Gender-Affirming Care and Services for Transgender and Nonbinary Marylanders

Transgender Response Team

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Introduction

In the spring of 2021, the Transgender Response Team were invited by the Maryland Department of Health, Center for HIV/STI Integration and Capacity to contribute content relevant to the health of transgender and nonbinary populations to the Maryland Statewide Integrated HIV Plan that was in development, to be completed in late 2022. The Transgender Response Team (TRT) is a community engagement project convened by the Maryland Department of Health, which brings together stakeholders concerned with the health and wellness of transgender and nonbinary Marylanders to identify and implement solutions to reduce health disparities experienced within these communities. The TRT was inaugurated in late 2007, and has grown over the years to become a diverse collective of individuals of varied expertise representing communities of transgender and nonbinary persons, providers of health and human services, grant makers and policymakers. The TRT has fulfilled various roles during its history: as an expert committee for review of prevention materials targeting transgender persons; a reviewer and advocate for ensuring gender neutral access to local Ryan White service categories; a participant in Community Based research partnerships; and a collective of Subject Matter Experts providing training, among other activities. The TRT is currently embedded in and supported by the Center for HIV/STI Integration and Capacity. The TRT responded to the request by identifying a small group of experts within the Team to act as an Expert Panel and focus efforts on developing content. The TRT had previously worked with the statewide HIV Planning Group (HPG) and served as a host in coordinating and presenting basic educational content on the needs and priorities of Maryland's transgender and nonbinary communities, and on principles of gender-affirming care at the September 2020 HPG meeting. The development of a written document that preserved and expanded on this content seemed a natural next step.

The TRT began preparations by developing an engagement process for the Expert Panel, which included two options for content development. The first option was as a Content Developer, for the development of written content, which included gathering, reviewing, and sharing current literature relevant to transgender and nonbinary health and health disparities, wellness, gender-affirming best practices, and other related content, and condensing this into a readable, informative plan. The TRT Chair, an MDH employee, set up a shared Google Folder accessible to all Expert Panelists, and coordinated uploads of peer reviewed and gray literature, as well as notices to announce new content availability. The second option was as a Community Input Content Developer, for collection of audio-recorded interviews conducted with transgender and nonbinary friends, relatives, and others within personal social networks. The TRT Chair developed an interview guide and a process document that was reviewed and approved by the larger TRT before being posted for use on the shared Google folder.

As these supports were being developed, the TRT Chair also developed a Scope of Work for each option, that was formalized into a contract document to engage TRT Expert Panelists as consultants. Payment for the work of Expert Panelists was crucial to demonstrating the worth and importance of the expertise of people with lived experience in the development of health and wellness programming for their communities. HealthHIV, one of MDH's contractors already funded for various community engagement work, was identified as a payor for these expert consultants through the *Alive! Maryland* initiative, and contracts were in place by the Spring of 2022.

During the interim, the TRT completed their semi-annual Priority Setting process, whereby community input is gathered and submitted by TRT members, along with their own input, on what issues or actions transgender and nonbinary Marylanders have identified as priorities. The most recent Priority Setting process began in March 2022 and was completed in July 2022. Data from local studies involving trans and nonbinary people (e.g., STROBE, LITE, BTC, YRBS), as well as national surveys (U.S. Transgender Study, BRFSS, NSDUH) and service usage data (Ryan White HIV/AIDS Program), are also considered. Priorities go through a graduated process of sorting, categorizing, weighting, and ranking, until TRT members arrive at a final vote that identifies three top items. These then become the Priority Work Items for a one- to-two year period. The remaining items are returned to an archive where they are available to be activated by any member of the TRT should the opportunity arise to advance work on the item. A number of these items were identified as potential candidates for inclusion in a document for inclusion in the statewide plan, and have been extracted for addition to the recommendation section.

The TRT Expert Panel began the work of content development, both written and audio interviews, in July 2022. The TRT Chair worked with three experts creating written content (over 80 hours of research, writing, and proofing), and one expert conducting and recording interviews (6 interviews, 24 transcript hours). Expert consultants were compensated for their work after submission of an invoice and all final work products. Additional content was submitted by a number of other TRT members on an ad hoc basis, according to their own expertise and interest. This document is the result of these collective efforts. Please note that quotes from community interviews are attributed to real persons under pseudonyms to protect their privacy.

Gratitude and acknowledgement for this important work is given to our written Content Developers, Kate Bishop, MSW; M. Tica Torres Bolivar, MHA; S. Wilson “Will” Beckham Cole, PhD, MPH; and to our Community Input Content Developer, Legacy Forté. We are indebted to the following additional contributors: Anushka Aqil, PhD, MPH; Erin C. Cooney, MSPH; Deborah Dunn, PAC; Colin Flynn, ScM; Danielle German, PhD, MPH; Mannat Malik, MHS; Erin Maxwell, LMSW; Tonia Poteat, PhD, PA-C, MPH; Andrea Wirtz, PhD, MHS; and to the entire membership of the TRT for their continued support and enthusiasm for the hard work of improving health equity for transgender and nonbinary Marylanders.

Background

Transgender and nonbinary people encounter significant barriers to their utilization of health and human services, including lack of provider knowledge, non-inclusive service design and delivery, intolerance, historical discrimination, and lack of institutional response. These barriers contribute to some of the highest rates of HIV infection among any distinctive population group or community. While the knowledge base describing the health and wellness needs of transgender and nonbinary people has grown in the past five years, there is still much we do not know, and even more that we do not do, even when accumulated evidence suggests a clear course of action. The health of any population does not exist within a vacuum, but is dependent upon a broad array of factors. The *National CLAS Standards*[1] recognizes this, stating:

> "Health equity is the attainment of the highest level of health for all people. Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age, such as socioeconomic status, education level, and the availability of health services."

Health and wellness are not equally distributed or shared among all people. For many, historical oppression based on race, ethnicity, sex, gender identity, sexual orientation, and other cultural characteristics, has limited the full attainment of health for individuals and groups considered "less-than" by our society.[2] Any meaningful discussion of health equity, as it pertains to transgender and nonbinary persons, must include an understanding of gender affirmation as a central, activating agent of care that produces equitable, desirable outcomes for these communities.

"Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern."

National CLAS Standards, 2016

1 *Fact Sheet: National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.* U.S. Department of Health and Human Services, Office of Minority Health.

2 Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Washington (DC): National Academies Press (US); 2011. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64806/ doi: 10.17226/13128

What is Gender-Affirming Care?

The Lancet provides a brief, yet thorough definition of gender affirmation within health and human services as follows:

> *"Gender affirmation is a unique determinant of transgender health and wellbeing globally. It refers to the process of having one's gender affirmed or recognised."*

The definition goes on to identify four key gender affirmation domains as:

1. **Social:** Name; Pronoun; Gender Presentation (e.g., clothing, mannerisms, expression)
2. **Psychological:** Sense of Self, or authentic identity; Access to counseling and trans-competent mental health care.
3. **Medical:** Hormones and safe prescribing; Reproductive options; Trans competent primary and preventative health care; Gender-affirming surgeries and procedures; Voice and communication therapies; Guidelines for transgender health care.
4. **Legal:** Effective anti-discrimination legislation; Right to autonomy and self-determination; Right to recognition under the law; Legal name change; Legal change of gender marker/designation.[3]

"The conventional health services [in Baltimore City], they don't feel that inclusive... I mean, some places have started like asking for pronouns and like, what you identify as... and that just seems like, those are the bare minimum."

Brittany, African American nonbinary person, age 23

Gender affirmation in health care can be as simple as revising forms and records to facilitate the opportunity for transgender and nonbinary people to identify their authentic gender, ensure that correct pronouns and names are used in interactions with patients, and delaying sensitive examinations until trust has been built between patients and providers. Or it can be as holistic as embedding a transgender health clinic within an existing practice to provide specialized care that trans and nonbinary individuals often find difficult to obtain. Every service provider will need to make decisions about what changes to their physical facilities, programs, policies, and procedures are the best fit for all of their clientele, and every service provider is capable of improving the health and wellness outcomes for trans and nonbinary persons.

"If you're trying to fix your dysphoria, and the doctor amplifies it, then you don't trust your doctor anymore; and you can't receive care from someone who you don't trust."

Ivy, African American nonbinary trans woman, age 24

This document will explore, in brief and within its limited length, some aspects of all four domains of gender-affirming care and services, with the intention of providing enough background to deconstruct misinformation and barriers to the quality care and services that transgender and nonbinary Marylanders need and deserve, and to support recommendations for moving toward full health equity for Marylanders of all genders.

3 *The Lancet*, published June 2017. Online at https://www.thelancet.com/series/transgender-health Accessed 9/7/2022

Who are Transgender and Nonbinary Persons?

Transgender individuals are people of any age, race, social class or sex whose appearance, personal characteristics, or behaviors differ from cultural stereotypes that determine the roles and identities of men and women. Transgender people experience an internal sense of gender that typically does not match the sex they were assigned at birth. The word transgender is often used as an inclusive or umbrella term that encompasses a range of gender identities, including those that fall outside the gender binary — man or woman, he or she — that is common in Western gender ideals. People may also embrace a Nonbinary gender identity; that is, any identity that does not fall within the strict constraints of Western thought. There are many ways to identify as transgender and nonbinary, and not all nonbinary persons identify as transgender. As the visibility of trans and nonbinary people increases and language evolves, these communities are finding new ways and words to express their identities. What is most important for providers of health and human services, is to respect and affirm the identities of their patients as they are communicated, using proper names, pronouns, and identity language provided by the patient.

