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Presented by

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**Title Slide 1:**

Hello. Thank you for giving the Transgender Response Team an opportunity to present to you today. My name is Jean-Michel Brevelle, and I am the Sexual Minorities Program Manager at the Prevention and Health Promotion Administration in the Center for HIV/STI Integration and Capacity. One of my roles is to convene and co-chair the Transgender Response Team.

**Slide 2: Today's Objectives**

We'd like to accomplish a few things with today's presentation. First, we'd like to define some terms so that we have language in common to discuss wellness and health needs of transgender and nonbinary communities. We will provide a summary overview of the Transgender Response Team, including our history and purpose, and highlight some of our past accomplishments and current priorities. And we will discuss how participation in local research informs the work of the TRT in the community.

This presentation is structured in three parts. I will cover Part One. Part Two provides an overview of a local needs assessment conducted by the TRT through a partnership with Johns Hopkins, and will be presented by Mannat Malik. The third and final part will report on findings from the LITE study, a long-term study of transgender women's health that is currently underway, and will be presented by Andrea Wirtz.

**Slide 3: Gender**

There are lots of different gender identities and lots of ways to talk about gender. In this presentation, I will be using the terms transgender and nonbinary. Not everyone is familiar with these words. Let's define those now.

**Slide 4: Definitions: Transgender and Nonbinary**

Transgender defines any person who identifies their gender as different from the sex they were assigned at birth. Generally, people who identify as transgender will ask for a gender pronoun – either her or she – that matches their internal sense of gender.

Nonbinary describes any person who identifies their gender outside of the man/woman, boy/girl gender binary. In general, someone who identifies as nonbinary may ask for a gender neutral pronoun like they or them.

**Slide 5: Gender Affirming Care**

The theme of the September HPG meeting is "Gender Affirming Care." Let's define that so we have a shared concept to refer to as we move forward.

Gender Affirming Care is not just gender “confirming” health services, like hormone treatment or surgical procedures. It’s really all about an approach to having professional interactions with trans and nonbinary people that acknowledges and supports their gender identities and lived experiences, within the service context.

According to the Lancet, Gender Affirmation is a unique determination of transgender health and wellbeing globally. It refers to the process of having one’s gender affirmed or recognized. There are four key gender affirmation domains. You can see them listed here.

The first one is Social. It includes things like your name, your pronoun, and your gender expression.

The second is Psychological. Your sense of self or authentic identity, access to counseling and trans-competent mental healthcare.

The third is Medical. This includes hormones and safe prescribing, reproductive options, trans-competent primary and preventive healthcare; gender affirming surgeries and procedures, voice and communication therapies, and guidelines for transgender healthcare.

And the last domain is Legal. Effective anti-discrimination legislation, the right to autonomy and self-determination, the right to recognition under the law, legal name change, and the legal change of gender marker or designation on identity documents.

#### **Slide 6: “Good gender affirming experience”**

One of the things we did to prepare for this meeting was to offer a mini survey to the community, to nominate an organization or provider from whom they have received gender affirming care. Here are the criteria we asked trans and nonbinary people to respond to. As you can see, these criteria really focus on interactions and provider responses. While the mini survey only has 9 responses, I think these measures can be helpful to providers in understanding what it is that trans and nonbinary people are looking for when they are seeking out services and testing the level of gender affirmation available from an organization or a provider.

#### **Slide 7: Welcome to the Transgender Response Team**

And so, welcome to the Transgender Response Team. The Transgender Response Team is an example of Community Mobilization. Community mobilization is the active component of Community Engagement.

#### **Slide 8: TRT Purpose**

In case you have not heard about the TRT, this is a stakeholder’s group that is convened by the Prevention and Health Promotion Administration. I serve as the convener and Co-Chair – and the purpose of the group is to ensure the availability of culturally competent, evidence-based HIV, health and human services for transgender communities and individuals in the state of Maryland.

We focus our efforts on reducing the stigma and oppression that fuel health risk and risk-taking behavior; facilitate power-sharing between consumers and providers; and, promote solution-based dialogues and actions.

**Slide 9: TRT Membership**

Membership in the Transgender Response Team has been fluid over time. Membership is open to any local members of the transgender and nonbinary communities, their allies, and service providers, and anyone else interested in improving the health and wellness of transgender Marylanders.

In 2019 we experienced a sudden growth spurt that almost doubled our usual regular attendance. You can see the current list of our most active members on this slide. About 15-20 people were attending regular in-person meetings before we switched to an all-online format due to COVID-19. Our virtual meetings are still well-attended, even though not everyone has easy access to the technology for online meetings.

**Slide 10: History of the TRT**

The Transgender Response Team is an outgrowth of a series of Transgender Health Forums that were held in July and August of 2007. We held three forums – one exclusively for transgender and nonbinary people, one exclusively for health and human service providers who worked with trans and nonbinary people, and one where both groups came together. At each forum, we identified issues, conducted a resource inventory and gap analysis, and asked meeting participants to set priorities. One immediate outcome of the forums was the recognition among community and providers that they shared the same concerns and identified the same needs. As a result, forum participants asked for a long-term process to support ongoing meetings with stakeholders and engagement in collective problem solving. Thus, the Transgender Response Team was created.

