBTQ: An acronym for “lesbian, gay, bisexual, transgender and queer.”

Nationality: The status of belonging to a particular nation by origin, birth, or naturalization; people having common origins or traditions and often constituting a nation; existence as a politically autonomous entity; national independence.

Non-binary: An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories.

Preferred pronouns: The terms a person has decided to align best with their gender identity and expression of self; a person’s preferred pronouns should be used when referring to them.

Queer: A term people often use to express a spectrum of identities and orientations that are counter to the mainstream.

Race: The term race refers to the concept of dividing people into populations or groups based on various sets of physical characteristics (which usually result from genetic ancestry). Races are assumed to be distinguished by skin color, facial type, etc.

Same-gender loving: A term some prefer to use instead of lesbian, gay or bisexual to express attraction to and love of people of the same gender.

Sex: The biological categories of “male” and “female” and does not change across cultures or over time. Intersex is a term to describe people who have sexual characteristics related to both males and females.

Sexual orientation: An inherent or immutable enduring emotional, romantic, or sexual attraction to other people. Note: an individual’s sexual orientation is independent of their gender identity.

STI/D (Sexually Transmitted Infections/Diseases): An infection transmitted through sexual contact, caused by bacteria, viruses, or parasites.

Transgender: An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Transitioning: A series of processes that some transgender people may undergo in order to live more fully as their true gender. This typically includes social transition, such as changing name and pronouns, medical transition, which may include hormone therapy or gender affirming surgeries, and legal transition, which may include changing legal name and sex on government identity documents.

Transphobia: Fear and hatred of people who identify as transgender or challenge the binary gender system.

Undetectable: An undetectable viral load is reached when medications have reduced the levels of HIV virus in the body to such small quantities that it can no longer be detected by standard blood tests. People living with HIV who have an undetectable viral load cannot pass HIV on through sex.

Untransmittable: People with HIV who achieve and maintain an undetectable viral load cannot sexually transmit the virus to others.

Sources:

- **Human Rights campaign, Glossary of Terms.** Available electronically: https://www.hrc.org/resources/glossary-of-terms?utm_source=GS&utm_medium=AD&utm_campaign=BPI-HRC-Grant&utm_content=454854043839&utm_term=list%20of%20genders&gclid=CjwKCAiAlf-qOBhAeEiwAYi43F5hlrWZAW8-AfK66utfw-Is8pytk54SfgAljYcDfDzR-Be1l31oZDxoCrbgQAvD-BwE
- **National LGBT Health Education Center.** Available electronically: <https://www.lgbtqiahealtheducation.org/wp-content/uploads/2020/10/Glossary-2020.08.30.pdf>
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- **University of Southern California, Rossier, A Gender Identity Glossary for Schools.** Available electronically: <https://rossieronline.usc.edu/blog/gender-identity-glossary/>
- **National Institute of Allergy and Infectious Disease.** Available electronically: <https://www.niaid.nih.gov/diseases-conditions/treatment-prevention>

APPENDIX A

Survey Questions

1. Where do you usually get HIV or STD services?
 - a. 17th Street Clinic
 - b. APAIT
 - c. Kaiser
 - d. LGBT Center
 - e. Planned Parenthood
 - f. Radiant Health Centers/RADAR
 - g. Other HIV/STD provider in Orange County (please specify provider):
 - h. Other HIV/STD provider in another county (please specify county and provider):
 - i. I do not have a health care provider that I go to for HIV or STD services (Go to Question 1 in the Personal Needs and Resources section)
2. On a scale from 1 to 5 (1 is Strongly Agree and 5 is Strongly Disagree), how would you rate your satisfaction with your HIV/STD services provider.
 - a. Staff look like me/reflect me
 - b. Staff are welcoming
 - c. Staff are helpful
 - d. Staff are bi-lingual and communicate with me in Spanish, if preferred
 - e. Staff are sensitive to my needs and refer to me using my name and preferred pronouns
 - f. Services meet my needs
 - g. Hours of operation meet my needs
 - h. Office environment is welcoming and inclusive, including patient materials
3. The following are a list of possible reasons why you may not get the HIV/STD health care you need. Based on your own situation, please rate your agreement or disagreement (1 is Strongly Agree and 5 is Strongly Disagree).
 - a. Lack of personal resources
 - b. Service providers having fear about or dislike of TGNC people
 - c. Lack of health professionals adequately trained to deliver healthcare to TGNC people
 - d. Long distances to TGNC sensitive medical care facilities
 - e. Doctors and other healthcare workers who refuse to provide services to TGNC people
 - f. Fear that if medical personnel find out I'm TGNC, they will treat me different
 - g. Lack of transportation to get to services I need

4. How can your HIV/STD services provider improve your healthcare experience (check all that apply)?
 - a. Have more bi-lingual (English/Spanish) staff
 - b. Have transgender and gender non-conforming staff
 - c. Offer weekend and evening hours
 - d. Other (please specify): _____
5. What other HIV/STD services do you think should be offered by your HIV/STD services provider to best meet your healthcare needs (check all that apply)?
 - a. Behavioral Health Services
 - b. Anal health
 - c. Hormone replacement therapy
 - d. Hepatitis C treatment
 - e. Harm Reduction services (needles, Naloxone, fentanyl test strips, educational materials)
6. Please indicate other health topics you would like to learn more about (check all that apply):
 - a. Gender affirmative surgery (top surgery, facial feminization, etc.)
 - b. Health care system navigation
 - c. HIV medications
 - d. HIV prevention (PrEP, PEP, education, condom use)
 - e. Housing services
 - f. Mental health services
 - g. Ryan White HIV/AIDS Program
 - h. Substance use services
 - i. Undetectable = Untransmittable (U=U)
 - j. Other (please specify): _____
7. Are there any organizations in the community who you trust that we could work with to make your healthcare experience better?
 - a. Yes
 - b. No
 - c. If yes, please list the organization(s)
8. Is there anything else you would like to share?

APPENDIX B

Focus Group Guide

Different Points of View

In this focus group session, there are no wrong answers, just different points of view. Please feel free to share your feedback even if it differs from what others have said. We are looking for as many points of view as possible.

Confidentiality

In terms of confidentiality, we want to ensure this is a safe space for you to share your thoughts and suggestions. Your name will not be used in any way, including notes or summary. While we will record comments, we will not record who said them. We will maintain complete confidentiality.

General Guidelines for Group Discussions

- 1) Confidentiality is assured. No names will be attached to comments.
- 2) There are no right or wrong answers – just ideas, experiences, and opinions, which are all valuable. It is important for us to hear everyone’s ideas and opinions.
- 3) All contributions are respected – do you have anything to add?
- 4) It is important to hear all sides of an issue – both negative and positive, please do not interrupt.

Questions

1. On a five-point scale, where "1" is very dissatisfied and "5" is very satisfied, how satisfied are you with HIV care and prevention services in Orange County?
2. How do you feel about available HIV/STD Health Care Services in Orange County?
3. What is your comfort level with receiving HIV/STD health care from providers in Orange County?
4. What barriers to care have you experienced/are you experiencing?
5. What additional services and resources would make you feel supported in getting the care you need?