The size of the transgender population in the United States, and in Maryland, can only be estimated using surveys and studies which have sampled smaller cohorts of trans and nonbinary people, as transgender identity is not routinely collected as a constant variable in the Census nor in any other national database representative of the country's population as a whole. The Williams Institute provides the most recent estimate, reporting that 1.6 million people ages 13 and older identify as transgender in the U.S., and, extrapolating from their national estimate, they state that .51% or 24,000 adults (age 18+) and 2.08% or 8,000 youth ages 13-17 years, identify as transgender in Maryland.[4] A 2015 local needs assessment utilized wisdom of the crowd statistical estimation to approximate the size of the adult transgender population in Baltimore at 2,000 individuals.[5] While these are estimates only and subject to revision based on the receipt of new, deliberately collected data on trans and nonbinary communities in Maryland, they are helpful in formulating program and funding plans to meet the needs of trans and nonbinary people. The Communities Leveraging Evidence for Action and Resources (CLEAR) project, a trans and nonbinary-centered HIV Behavioral Surveillance and Human

4 *How Many Adults and Youth Identify as Transgender in the United States?* UCLA School of Law, Williams Institute. (June 2022) https://williamsinstitute.law.ucla.edu/publications/trans-adults-united-states/ Accessed 9/30/2022

5 *Be The Conversation: Meeting the Needs of Baltimore's Transgender Residents: A Community Needs Assessment.* Johns Hopkins Urban Health Institute and Transgender Response Team, 2015-2016. Unpublished data.

DEFINITIONS

Sex assigned at birth (noun) – The sex (male or female) assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Sometimes referred to as birth sex, natal sex, biological sex, or sex; however, sex assigned at birth is the recommended term.

Transgender (adjective) –A person whose gender identity and sex assigned at birth do not correspond based on traditional expectations; for example, a person assigned female sex at birth who identifies as a man; or a person assigned male sex at birth who identifies as a woman. Transgender can also include people with gender identities outside the girl/woman and boy/man gender binary structure; for example, people who are gender fluid or non-binary. Sometimes abbreviated as trans.

Trans man/transgender man (noun) – A transgender person whose gender identity is boy/man/male may use these terms to describe themselves. Some will use the term man.

Trans woman/transgender woman (noun) – A transgender person whose gender identity is girl/woman/female may use these terms to describe themselves. Some will use the term woman.

Non-binary (adjective) – Describes a person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or enby.

Cisgender (adjective) – A person whose gender identity is consistent in a traditional sense with their sex assigned at birth; for example, a person assigned female sex at birth whose gender identity is woman/female. The term cisgender comes from the Latin prefix cis, meaning "on the same side of."

Minority stress (noun) – Chronic stress faced by members of stigmatized minority groups, such as sexual and gender minority people. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation or gender identity. Minority stress is compounded when a person holds multiple marginalized identities.

LGBTQIA+ Glossary of Terms for Health Care Teams, National LGBTQIA Health Education Center, August 30, 2020.

Services initiative conducted jointly by Johns Hopkins University Bloomberg School of Public Health and the Maryland Department of Health, is currently collecting survey data on the impact of COVID-19 and on the housing experiences of trans and nonbinary people in Baltimore. The project will soon launch the core HIV Behavioral Surveillance Survey for this population. Data from this initiative is eagerly anticipated as an important tool in understanding current population density, locality concentrations, and service utilization and needs of trans and nonbinary persons[6].

Transgender and Nonbinary Persons and HIV

Transgender and nonbinary Marylanders, like similar groups worldwide, share a disproportionate burden of HIV vulnerabilities. This is especially true of transgender women and other trans feminine people, among whom HIV prevalence is 19% worldwide,[7] and is as high as 40% in some US populations.[8] In Maryland in 2020, there were 359 transgender or nonbinary people living with diagnosed HIV, 94% of those being transgender women.[9] Transgender women of color in particular experience stigma, discrimination, and economic marginalization far greater than other trans and nonbinary populations. The conflux of factors these women experience has been called a syndemic, where homelessness, food insecurity, violence, discrimination, substance use, poor mental and physical health coexist, leading to engagement in survival sex work.[10] Trans women who engage in street-based sex work in Baltimore City were found to have 40% HIV prevalence.[11] This was eight times higher than their cisgender counterparts, most of whom also injected drugs, in the same study.

Transgender men, other trans masculine people, and nonbinary people, especially those who have sex with cisgender men and/or transgender women, are also more vulnerable to HIV, given stigma, discrimination, and lack of relevant prevention information and services geared towards these groups. What little data there are show elevated prevalence of up to 3.2% among transmasculine people in the U.S.[12] In Maryland in 2020, there were 22 trans men living with diagnosed HIV.[13] While these numbers seem small, they are much higher than the general population. Trans men who have sex with cisgender men can face additional levels of stigma, especially in the form of gender non-affirmation from their cisgender male partners, which leads to lower condom use.[14] They are also much less likely to be screened for and offered

6 CLEAR-BESURE website online at http://www.besurebaltimore.com/clear Accessed 9/15/2022

7 Baral, S., *et al.,* "Worldwide burden of HIV in transgender women: a systematic review and meta-analysis." *The Lancet Infectious Diseases*, 2013. 13: p. 214-222.

8 Poteat, T., *et al.,* "Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People." *Journal of Acquired Immune Deficiency Syndrome (JAIDS)*, 2016. 72 Suppl 3(Suppl 3): p. S210-9.

9 https://health.maryland.gov/phpa/OIDEOR/CHSE/SiteAssets/Pages/statistics/Gender-and-HIV-Fact-Sheet.pdf

10 Poteat, T., *et al.,* "Global Epidemiology of HIV Infection and Related Syndemics Affecting Transgender People." *Journal of Acquired Immune Deficiency Syndrome (JAIDS)*, 2016. 72 Suppl 3(Suppl 3): p. S210-9.

11 Sherman, S., *et al.,* "Drivers of HIV Infection Among Cisgender and Transgender Female Sex Worker Populations in Baltimore City: Results From the SAPPHIRE Study." *Journal of Acquired Immune Deficiency Syndrome (JAIDS)*, 2019. 80(5).

12 Becasen, J.S., *et al.,* "Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systematic Review and Meta-Analysis, 2006-2017." *American Journal of Public Health*, 2018: p. e1-e8.

13 https://health.maryland.gov/phpa/OIDEOR/CHSE/SiteAssets/Pages/statistics/Gender-and-HIV-Fact-Sheet.pdf

14 Reisner, S.L., *et al.,* "Gender Non-affirmation from Cisgender Male Partners: Development and Validation of a Brief Stigma Scale for HIV Research with Transgender Men Who Have Sex with Men (Trans MSM)." *AIDS and Behavior*, 2020. 24(1): p. 331-343.

PrEP[15] by their providers, despite risk factors. LifeSkills4Men[16] is an intervention targeted for transmasculine people at risk of HIV, and at least one safer sex guide exists for this group (see https://www.rainbowhealthontario.ca/resource-library/primed-the-back-pocket-guide-for-trans-men-and-the-men-who-dig-them/).

There are key considerations for HIV prevention, treatment, and care for transgender and nonbinary people. Clinicians should take regular and comprehensive sexual histories with these groups, paying particular attention to gender-affirming, non-judgmental, and competent care.[17] This should include anatomical inventories,[18] paying attention to clients' body parts, types of sex, and body parts of partners, rather than relying on gendered assumptions, e.g., it should not be assumed what genitals trans people have, what types of sex they engage in, and what body parts their partners have. Regular STI and HIV screening, as well as screening for pre-exposure prophylaxis (PrEP) is key, and should not be limited to trans feminine people, but rather to any person at risk.

Further, while it is safe and effective[19] for people on masculinizing or feminizing hormones to also take PrEP for prevention or antiretroviral therapy (ART) for treatment of HIV, transgender and nonbinary people may have concerns about interactions,[20] and prioritize hormones over HIV prevention or treatment. Providers can counsel patients through such fears and reassure that hormones and prevention/treatment are safe together, and research shows that integration of HRT and HIV care improves outcomes, including viral suppression.[21]

When asked to prioritize a list of needs and concerns, transgender and nonbinary people regularly list HIV prevention and care lower in hierarchal rankings than safe, affordable housing, access to gender-affirming care, especially transition-related care, access to mental health and substance use treatment services. In 2015, the Positively Trans Survey[22] reported that the 157 transgender persons living with HIV who were surveyed, listed, in order of importance, gender-affirming and non-discriminatory care; hormone therapy

15 Reisner, S.L., *et al.,* "The Pre-Exposure Prophylaxis Cascade in At-Risk Transgender Men Who Have Sex with Men in the United States." *LGBT Health*, 2021.

16 Reisner, S.L., *et al.,* "LifeSkills for Men (LS4M): Pilot Evaluation of a Gender-Affirmative HIV and STI Prevention Intervention for Young Adult Transgender Men Who Have Sex with Men." *Journal of Urban Health*, 2016. 93(1): p. 189-205.

17 Reisner SL, Radix A, Deutsch MB. "Integrated and Gender-Affirming Transgender Clinical Care and Research." *Journal of Acquired Immune Deficiency Syndrome (JAIDS).* 2016 Aug 15;72 Suppl 3(Suppl 3):S235-42. doi: 10.1097/QAI.0000000000001088. PMID: 27429189; PMCID: PMC4969060.

18 Grasso C, Goldhammer H, Thompson J, Keuroghlian AS. "Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health record systems." *Journal of the American Medical Informatics Association* 2021 Oct 12;28(11):2531-2535. doi: 10.1093/jamia/ocab080. PMID: 34151934; PMCID: PMC8510278.

19 Cespedes, M.S., *et al.,* "Gender Affirming Hormones Do Not Affect the Exposure and Efficacy of F/TDF or F/TAF for HIV Preexposure Prophylaxis: A Subgroup Analysis from the DISCOVER Trial." *Transgender Health*, 2022.

20 Reisner, S.L., *et al.,* "Perceived Barriers and Facilitators to Integrating HIV Prevention and Treatment with Cross-Sex Hormone Therapy for Transgender Women in Lima, Peru." *AIDS and Behavior*, 2017. 21(12): p. 3299-3311.

21 Reisner SL, Radix A, Deutsch MB. "Integrated and Gender-Affirming Transgender Clinical Care and Research." *Journal of Acquired Immune Deficiency Syndrome (JAIDS).* 2016 Aug 15;72 Suppl 3(Suppl 3):S235-42. doi: 10.1097/QAI.0000000000001088. PMID: 27429189; PMCID: PMC4969060.

22 Chung, Cecilia; Kalra, Anand; Sprague, Laurel; and Bré Campbell. (2016). *Positively Trans: Initial report of a national needs assessment of transgender and gender non-conforming people living with HIV.* Oakland, California: Transgender Law Center. Pg 6.

and side effects; mental health care, including trauma care; personal care, e.g., nutrition; and, fifth in the list, antiretroviral therapy and side effects. In addition, transgender women whose HIV primary care provider was also their hormone prescriber, were more likely to adhere to their medication regimen, have an undetectable viral load, and have an HIV primary care visit within the previous six months. Gender affirmation is a pressing priority for transgender women, as it is perceived to reduce vulnerability to violence and discrimination, and providing gender-affirming services has been shown to improve engagement in care and viral suppression. The respondents to the 2015-2016 Be The Conversation: Baltimore Transgender Needs Assessment,[23] followed a similar pattern in ranking HIV prevention and care lower than other concerns. In this survey, transgender and nonbinary respondents were asked to select up to five issues as their top priorities, resulting in the following rankings, in order: safe and affordable housing; preventing employment discrimination; access to transgender-sensitive health care; preventing police violence; and, access to health insurance for gender transition. HIV treatment and HIV prevention held the 9th and 10th places respectively on the ranked list of priorities. We see these priority needs reflected in the service data shared by the Ryan White HIV/AIDS Program for transgender and nonbinary participants. In 2019, 2.3% of people living with HIV/AIDS who were served by Ryan White programs nationally identified as transgender. The majority (74.1%) of transgender participants had income at or below the federal poverty line, and 10.9% were unstably housed. Also, transgender recipients of Ryan White services are younger than the average for program participants, with 27.4% of transgender participants aged 50 or older, compared to 46.8% for cisgender participants. It is vital that service providers acknowledge and honor community priorities in developing programming and targeting services to trans and nonbinary persons. These findings demonstrate the crucial link between social determinants of health and the multiple factors operating in the lives of transgender and nonbinary persons to elevate their risk for acquiring HIV infection. Primary and HIV health care services must find a way to not only provide the gender-affirming care that remains a high priority for trans and nonbinary people, but also to work together with organizations – especially trans-led community organizations – that can connect transgender and nonbinary people to other basic life services, such as housing, job training and employment, mental and behavioral health care, improved nutrition, and safety in the community. Health care that is delivered in a silo without access to supportive services is ineffective and does not produce equitable, desirable outcomes for trans and nonbinary Marylanders. The Centers for Disease Control and Prevention[24] acknowledges the impact that stigma, discrimination, social rejection, and exclusion have on elevating risk among transgender and nonbinary persons, and urges the development and adoption of culturally responsive interventions designed specifically to meet the diverse needs of trans and nonbinary people at risk for and living with HIV.

23 *Be The Conversation: Meeting the Needs of Baltimore's Transgender Residents: A Community Needs Assessment.* Johns Hopkins Urban Health Institute and Transgender Response Team, 2015-2016. Unpublished data.

24 *CDC Issue Brief, HIV and Transgender Communities.* April 22, 2022. https://www.cdc.gov/hiv/pdf/policies/data/cdc-hiv-policy-issue-brief-transgender.pdf

Social Determinants of Health Impacting HIV Risk for Transgender and Nonbinary Persons

STIGMA AND DISCRIMINATION

The Minority Stress Theory is a framework for understanding why minority groups, including transgender and nonbinary people, face health disparities. The theory was originated by Virginia Brooks to explain health disparities in lesbian women,[25] and further developed by Ilan Meyer to include all sexual and gender minorities.[26] [27] The theory challenged the assumptions of previous decades of pathologizing sexual and gender minority (SGM) people, blaming them for their own health disparities, and casting homosexuality and trans-ness as pathologies in and of themselves in need of cure. Minority Stress Theory instead asserted that the health disparities SGM face are due to stigma and discrimination they endure from an unaccepting society. That is, there is nothing inherent in being a sexual or gender minority that causes ill health; rather, it is how society treats SGM (stigma and discrimination) that leads to poor mental and physical health outcomes. This stigma can also be internalized, when minority group members believe and internalize the negative opinions they learn from every level of society.

The Minority Stress Theory goes further, however, and recognizes the key role of resilience.[28] [29] At the same time a group is stigmatized, the group can also form strong within-group bonds and share a sense of pride, which leads to further community connectedness and resilience. This is true of transgender and nonbinary communities, which often experience stigma and discrimination from family, intimate partners, at school and workplaces, in health care settings, from police and other state and national institutions.[30] [31] [32]

While all transgender and nonbinary people may experience stigma and discrimination, the combination of anti-trans bias and interpersonal and structural racism provide a much higher burden of discrimination for people of color. Data from the National Transgender Discrimination Survey[33] illustrate a devastating picture of oppression for Black and Latine trans and nonbinary people. Black transgender and nonbinary people are more likely to live in extreme poverty than their white peers, with 34% of Black respondents reporting a household income of less than $10,000 per year. This is over twice the rate for transgender

25 Brooks, V.R., *Minority Stress and Lesbian Women*. 1981, Lexington, Massachusetts: Lexington Books.

26 Meyer, I.H., "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence." *Psychological Bulletin*, 2003. 129(5): p. 674-697.

27 Meyer, I.H., "Resilience in the study of minority stress and health of sexual and gender minorities." *Psychology of Sexual Orientation and Gender Diversity*, 2015. 2(3): p. 209-213.

28 Meyer, I.H., "Resilience in the study of minority stress and health of sexual and gender minorities." *Psychology of Sexual Orientation and Gender Diversity*, 2015. 2(3): p. 209-213.

29 Testa, R.J., *et al.,* "Development of the Gender Minority Stress and Resilience Measure." *Psychology of Sexual Orientation and Gender Diversity*, 2015. 2(1): p. 65-77.

30 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality.

31 White Hughto, J.M., S.L. Reisner, and J.E. Pachankis, "Transgender Stigma and Health: A Critical Review of Stigma Determinants, Mechanisms, and Interventions." *Social Science & Medicine*, 2015. 147: p. 222-31.

32 Reisner, S., *et al.,* "Global Health Burden and Needs of Transgender Populations: A Review." *The Lancet*, 2016. 388(10042): p. 412-436.

33 Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

people of all races (15%) and four times the general Black population rate (9%). Over one-fifth of Black respondents reported being HIV positive (20.23%) and an additional 10% reported that they did not know their status. This compares to rates of 2.64% for transgender respondents of all races, 2.4% for the general Black population, and 0.60% for the general U.S. Almost half (49%) of Black respondents reported having attempted suicide, compared to 41% of all study respondents and 1.6% of the general U.S. Latine respondents reported similar experiences with poverty, HIV burden, and suicide attempts. Twenty-eight percent of Latine respondents reported household incomes of less than $10,000 per year, almost twice the rate for transgender people of all races (15%) and over five times the general Latino/a population rate (5%). One in twelve Latino/a respondents were HIV positive (8.44%) and an additional 10.23% reported that they did not know their status. This compares to rates of 2.64% for transgender respondents of all races, 0.50% for the general Latino/a population, and 0.60% for the general U.S. population. Forty-seven percent (47%) of Latino/a respondents reported having attempted suicide, compared to 41% of all study respondents and 1.6% of the general U.S. population.

Black and Latine transgender and nonbinary people experience employment and housing discrimination at higher rates, and have much higher rates of tobacco, alcohol and other drug use, than other survey respondents.

But the news isn't all bad. Black transgender people who were out to their families found acceptance at a higher rate than the overall sample of transgender respondents. Over half (55%) of Black respondents said their family was as strong today as before they came out. This level of family acceptance was higher than for any other racial group in the study. Forty-seven percent (47%) of Latine transgender and nonbinary people reported experiencing significant family acceptance, and 65% reported that their relationships with family slowly improved after coming out as transgender. Those respondents who were accepted by their families were much less likely to face discrimination. Family acceptance among Black respondents correlated with lower rates of negative outcomes such as suicide, homelessness, and becoming HIV positive.

INTERPERSONAL AND COMMUNITY VIOLENCE

Transgender and nonbinary persons experience high levels of anti-transgender violence in the United States and globally. In 2021, over 470 murders of transgender and nonbinary persons were reported worldwide.[34] Considered to be a vast undercount of the true burden of violence against these communities, cases are often miss-reported as the murders of gay or lesbian people, or are made using the name the victim was given at birth, a practice known as deadnaming, which has the effect of erasing the transgender person's identity. Transgender Day of Remembrance, observed every November 20th since 1998, pays honor and respect to transgender and nonbinary people who lost their lives simply because their killers objected to their gender identity. Between October 1, 2020 and September 30, 2021, the murders of 76 transgender and nonbinary persons were documented in the U.S., the highest number

"I don't really have to talk extensively on violence against the trans community... I'll say, I know in... my three and a half years of being... connected to the trans community in Baltimore, I've seen four or five trans women who I knew, who I had touched, who I had hugged, who I cared for, die from being disregarded by society and overdosing on drugs, or being murdered directly. So, I mean, I've experienced violence related to my trans identity."

Ivy, African American nonbinary trans woman, age 24

34 Reported by Trans Lives Matter, online at 2021 numbers https://tdor.translivesmatter.info/reports/tdor2021 Accessed 9/12/2022

since monitoring began.[35] [36] Many of these murders never surfaced in the media and may not have been reported as anti-trans violence to law enforcement, known only within trans and nonbinary communities and memorialized on websites such as Trans Lives Matter. In Maryland, three people from the trans and nonbinary communities were reported murdered or dead by suspicious circumstances in 2021: Danika "Danny" Henson, age 31, a Black transgender woman; Taya Ashton, age 20, a Black transgender woman; and Kim Tova Wirtz, age 43, an Asian transgender woman. The majority of anti-trans murders go unsolved, depriving families, friends, and entire communities of the opportunity to find justice or to heal from the deep wounds that constant violence and threats of violence keep open.

"I mean, nothing has happened to me, violence wise, but I've been so scared of something happening, that I've had multiple nightmares about something happening – like back to back to back, I've had nightmares about something happening, like in the [public] bathroom or something happening. Like, if I'm in a mostly male space, and somebody says, or somebody finds out that [I'm] trans; I have a problem with that. Like, that's a big fear of mine."

Jesse, white trans man, age 16

Transgender and nonbinary people also experience Intimate Partner Violence (IPV) at rates higher than their cisgender peers.[37] There is evidence that the general climate of violence that exists in our society toward gender diversity, constructed on heteronormative ideology that privileges heterosexuality and gender conformity, may be significantly responsible for these higher rates of violence within relationships.[38] [39] Data on the frequency of IPV experienced by transgender and nonbinary people remains rather scarce. Only one recent study directly compared the lifetime prevalence of IPV among transgender and cisgender people.[40] This study found that 31.1% of transgender people and 20.4% of cisgender people had ever experienced IPV or dating violence. A meta-analysis conducted by the Williams Institute in 2015, found three studies that provided findings of lifetime Intimate Partner Sexual Abuse (IPSA) prevalence among transgender people, which range from 25.0% to 47.0%, as well as findings of lifetime IPV among transgender people from purposive studies included in the analysis, which ranged from 31.1% to

"Me personally, I've experienced violence, sexual violence, and it put me in a really, really dark place, and even slowed down and stopped my transition. That's what took me so long to transition, was the image of violence being played back in my head, like, if I was to transition, I will be the statistic, I will be the, you know, I will probably be the one to get killed next."

Naomi, Black multiracial, Latine trans woman, age 19

35 *Ibid.*

36 Remembering Our Dead project, begun in 1998 by Gwendolyn Ann Smith. See also https://en.wikipedia.org/wiki/Transgender_Day_of_Remembrance

37 Sarah M. Peitzmeier, Mannat Malik, Shanna K. Kattari, Elliot Marrow, Rob Stephenson, Madina Agénor, and Sari L. Reisner. "2020: Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates." *American Journal of Public Health* 110, e1_e14, https://doi.org/10.2105/AJPH.2020.305774

38 Lorenzetti, Liza, et al. "Understanding and Preventing Domestic Violence in the Lives of Gender and Sexually Diverse Persons." *The Canadian Journal of Human Sexuality*, vol. 26 no. 3, 2017, p. 175-185. Project MUSE http://muse.jhu.edu/article/680829.

39 Montesanti, S.R., Thurston, W.E. "Mapping the Role of Structural and Interpersonal Violence in the Lives of Women: Implications for Public Health Interventions and Policy." *BMC Women's Health* 15, 100 (2015). https://doi.org/10.1186/s12905-015-0256-4

40 Langenderfer-Magruder, L., Whitfield, D. L., Walls, N. E., Kattari, S. K., & Ramos, D. (2014). "Experiences of Intimate Partner Violence and Subsequent Police Reporting Among Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado: Comparing Rates of Cisgender and Transgender Victimization." *Journal of Interpersonal Violence*, 1-17.

50.0%.[41] Of the 27,715 individuals who participated in the U.S. Transgender Survey, more than half (54%) reported experiencing some form of intimate partner violence. Of these, more than one-third (35%) experienced physical violence by an intimate partner, compared to 30% of the U.S. adult population.[42] Nearly one-quarter (24%) experienced severe physical violence by a current or former partner, compared with 18% of the U.S. population. And yet, with evidence showing that transgender and nonbinary people may be in greater need of services to respond to the harms of IPV (e.g., safe shelter, access to medical and mental health services, emergency financial support, protective orders – for themselves and for children), there are no such IPV or domestic service providers dedicated to meeting the needs of trans and nonbinary Marylanders anywhere within the state. The Maryland Department of Health, Maternal and Child Health Bureau, last published a guide for health care providers on Intimate Partner Violence in 2013.[43] There is a single reference to transgender people as part of a general statement about the different IPV experiences of LGBT people, but nothing more.

"I think violence affects transgender people... which is like really deteriorating, and especially, it's something you cannot change. And you know, for a fact you cannot change, and people keep... people who are attacking you for these reasons. I feel like that makes it even worse, because there's nothing you can do about it. There's a lot of physical violence. Verbal violence is really, really, really, really, really common. But physical violence, I feel like is the main concern."

Zio, Black nonbinary person, age 17

41 Taylor N.T. Brown, Jodie Herman. *Intimate Partner Violence and Sexual Abuse among LGBT People: A Review of Existing Research.* The Williams Institute, UCLA School of Law. 2015.

42 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality.

43 *Intimate Partner Violence (IPV): A Guide for Health Care Providers*. Maryland Department of Health and Mental Hygiene, Women's Health, Maternal and Child Health. Updated January 2013. Online at https://health.maryland.gov/phpa/mch/Documents/IPV%20Guide%20for%20providers.January.pdf Accessed 9/2/2022

HEALTH CARE SYSTEMS AND PRACTICES

Access to quality, gender-affirming health care, including gender transition care, is among the top priorities of transgender and nonbinary people. Sadly, the experiences of trans and nonbinary people with the health care system are marred by lack of access, gendered services that exclude trans and nonbinary persons, lack of provider knowledge and anti-trans bias, and structural barriers associated with a system designed around heteronormative, cisgender values and norms. Health disparities among transgender and nonbinary people are well-documented in the literature.[44] [45] [46] [47] [48] [49] Any number of studies and reports have concluded that the U.S. health system is ill prepared, and often unwilling, to provide gender-affirming care to transgender and nonbinary people. Current medical curricula are desperately lacking in the core competencies that prepare medical professionals to serve transgender and nonbinary people.[50] [51] As noted in a recent podcast from the American Medical Association, "there is a great gap in knowledge, but there's not a gap in research." In other words, we have enough information about health disparities among transgender and nonbinary people, and what contributes to poor outcomes, but the very people who could make a profound difference in shaping different health outcomes – health care professionals – are lacking the education and skills building opportunities within their practicum needed to provide gender-affirming care. One recent study refers to the efforts to incorporate transgender health into both undergraduate and graduate medical educations as nascent, and further notes that there is a lack of consensus on the exact educational interventions that should be used to address transgender health.[52] Two recent national surveys of surgical residents found that residents recognize the profound impact gender confirmation may have in their future practice and on the

"Being black trans is different than being white and trans. And so that means all doctors who are LGBT friendly, aren't necessarily black friendly. And also, divulging the sensitivity of the black experience to white people doesn't really serve us."

Ivy, African American nonbinary trans woman, age 24

44 Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.* Washington (DC): National Academies Press (US); 2011. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64806/ doi: 10.17226/13128

45 Safer, J.D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., Sevelius, J. "Barriers to Healthcare for Transgender Individuals." *Current Opinion in Endocrinology & Diabetes and Obesity*. 2016 Apr; 23(2):168-71. doi: 10.1097/MED.0000000000000227. PMID: 26910276; PMCID: PMC4802845.

46 *Protecting and Advancing Health Care for Transgender Adult Communities.* Report, Center for American Progress, published August 18, 2021. Online at https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/ (Accessed 8/24/2022)

47 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality.

48 "Health and Health Care Among Transgender Adults in the United States." Ayden I. Scheim, Kellan E. Baker, Arjee J. Restar, Randall L. Sell. *Annual Review of Public Health* 2022 43:1, 503-523 https://www.annualreviews.org/doi/abs/10.1146/annurev-publhealth-052620-100313

49 Streed, C.G. Jr., McCarthy, E.P., Haas, J.S. "Association Between Gender Minority Status and Self-Reported Physical and Mental Health in the United States." *JAMA Internal Medicine*. 2017 Aug 1;177(8):1210-1212. doi: 10.1001/jamainternmed.2017.1460. PMID: 28558100; PMCID: PMC5818796.

50 van Heesewijk, J., Kent, A., van de Grift, T.C. *et al.* "Transgender Health Content in Medical Education: A Theory-Guided Systematic Review of Current Training Practices and Implementation Barriers & Facilitators." *Advances in Health Sciences Education* 27, 817–846 (2022). https://doi.org/10.1007/s10459-022-10112-y

51 Rolls, J., Davis, J., Backman, R., Wood, T., Honda, T. "Curricular Approaches to Transgender Health in Physician Assistant Education." *Academic Medicine*. 2020 Oct;95(10):1563-1569. doi: 10.1097/ACM.0000000000003464. PMID: 32349019; PMCID: PMC7523571.

52 Dubin, S.N., Nolan, I.T., Streed, C.G. Jr., Greene, R.E., Radix, A.E., Morrison, S.D. "Transgender Health Care: Improving Medical Students' and Residents' Training and Awareness." *Advances in Medical Education and Practice*. 2018 May 21;9:377-391. doi: 10.2147/AMEP.S147183. PMID: 29849472; PMCID: PMC5967378.

patients they will likely encounter.[53] It seems surprising, then, that while the graduate medical education paradigm has shifted toward competency-based education with the advent of the Accreditation Council for Graduate Medical Education (ACGME) Next Accreditation System, ACGME does not mandate the integration of transgender patient care topics into the resident education curriculum. A number of barriers have arisen in attempts to provide more education on the health needs of trans and nonbinary people, including limited curricular time, lack of topic-specific competency among faculty, and underwhelming institutional support. These deficiencies then become barriers to transgender and nonbinary people accessing appropriate care.[54] Transgender and nonbinary persons are frequently called upon to teach their health care providers the basics of transgender health. A recent study from the Center for American Progress found that one in three respondents had to teach their doctor about transgender people in order to receive appropriate care.[55] Another factor in not receiving appropriate care is the fear of discrimination or maltreatment from a health care provider that can lead some transgender or nonbinary people not to disclose their transgender status to some or all of the people who provide their care. The U.S. Transgender Survey found that nearly one-third (31%) of respondents reported that none of their health care providers knew they were transgender; and, in the past year, 23% of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person.[56] Between the lack of provider knowledge and apprehension by trans and nonbinary people seeking health care, it is not surprising that these communities so often experience poor health outcomes.

"Some [providers] are not going to give you the right things for your transition. I mean, for example, there are some nonbinary people who have really different needs than a binary trans woman or a binary trans man would need and that could be met. Like, they can have different medical needs... Some nonbinary people don't want to be on hormones, but the ones that do usually doctors prescribe them hormones as if they're prescribing them to a binary person and not prescribing hormones at a dose that will give them the effect they want as a nonbinary person."

Ivy, African American nonbinary trans woman, age 24

"I feel like...most of the Baltimore City health care providers... needs to invest in more sexual education and gender identity classes. I have witnessed... other people be misgendered, and things of that nature. And I hate that. I can't believe that. It's a new day and age for us, so it's just like, it's not hard to understand."

Naomi, Black multiracial, Latine trans woman, age 19

Health insurance coverage and utilization remains a challenge for many transgender and nonbinary people.[57] Transgender people are less likely to have health insurance than cisgender people.[58] [59] While the Affordable Care Act (ACA) made health insurance more affordable for many, and even provided

53 Morrison, S.D., Wilson, S.C., Smith, J.R. "Are We Adequately Preparing Our Trainees to Care for Transgender Patients?" *Journal of Graduate Medical Education*. 2017 Apr; 9(2):258. doi: 10.4300/JGME-D-16-00712.1. PMID: 28439369; PMCID: PMC5398125.

54 Korpaisarn, S., Safer, J.D. "Gaps in Transgender Medical Education Among Healthcare Providers: A Major Barrier to Care for Transgender Persons." *Reviews in Endocrine and Metabolic Disorders* 19, 271–275 (2018). https://doi.org/10.1007/s11154-018-9452-5

55 *Protecting and Advancing Health Care for Transgender Adult Communities.* Report, Center for American Progress, published August 18, 2021. Online at https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/ (Accessed 8/24/2022)

56 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality.

57 Padula, William & Baker, Kellan. (2017). "Coverage for Gender-Affirming Care: Making Health Insurance Work for Transgender Americans." *LGBT Health*. 4. 10.1089/lgbt.2016.0099.

58 *Demographics, Insurance Coverage, and Access to Care Among Transgender Adults.* Report of the Kaiser Family Foundation, October 21, 2020. Online at https://www.kff.org/health-reform/issue-brief/demographics-insurance-coverage-and-access-to-care-among-transgender-adults/

59 Dickey Lore, M., Budge, S.L., Katz-Wise, S.L., Garza, M.V. "Health Disparities in the Transgender Community: Exploring Differences in Insurance Coverage." *Psychology of Sexual Orientation and Gender Diversity*. 2016;3(3):275–282. doi: 10.1037/sgd0000169.

some additional guidance on parity of care and required minimum coverage, it is still true that the majority of people with health insurance receive coverage as a benefit through employment. For transgender and nonbinary people who are unemployed or under-employed, this means going without insurance unless one can qualify for Medicaid. Trans and nonbinary people did not connect in large numbers with the Maryland Health Benefits Exchange (HBE) to purchase insurance plans, even after the Maryland Department of Health took action to prohibit gender transition care under state Medicaid plans, and the Maryland Insurance Administration prohibited exclusion of gender transition care under any plan being sold on the Maryland HBE (these prohibitions extended to any health insurance plan offered by any company that was offering at least one plan on the HBE, with the exception ERISA plans).[60] [61] Insurance-based denials of care create additional barriers to care and are common experiences for transgender and nonbinary people.[62] As reported in the U.S. Transgender Survey, one in four (25%) of respondents experienced a problem with their health insurance in the previous twelve months, related to being transgender, such as denial of care for gender transition.[63] One-quarter (25%) of those who sought coverage for hormones in the past year were denied, and 55% of those who sought coverage for transition-related surgery in the past year were denied. The changing landscape of public policy, extending rights and protections, and then withdrawing them, makes navigating health insurance and coverage issues especially challenging for trans and nonbinary people, who may not have much experience with these systems.[64] Anti-trans bills have proliferated in state legislatures, with a record of nearly 670 anti-LGBTQ bills proposed since 2018.[65] The American Civil Liberties Union, Freedom for All Americans Project, tracked 140 anti-transgender bills introduced in state legislatures in 2022.[66] While the majority of these bills addressed the moral panic over transgender and nonbinary children and youth participating in interscholastic sports, 27 of them would have made it illegal

"I don't think [local health services] really are [effective]. Don't think they really are especially for black queer people... I feel like, for black queer people, it's a little harder to get assistance. Mostly because of the generational racism thing. The people in health care now are not on our side in general."

Theo, Black Latine trans man, age 17

60 Maryland Department of Health, Maryland Medical Assistance Program, Managed Care Organizations Transmittal No. 110, *Gender Transition: Covered Services, Coverage Criteria, Limitations and Exclusions*, March 10, 2016.

61 Maryland Insurance Administration Bulletin 15-33, *2017 Affordable Care Act ("ACA") Individual and Small Employer Form and Rate Filing Instructions*. December 10, 2015 & Maryland Insurance Administration Bulletin 15-32, *Student Health Plan Form and Rate Filing Instructions for the 2016-2017 School Year*. December 7, 2015.

62 Bakko, M., Kattari, S.K. "Transgender-Related Insurance Denials as Barriers to Transgender Healthcare: Differences in Experience by Insurance Type." *Journal of General Internal Medicine* 2020 Jun;35(6):1693-1700. doi: 10.1007/s11606-020-05724-2. Epub 2020 Mar 3. PMID: 32128693; PMCID: PMC7280420.

63 James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality.

64 The Trump Administration retracted anti-discrimination protections for LGBT people under Section 1557 of the Affordable Care Act, in October of 2020. On May 10, 2021, the Biden Administration announced that the HHS Office for Civil Rights (OCR) will include gender identity and sexual orientation as it interprets and enforces Section 1557's prohibition against sex discrimination. The Biden Administration has proposed changes that would strengthen Sec. 1557 protections and is accepting public comments through October 3, 2022.

65 NBC News, Out Politics and Policy. Matt Lavietes, Elliott Ramos, March 20, 2022. https://www.nbcnews.com/nbc-out/out-politics-and-policy/nearly-240-anti-lgbtq-bills-filed-2022-far-targeting-trans-people-rcna20418

66 American Civil Liberties Union, Freedom For All Americans Project. Online at https://freedomforallamericans.org/legislative-tracker/anti-transgender-legislation/

to provide medically necessary transition services, like puberty blockers and gender-affirming counseling, to persons under the age of 18; 17 of them made provision of these services by health care professionals a crime that could include incarceration; and 4 of them added the act of seeking out or obtaining gender-affirming services for minors to existing child abuse statutes, with severe penalties for parents and providers. Most major U.S. medical associations, including those in the fields of pediatrics, endocrinology, psychiatry, and psychology, have issued statements recognizing the medical necessity and appropriateness of gender-affirming care for youth, typically noting harmful effects of denying access to these services. These include statements from the American Medical Association,[67] American Academy of Pediatrics,[68] the Endocrine Society,[69] American Psychological Association,[70] American Psychiatric Association,[71] and the World Professional Association for Transgender Health.[72] Transgender and nonbinary children and youth are perhaps some of our most vulnerable people, and access to gender-affirming services for them can be difficult to obtain. Marylanders can access gender-affirming care for children and youth through programs located at Chase Brexton Health Care, the University of Maryland, Transgender Family Health Services, and Johns Hopkins Emerge Gender and Sexuality Clinic.[73] [74] [75]

67 *AMA Reinforces Opposition to Restrictions on Transgender Medical Care*. Statement by the American Medical Association, June 5, 2021. https://www.ama-assn.org/press-center/press-releases/ama-reinforces-opposition-restrictions-transgender-medical-care

68 Rafferty J; Committee on Psychosocial Aspects of Child and Family Health; Committee on Adolescence; Section on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents." *Pediatrics*. 2018 Oct;142(4):e20182162. https://publications.aap.org/pediatrics/article/142/4/e20182162/37381/Ensuring-Comprehensive-Care-and-Support-for

69 *Endocrine Society Alarmed at Criminalization of Transgender Medicine*. The Endocrine Society, February 23, 2022. https://www.endocrine.org/news-and-advocacy/news-room/2022/endocrine-society-alarmed-at-criminalization-of-transgender-medicine

70 *APA President Condemns Texas Governor's Directive to Report Parents of Transgender Minors*. American Psychological Association, February 24, 2022. https://www.apa.org/news/press/releases/2022/02/report-parents-transgender-children

71 *Physicians Oppose Texas Efforts to Interfere in the Patient-Physician Relationship and Criminalize Gender-Affirming Care.* American Psychiatric Association, March 1, 2022. https://www.psychiatry.org/newsroom/news-releases/physicians-oppose-texas-efforts-to-interfere-in-the-patient-physician-relationship-and-criminalize-gender-affirming-care

72 *United States Professional Association for Transgender Health (UPATH) Statement regarding Child Abuse Claim by Texas Governor Greg Abbott.* World Professional Association of Transgender Health (WPATH), February 24, 2022. https://www.wpath.org/media/cms/Documents/USPATH/2022/USPATH%20Statement%20re%20TX%20Gov%20Abuse%20Claim.pdf

73 Chase Brexton Health Care, Gender Affirming Care. https://www.chasebrexton.org/services/gender-affirming-care

74 University of Maryland, Transgender Family Health Services. https://www.umms.org/childrens/health-services/adolescent-young-adult-medicine/transgender-family-health-services

75 Johns Hopkins Emerge Gender and Sexuality Clinic. https://www.hopkinsmedicine.org/johns-hopkins-childrens-center/what-we-treat/specialties/adolescent-medicine/programs-centers/emerge-gender-sexuality-clinic/about-us.html

CONSTRAINED RESOURCES AND LIMITED OPPORTUNITIES

"A lot of people [without housing] turn to sex work or they get in relationships with people that don't actually care about them and hurt them and use them, and that affects your physical and your mental health."

Brittany, African American nonbinary person, age 23

Transgender and nonbinary people, especially those who identify as Black, Indigenous, and people of color (BIPOC), often find themselves experiencing long periods of scarcity in both material resources and opportunities to advance within society. This scarcity has no other cause than stigma and discrimination. For example, trans and nonbinary people may experience high levels of bullying and ostracization at school by their peers, and by school personnel, to the degree that they are unable to focus on their education, may develop a pattern of absenteeism to reduce their exposure to what has become for them a toxic environment, or may leave school entirely. The 2019 National School Climate Survey reported that 42.5% of LGBTQ students felt unsafe at school because of their gender expression, and 37.4% because of their gender.[76] Almost thirty-three percent (32.7%) of LGBTQ students missed at least one entire day of school in the past month because they felt unsafe, and 8.6% missed four or more days in the past month. Without a sound education, their prospects for employment are already reduced, but when combined with societal stigma of their trans or nonbinary identity, their prospects for employment become even more limited. Transgender women (n=30) who participated in a qualitative study of gender, stigma, and HIV risk in Baltimore in 2011, were asked directly about experiences of discrimination; 60% reported problems getting a job, and 54% reported losing a job because of their gender.[77] Without the means to support themselves, they may find themselves without safe and secure housing. LGBTQ youth are known to be over-represented among youth experiencing homelessness in the U.S.[78] Estimates of LGBTQ youth experiencing homelessness range between 20% and 40% of all youth who are unhoused. These experiences are acute among a substantial segment of trans and nonbinary adolescents and youth who have been forced out of the home by parents who object to their child's gender nonconformity, often onto the streets and into situations where they are engaged in survival sex work just to have a place to sleep. There is some evidence that those who have experienced homelessness as children or youth are more likely to experience serial homelessness as adults.[79] [80] While Maryland passed an antidiscrimination law in 2014, prohibiting discrimination based on gender identity in

"I mean, the root cause... to obstacles for trans people finding housing is transphobia. And transphobia is derivative of white supremacy."

Ivy, African American nonbinary trans woman, age 24

"I've worked closely with transgender and nonbinary individuals with housing, and it's really a crisis out there. And it's kind of like a structure, like they're not offered the same opportunities that a hetero-cis individuals. So, it'll put them in a place of poverty or survival, which leads them to sometimes being homeless and staying with multiple people at a time, and things of that nature so... You can't thrive. You have to have a house for that to happen, that's for anybody."

Naomi, Black multiracial, Latine trans woman, age 19

76 Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). *The 2019 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools*. New York: GLSEN.

77 Poteat, Tonia, Danielle German, and Colin Flynn. 2016. "The Conflation of Gender and Sex: Gaps and Opportunities in HIV Data Among Transgender Women and MSM," *Global Public Health*, 11: 835-48.

78 *LGBTQ Youth Experiencing Homelessness*. Homeless Policy Research Institute, April 19, 2019. https://socialinnovation.usc.edu/wp-content/uploads/2019/08/LGBTQ-Youth-Lit-Review-Final.pdf

79 Baker Collins, Stephanie D., PhD. "From Homeless Teen to Chronically Homeless Adult: A Qualitative Study of the Impact of Childhood Events on Adult Homelessness." *Critical Social Work*, 2013 Vol. 14, No. 2. https://ojs.uwindsor.ca/index.php/csw/article/download/5882/4872

80 Parpouchi, M., Moniruzzaman, A. & Somers, J.M. "The Association Between Experiencing Homelessness in Childhood or Youth and Adult Housing Stability in Housing First." *BMC Psychiatry* 21, 138 (2021). https://doi.org/10.1186/s12888-021-03142-0

employment, housing, credit and lending, and public accommodations, the law is not sufficient to prevent discrimination and serves only as a remedy to address discrimination once it occurs. The burden is on trans and nonbinary people to prove that they have been denied their civil rights or injured through a prohibited practice — an often difficult process within a legal system where trans and nonbinary people have rarely experienced affirmation of their identities or validation of the social injustices all too frequently found in daily life for these communities.

"With trans youth, it's a lot of fear of being kicked out and not knowing exactly where to go. Stuff like that. Housing does not seem stable after they come out. I think it is, especially with transgender youth, their main... main resources are supposed to be a parent. So once your parents, like, fold on you, there's not really much you have to back up on unless you're aware of community programs."

Zio, Black nonbinary person, age 17

BEHAVIORAL HEALTH AND TRAUMA

While few studies or national surveys collect data on drug and alcohol use by transgender and nonbinary people, what data we have suggests higher rates of substance use than among the general population. Recent studies indicate that transgender individuals have high rates of alcohol use (estimates up to 72%), marijuana (estimates up to 71%), other illicit drug use (estimates up to 34% [including intravenous drug use]), and nonmedical use of prescription drugs (estimates up to 26.5%) and evince more severe misuse of these substances compared with cisgender persons.[81] One study involving deidentified medical claims of over 15,000 transgender adults found substance use disorder diagnoses (SUDD) at significantly elevated levels among transgender persons relative to their cisgender peers.[82] The more common substances used were alcohol, nicotine, cannabis, cocaine, and opioids, as well as sedatives, stimulants, and hallucinogens. Another study investigating the prevalence of both substance and behavioral addictions among transgender and nonbinary people found significant differences in substance use among transgender and nonbinary subgroups in the U.S.[83] For example, they found that transgender women using methamphetamine were more likely to report using within the context of anal intercourse, and methamphetamine use was significantly higher among HIV-positive women compared to HIV-negative women, but that transgender women who were HIV-negative were more likely to use alcohol than trans women living with HIV. Higher rates of substance use among trans and nonbinary people have been linked to trauma,

"Mental health services here suck. All mental health services for trans and nonbinary people suck. Like, just let alone, they think that us being trans is a mental health issue."

Naomi, Black multiracial, Latine trans woman, age 19

"I think a lot of trans people are regularly struggling with dysphoria... We trans people are not ill because we're trans, but I think we do struggle strongly with dysphoria... The main obstacle to trans people feeling good is dysphoria, and the things that perpetuate transphobic scenarios that amplify dysphoria. My larger point is that if dysphoria is one of the root causes of trans people being unsatisfied in life, and then, you know, the care we seek is to *manage* our dysphoria. And ultimately, the options for our care are very few, just because most things are not dedicated to who we are."

Ivy, African American nonbinary trans woman, age 24

81 Glynn, T.R., van den Berg, J.J. "A Systematic Review of Interventions to Reduce Problematic Substance Use Among Transgender Individuals: A Call to Action." *Transgender Health*. 2017;2(1):45–59. Published 2017 Mar 1. doi:10.1089/trgh.2016.0037

82 Hughto, J.M.W., Quinn, E.K., Dunbar, M.S., Rose, A.J., Shireman, T.I., Jasuja, G.K., "Prevalence and Co-occurrence of Alcohol, Nicotine, and Other Substance Use Disorder Diagnoses Among US Transgender and Cisgender Adults." *JAMA Network Open*. 2021 Feb 1;4(2):e2036512. doi: 10.1001/jamanetworkopen.2020.36512. Erratum in: *JAMA Network Open*. 2021 Mar 1;4(3):e213314. PMID: 33538824; PMCID: PMC7862992.

83 Ruppert, R.; Kattari, S.K.; Sussman, S., "Review: Prevalence of Addictions among Transgender and Gender Diverse Subgroups." *International Journal of Environmental Research and Public Health* 2021, 18,8843. https://doi.org/10.3390/ijerph18168843

"Because like, if you see an addict... and you work at a Recovery Clinic, you will probably have a conversation with an addict, and say, "This is a recovery center right here where I'm standing, where I work at. And my job is to help people like you... Would you like some help? Whether, you know, they're in active addiction or not. Like, you would say that. But you know, the trans woman I know who passed away, I don't think anybody extended those kindnesses to her. And she was in their face regularly. So, it's like, I think there's a lot of places where we're discarded. And there's very few places where we're understood and treated well. I mean, I know a trans man who was in transition as a trans man, and was housed in a woman's recovery treatment facility for several months, so it's not great."

Ivy, African American nonbinary trans woman, age 24

including Adverse Childhood Experiences (ACEs). Research shows that lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals experience adverse childhood experiences (ACEs) at far higher rates than heterosexual and cisgender persons.[84] Transgender people report significantly more emotional and physical neglect than their cisgender peers, also reporting poorer physical and mental health. ACE scores of 4 or above are found to be correlated with multiple long-term chronic health issues, including HIV, substance use, anxiety disorders, and social problems like homelessness.[85] Transgender and nonbinary people regularly report experiences of stigma and discrimination when seeking or receiving substance use treatment.[86] [87] These experiences can be heightened within residential treatment programs where tensions and anti-trans bias arise around issues of gender and anatomy in housing placement, access to showers, inclusion in gender segregated groups, use of names and pronouns, or even access to the clothing and personal care products that transgender and nonbinary persons use. Transgender and nonbinary people report feeling harassed or threatened with violence by their fellow program participants, or even program staff. Treatment programs that have little understanding of transgender people may deny them access to medically prescribed hormones and injection equipment while in treatment, or require them to "act" and dress in alignment with their sex assigned at birth. Or, they may be denied treatment altogether by policies that do not recognize their gender and insist that they must have gender confirming surgery before they would be allowed in the gender segregated facility. The Fairness For All Marylanders Act (FAMA), prohibits discrimination in services based on gender identity and expression, yet many substance abuse treatment programs seem unaware that they are violating this law when denying transgender and nonbinary people access to treatment services based on gender segregation policies.[88]

"I've gone to a therapist... it was like in the middle of quarantine. So, I know things were kind of tough back then. But I was only able to get my hands on like one therapist, and he knew nothing about LGBTQ issues. I specified that I wanted one for LGBTQ issues, because I wanted to talk about, you know, just my experiences, being trans and figuring myself out and just, you know, I wanted to talk about that. And he had no clue what I was talking about most the time, even though he had worked with people who are LGBTQ and just he didn't have that grasp on it, you know? So I'd say [mental health services are in this area] are pretty insufficient."

Jesse, white trans man, age 16

84 Schnarrs, Phillip W., *et al.,* "Differences in Adverse Childhood Experiences (ACEs) and Quality of Physical and Mental Health Between Transgender and Cisgender Sexual Minorities." *Journal of Psychiatric Research* 119 (2019): 1-6 .

85 *What does ACEs Research Indicate of a 4+ ACE Score?* The Connecting Grounds. Springfield Missouri ACEs Study. https://www.theconnectinggrounds.com/aces-study-2021

86 Lyons, T., Shannon, K., Pierre, L., *et al.,* "A Qualitative Study of Transgender Individuals' Experiences in Residential Addiction Treatment Settings: Stigma and Inclusivity." *Substance Abuse Treatment, Prevention, and Policy* 10, 17 (2015). https://doi.org/10.1186/s13011-015-0015-4

87 Wolfe, H.L., Biello, K.B., Reisner, S.L., Mimiaga, M.J., Cahill, S.R., Hughto, J.M.W. "Transgender-Related Discrimination and Substance Use, Substance Use Disorder Diagnosis and Treatment History Among Transgender Adults." *Drug and Alcohol Dependence* 2021 Jun 1;223:108711. doi: 10.1016/j.drugalcdep.2021.108711. Epub 2021 Apr 20. PMID: 33866073; PMCID: PMC8114322.

88 Fairness for All Marylanders Act, 2014. https://freestatelegal.org/wp-content/uploads/2014/10/FAMA-Know-Your-Rights.pdf

There is considerable research exploring the mental health of transgender and nonbinary persons. Given the early life experiences of neglect, rejection, or abuse that many trans and nonbinary people report, it is perhaps not surprising that feelings of trauma would persist into adulthood.[89] [90] Discriminatory experiences are associated with post-traumatic stress disorders among trans and nonbinary people.[91] Trauma can be "kept alive" through ongoing exposure to the microaggressions trans and nonbinary people experience on a daily basis.

"I think that [trans and nonbinary people] are much more prone to it, because substance abuse can come from many things, but the main things that I'm pretty sure is, it's poverty and mental health. So, I mean poverty, homelessness and mental health. So, once you, if [you] already feel invalidated, and you already feel built down, then that's the one reason why you could be more prone to drugs. And then if you've been kicked out, you don't know what to do, is also another reason, because you feel hopeless, I feel like. So, I think it is much more a problem in our communities for that reason."

Zio, Black nonbinary person, age 17

REPRODUCTIVE HEALTH AND FERTILITY

Evidence suggests that transgender and nonbinary people face significant barriers in accessing sexual and reproductive health care that are similar to the barriers accessing general health care. Bias and stigma from providers and health systems in general lead to high rates of discrimination, denials of care, and limited provider knowledge, which often lead to additional layers of trauma, delays in care, stressors around navigating identification mismatches, and receiving inaccurate health information. Data among providers of medical and mental transgender health care indicate clear gaps in reproductive health knowledge, counseling practices, and referral patterns.[92] Researchers have cited several studies in which clinicians indicate a lack of comfort and knowledge providing health services to transgender, nonbinary, and gender diverse people. Clinicians have self-reported personal gaps in knowledge about transgender, nonbinary, and gender diverse people and their health care, in addition to a lack of confidence, sense of preparedness, or experience with providing care to these populations.[93]

The World Health Organization defines *reproductive health* as a variety of factors such as family building, sexual function, contraception, and HIV/STI prevention.[94] Reproductive health implies a state of complete physical, mental, and social well-being regarding the reproductive system. The American Academy of Pediatrics (AAP)'s published guidelines recommend reproductive health counseling be part of routine health care for adolescents

89 Brian C. Thoma, Taylor L. Rezeppa, Sophia Choukas-Bradley, Rachel H. Salk, Michael P. Marshal; "Disparities in Childhood Abuse Between Transgender and Cisgender Adolescents." *Pediatrics* August 2021; 148 (2): e2020016907. 10.1542/peds.2020-016907

90 Schnarrs, Phillip W., *et al*., "Differences in Adverse Childhood Experiences (ACEs) and Quality of Physical and Mental Health Between Transgender and Cisgender Sexual Minorities." *Journal of Psychiatric Research* 119 (2019): 1-6 .

91 Reisner, S.L., White Hughto, J.M., Gamarel, K.E., Keuroghlian, A.S., Mizock, L., Pachankis, J.E. Discriminatory Experiences Associated with Posttraumatic Stress Disorder Symptoms Among Transgender Adults. *Journal of Counseling Psychology*. 2016 Oct;63(5):509-519. doi: 10.1037/cou0000143. Epub 2016 Feb 11. PMID: 26866637; PMCID: PMC4981566.

92 Quinn, G.P., Tishelman, A.C., Chen, D., Nahata, L. (2021). "Reproductive Health Risks and Clinician Practices with Gender Diverse Adolescents and Young Adults." *Andrology*. 2021:9:1689-1697. https://doi.org/10.1111/andr.13026

93 Moseson, H., Fix, L., Ragosta, S., Forsberg, H., Hastings, J., Stoeffler, A., Lunn, M., Flentjes, A., Capriotta,M., Lubensky, M., Obedin-Maliver, J. (2021). "Abortion Experiences and Preferences of Transgender, Nonbinary, snd Gender-Expansive People in the United States." *American Journal of Obstetrics & Gynecology*. 2021:4:376.e1-376.e11

94 Sadana, Ritu. (2002). "Definitions and Measurement of Reproductive Health." *Bulletin of the World Health Organization* 2002,80:407-409.

and young adults.[95] The guidelines highlight the fact that transgender, nonbinary, and gender diverse people have increased risks and require special consideration. In other words, reproductive health within transgender and nonbinary populations is more complex and also more critical to improving overall health for transgender and nonbinary people.

Transgender, nonbinary, and gender diverse youth are at higher risk for sexual inhibition, discomfort, and/or sexual victimization which leads to persistent poor life quality.[96] To promote positive reproductive health, routine counseling that proactively promotes positive sexual function is needed for all youth, especially for transgender, nonbinary, and gender diverse youth that are at higher risks for sexual dysfunction. Clinicians that are knowledgeable about transgender and nonbinary reproductive health care are associated with increased frequency of sexual health and STI counseling. Development of the ability to sensitively take a sexual history and offer appropriate reproductive health counseling is critical to improving the sexual and reproductive health outcomes of transgender and nonbinary people.

Clinical studies and recent reports demonstrate that abortion care is sought by transgender and nonbinary people. This issue is **more timely and urgent** than before, with the recent Supreme Court rejection of *Roe v. Wade* and the rush to criminalize abortion care in many states. An effort to embed the right to abortion care in the Maryland State Constitution failed during the 2022 legislative session, although a new law did pass that created a training program for health care professionals to provide appropriate abortion care.[97] [98] For trans and nonbinary people who find themselves pregnant and, for whatever reason, unable to carry the pregnancy to term, safe abortion care in an affirming environment is crucial to their health and wellbeing, if we are to avoid transgender and nonbinary people ending or attempting to end pregnancies without clinical supervision, which one study found had occurred among 19% of the study group.[99] Transgender and nonbinary people who were assigned female at birth or who have a difference of sexual development (e.g., intersex persons) in the U.S., have utilized medication, surgical, and herbal abortions.[100] Given a general lack of knowledge regarding the sexual health needs of transgender and nonbinary people, providers of abortion care should seek out training on how to provide gender-affirming sexual and reproductive health care for transgender and nonbinary people. It is critical that abortion providers ensure the abortion needs of people of all gender identities are being met. Increased knowledge about transgender and nonbinary people and their specific reproductive health needs can lead to clinicians feeling more comfortable and prepared to meet these populations' health needs. Improved clinician comfort and preparedness leads to improved appropriateness and quality of care given to transgender and nonbinary people.

95 Quinn, G.P., Tishelman, A.C., Chen, D., Nahata, L. (2021). "Reproductive Health Risks and Clinician Practices With Gender Diverse Adolescents and Young Adults." *Andrology*. 2021:9:1689-1697. https://doi.org/10.1111/andr.13026

96 *Ibid*.

97 Amendment on Abortion Doesn't Advance in Maryland. Brian White, AP News March 25, 2022. https://apnews.com/article/business-maryland-771a49c97939d08e912c23906e8d7233

98 Abortion Care Access Act, HB0937-Chpt. 36. Gubernatorial Veto Override, 4/8/2022. https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0937

99 Moseson, H., Fix, L., Gerdts, C., *et al.,* BMJ Sex Reprod Health Published Online First: March 2021. doi:10.1136/bmjsrh-2020-200966

100 *Ibid*.

Studies suggest that transgender and nonbinary individuals desire parenthood at rates similar to cisgender people; however, many transgender and nonbinary people are unaware of the fertility options available to them, or—if aware—are unable to afford the costly procedures involved in harvesting eggs and sperm and preserving them for future family planning.[101] Third-party reproduction options may be controlled by discriminatory practices that discourage or prohibit access by transgender and nonbinary persons. It is important that transgender and nonbinary Marylanders be offered fertility counseling as part of their routine sexual health assessments, especially if they are considering the initiation of hormone treatments or planning for surgeries that can alter one's fertility.[102] The Center of Excellence for Transgender Health maintains an online guide to primary and transition health care for transgender and nonbinary persons, and includes a chapter on Fertility Options for Transgender Persons.[103] [104]

Discussing a person's physical and reproductive health history is a delicate topic that takes special consideration. Development of the ability to sensitively take a sexual history and offer appropriate reproductive health counseling is critical to improving the sexual and reproductive health outcomes of transgender and nonbinary people. Clinicians should be transparent with patients about why certain questions are asked, keep counseling individualized, and avoid preconceived notions of sexual orientation or behaviors.[105] Providing health counseling and treatment is riddled with challenges regarding pronouns, sexual orientation, and gender. The gendered language embedded within health systems is often triggering of traumatic experiences for transgender and nonbinary people. Additionally, the sensitive nature of health questions requires that clinicians, in addition to being proficient in clinical knowledge, are able to build rapport and trust with transgender and nonbinary patients.[106] Health care questions need to be focused on a patient's anatomy, not their gender. Health questions need to be relevant to the patient's needs and free of assumptions. Also, researchers recommend revising clinical forms to assess clinical goals in a gender-neutral way, which can help identify screening needs and possible health care counseling needs.[107] Training on reproductive health counseling and treatment targeting transgender and nonbinary people should include cultural sensitivity, safety screenings, and counseling related to sexual assault.[108]

101 Emily Wiesenthal, BA, Kristy Cho, MD, FRCSC, Jeffrey Roberts, MD, FRCSC, Caitlin Dunne, MD, FRCSC. "Fertility Options for Transgender and Gender-Diverse People." *British Columbia Medical Journal*, Vol. 64, No. 2, March, 2022, Page(s) 75-80 - Clinical Articles.

102 Ethics Committee of the American Society for Reproductive Medicine. Electronic address: asrm@asrm.org. "Access to Fertility Services by Transgender and Nonbinary Persons: an Ethics Committee Opinion." *Fertility and Sterility*. 2021 Published: February 23, 2021 DOI: https://doi.org/10.1016/j.fertnstert.2021.01.049

103 University of California, San Francisco, Center of Excellence for Transgender Health. https://transcare.ucsf.edu/

104 UCSF Transgender Care & Treatment Guidelines. Fertility options for transgender persons. Paula Amato, MD. Publication Date: June 17, 2016 https://transcare.ucsf.edu/guidelines/fertility

105 *Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*, 2nd Edition. American College of Physicians; 2nd edition (April 30, 2015) ISBN-10: 1938921003

106 Quinn, G.P., Tishelman, A.C., Chen, D., Nahata, L. (2021). Reproductive Health Risks and Clinician Practices With Gender Diverse Adolescents and Young Adults. *Andrology*. 2021:9:1689-1697. https://doi.org/10.1111/andr.13026

107 Moseson, H., Fix, L., Ragosta, S., Forsberg, H., Hastings, J., Stoeffler, A., Lunn, M., Flentjes, A., Capriotta,M., Lubensky, M., Obedin-Maliver, J. (2021). "Abortion Experiences and Preferences of Transgender, Nonbinary, and Gender-Expansive People in the United States." *American Journal of Obstetrics & Gynecology*. 2021:4:376.e1-376.e11

108 Quinn, G.P., Tishelman, A.C., Chen, D., Nahata, L. (2021). Reproductive Health Risks and Clinician Practices With Gender Diverse Adolescents and Young Adults. *Andrology*. 2021:9:1689-1697. https://doi.org/10.1111/andr.13026

Working with Community to Address Inequitable Outcomes

It is important to center any recommended actions intended to improve the health and wellness of transgender and nonbinary people within a framework that is fully trans-affirmative. Successful solutions are those that value transparency, both as a guide for engagement and an outcome of every interaction. Recommendations must contribute to opportunities for trans and nonbinary people to build resiliency for themselves, as members of their communities, and as successful navigators of our society. In working with community, we must acknowledge and be intentional in how we address the multiple intersections of race, class, gender identity, and the dynamic output of syndemics that elevate risk for HIV within these communities. The Transgender Response Team (TRT) proposes to "borrow" the philosophical framework of the Gender Affirming Lifespan Approach:[109] [110]

Transaffirmative: Transgender and nonbinary people know what works for them and what doesn't. We believe in and trust the lived experience of trans and nonbinary Marylanders. The agency of control for any effort should rest with transgender and nonbinary communities.

Transparency: We are upfront about our motives, our abilities, and our limitations, including limitations of knowledge and scope of influence. We keep our promises and work to repair distrust that has built up over years of medical and societal betrayal and oppression of trans and nonbinary people.

Intersectionality: We acknowledge that the lives and experiences of trans and nonbinary people are additionally shaped by their race, ethnicity, socioeconomic status, education, and a multitude of other factors. There is no one way to be trans or nonbinary, and there is no single solution to the challenges faced by these communities that works equally for all trans and nonbinary Marylanders. We carefully and thoroughly investigate the different factors contributing to inequities experienced by transgender and nonbinary Marylanders and engage them in weighing proposed actions that respects and is responsive to the multiple identities held by transgender and nonbinary Marylanders.

Across the Lifespan: We recognize that transgender and nonbinary people of all ages—children, youth, adults, and seniors—have different needs at different times, and that people of all genders are deserving of respect and affirmation of their identities, and access to the health and social services that promote equity in life experience. We do not confine our efforts to improve the health and wellness of transgender and nonbinary people to any particular or exclusive age group.

109 GALA Philosophical Values, University of Minnesota Institute for Sexual and Gender Health. Online at https://med.umn.edu/sexualhealth/ncgsh/gala/philosophical-values Last accessed 9/20/2022.

110 Spencer, Katherine & Berg, Dianne & Bradford, Nova & Vencill, Jennifer & Tellawi, Ghazel & Rider, G. Nic. (2021). "The Gender-Affirmative Life Span Approach: A Developmental Model for Clinical Work with Transgender and Gender-Diverse Children, Adolescents, and Adults." *Psychotherapy*. 58. 37-49. 10.1037/pst0000363.

Interdisciplinary: We recognize that, while we may have an important role in actions to improve the health and wellness of transgender and nonbinary people, we cannot bring about some of the changes needed by ourselves. We seek out appropriate partners and collaborate on efforts to achieve health equity for transgender and nonbinary Marylanders. We are ready to participate in change efforts as leaders and supporters, in line with our expertise and ability.

Empiricism: We value and work to gather input from trans and nonbinary communities and their allies that leads us to identifying evidence-based and data-driven solutions that will be most effective in bringing about equity in health and wellness for trans and nonbinary Marylanders.

Recommendations

Pillar 1: Diagnose all transgender and nonbinary people as early as possible.

»**Collaborate with the community to fully activate Transgender HIV Testing Day.** The Maryland Department of Health must be more visible and active in its relationships with trans and nonbinary communities. MDH should fund and support the community to hold a statewide kick-off of the National Transgender HIV Testing Day (April 18), that is inclusive of workshops, health information vendors, and other supportive activities, in each HIV Planning Region. Make the testing day kick-off the beginning of a series of community health events throughout the year where HIV testing is offered.

»**Provide microgrants for HIV testing in the Community.** Fund trans-led and trans-serving organizations, including student groups, to carry out small scale, time-limited HIV testing campaigns in venues frequented by trans and nonbinary people. Community groups will use their lived experience to identify places that our traditional outreach programs miss.

Pillar 2: Treat transgender and nonbinary people with HIV rapidly and effectively to reach sustained viral suppression.

»**Develop a Professional Certificate Program to train health care providers in gender-affirming health care**. The Maryland Department of Health should collaborate with experts in gender-affirming care and local teaching hospitals and training centers to develop a training program that transfers knowledge and skills on critical elements of gender-affirming care, and awards CME/CNE units and a Certificate of Excellence renewable on a set schedule to ensure continuous professional development as practices and technology progresses. Collaboration should include intra-agency support from various administrations, bureaus, and offices of MDH.

»**Require all recipients of Ryan White, HOPWA, SAMHSA, and state funds to receive training on providing gender-affirming care**. Establish standards, set goals and measures for specific services based on best practice resources and in alignment with funding guidelines. Evaluate grantee performance and ensure a process for continual quality improvement.

»**Compile and host online a comprehensive directory of gender-affirming health and human services**. Transgender and nonbinary people do not always have information about what services exist, where services are located, or how to access those services. MDH should work with the community to identify these resources and maintain an up-to-date directory as a resource for the community.

»**Convene and support an expert network composed of trans and nonbinary people in HIV Prevention and Care**. The expert network would meet quarterly to share updates in research, policy, best and promising practices, and support the growth and development of emerging trans-led and trans serving community-based organizations.

Pillar 3: Prevent new HIV transmissions among transgender and nonbinary people by using proven interventions, including PrEP and Syringe Services Programs (SSPs).

- **Implement evidence-based and/or promising practice transgender-specific Health Education Risk Reduction interventions in every HIV Planning Region**. Engage local trans-led and trans-serving organizations in implementing programs that support increased health literacy; knowledge about HIV prevention, care and treatment; navigating complex health systems; and mobilizing community health initiatives by and for trans and nonbinary people.

- **Fund more trans-led and trans-serving organizations**. Look for opportunities everywhere to build community through investing in emerging organizations led by or focused on serving trans and nonbinary people, especially Black and Latine trans and nonbinary communities. Create a program with multiple tiers of grants and technical assistance to help emerging organizations and community groups to move through the pipeline from initial creation to full self-sufficiency.

- **Fund and Promote a Transgender and Nonbinary Visibility Campaign**. Transgender and nonbinary people, especially youth, are overwhelmed by negative messages and anti-trans campaigns. We need a Gender Euphoria public information and visibility campaign to showcase trans and nonbinary joy; broadcasting local trans excellence, especially to youth, so they can see trans people are thriving, valued members of the community.

- **House the unhoused!** Trans and nonbinary people are struggling to maintain safe, secure housing, especially younger people. MDH should work with the Department of Housing and Community Development, and local authorities, to support better policies for housing access, creation of new housing stock, and reducing the number of vacant properties by refurbishing them for low-income persons.

- **Support good public policy that affects the lives of trans and nonbinary people**. Congruent with the goal of promoting the health and safety of all Marylanders, MDH must be vocal and visible in its support of policies that support the equality, opportunity, and health of transgender and nonbinary Marylanders. MDH may partner with community organizations in support of gender affirming policies and regulations, or take a position that aligns with that of LGBTQIA+ advocates. By equitably promoting the health of transgender and nonbinary Marylanders, MDH demonstrates that it values the lives, safety, and health of transgender and nonbinary people.

Pillar 4: **Respond** quickly to potential HIV outbreaks within transgender and nonbinary communities to get needed prevention and treatment services to the people who need them.

» **Invest in relationships and the long-term collaborative development of supportive infrastructure within transgender and nonbinary communities**. Effective responses require trust. Trust must be built through action. Ensure that transgender and nonbinary people have access to serve on the HIV Planning Group, HIV Planning Council, MADAP Advisory Board, and other committees where they can work together as equals in public health.

» **Fund the Transgender Response Team and selected members to serve as a Rapid Response Liaison Unit**. There is still significant distrust within trans and nonbinary communities, especially among communities of color. Working through the TRT, MDH can connect more quickly with trusted community leaders to communicate time sensitive information, receive real-time updates on community response, and assess the effectiveness of an action plan.

Gender-Affirming Care and Services for Transgender and Nonbinary Marylanders.
Transgender Response Team, Baltimore, MD. September 2022.

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