At the first meeting in Sept. 2007, the Team formalized the group structure, began drafting objectives and evaluation metrics for the priorities identified from the forums, and created workgroups for each priority. The Team also compiled a list of other stakeholders to include in the TRT. The group identified additional input and capacity building they wanted to receive, and a calendar with scheduled presentations was created. Over the course of the following year, the Team implemented and evaluated all efforts together.

We continue to engage in this cyclical process. The TRT holds 10 regularly scheduled meetings a year, and workgroups schedule additional meetings as needed to concentrate on their priority.

Sustainability for the issues that the TRT work on lies in the emergence and growth of more transgender and nonbinary leaders, and the security of trans- and nonbinary-led community organizations that focus on serving trans and nonbinary people. To that end, the TRT is a place where mentoring, networking, and capacity building are emphasized in how our work is conducted.

**Slide 11: Impact of COVID-19 on TRT Operations**

Just like everything else, COVID-19 interrupted us. We had to move our Priority Setting to an online setting in April. We moved all of our meetings to a virtual format in May. Right now, the

Team is focused on laying the groundwork for Priority Work; supporting TRT members and member organizations; and, also sustaining current programs and projects while we wait for the pandemic to recede.

**Slide 12: Priority Setting**

The TRT conducts Priority Setting every 2 to 3 years. Our process includes a social policy and legal landscape assessment, a resource inventory, and a gap analysis. Data that we or our partner organizations have collected from assessments and studies are included in the review and help inform the group's decisions. We review and update priorities from the previous round of Priority Setting, and promote or retire them as needed in order to remain current in our direction. We engage in a progressive voting process that, in the end, surfaces our top 3 Work Priorities for that year.

**Slide 13: Priority Work for 2020-2021**

Here you will see listed our top priorities for twenty-twenty and twenty-twenty one: Establish an Anti-Violence project centered in LGBTQ+ experience in Maryland; Improve sex ed for trans and nonbinary students in Maryland; and, Improve and expand employment linkages and relationships with employment programs and employers for trans and nonbinary Marylanders. These three priorities are consistent with what available local data and direct community input are telling us are among the most urgent needs among trans and nonbinary people in the Baltimore Metro Area. Our current efforts are concentrated on building partnerships, gathering background information for planning, and identifying opportunities to move our priorities forward.

**Slide 14: Some past work examples**

Here are some examples of the work that the TRT has engaged in over the years.

In 2008, we returned Transgender Day of Remembrance to Baltimore after an absence of several years. This annual event memorializes people who were killed or died due to denial of medical care solely because they were transgender. Transgender Day of Remembrance is held every year on November 20<sup>th</sup>. The TRT organizes this event each year.

We heard from many transgender people that when they went for an HIV test, they were frequently misgendered by the HIV counselor. Counselors were not asking the two-part gender and sex question on the form to allow people to self-identify their gender. We heard this also from MDH staff overseeing HIV testing programs. So, we made a poster to promote HIV counselors to ask the questions, and provided training to demonstrate how to do it. We distributed the poster to every testing site funded by MDH. The poster turned out to be quite popular: both Chase Brexton and Planned Parenthood of Maryland asked for a version of the poster that they could brand, and of course we gave it to them. They used the poster to reinforce the training they provided to their HIV counselors. Reports back to the TRT by community members showed an improvement in HIV testing encounters and a reduction in misgendering.

In 2012, the TRT joined with FreeState Justice, Power Inside, and Homeless Persons Representation Project, to launch the Transgender Action Group – a street outreach program that

brought safer sex kits and access to free legal and health care services to transgender people engaged in sex work in Charles Village. For the first 18 months, the program was unfunded except for whatever resources the partners could contribute. MDH contributed condoms, lube, and me in the form of an Outreach Coordinator and evaluator. The project received several grants from the Abell Foundation, which allowed the project to hire trans women who were current or former sex workers to coordinate and conduct street outreach. Between 2014 and 2016, the project made over 2,100 street contacts and distributed over 31,000 condoms. The project ended in 2017.

In 2015, we hosted a delegation of LGBT service providers and social activists as part of the Maryland-Leningrad Sister State Committee exchange. These six young people, all LGBT-identified, struggle against stigma and onerous social policies to provide health services and social support to LGBTQ people in the state of Leningrad, Russia. We were able to meet several times over five days and exchange ideas, resources, and encouragement. The exchange was so successful that the TRT was asked to host another delegation in 2018.

One of the things that many of us on the TRT are most proud of, is our contributions to the research and knowledge base around transgender health. In 2015, the TRT partnered with Johns Hopkins Bloomberg School of Public Health to conduct a local needs assessment. With funding from the Johns Hopkins Urban Health Institute, we worked with Tonia Poteat, PhD, Assistant Professor, Social Medicine, to develop and deliver a study that looked at the health and social needs, and resilience of transgender and nonbinary people in the Baltimore Metro Area. That study concluded in 2016, and we will be hearing about it in the next part of the presentation.

**Slide 15: End Title**

That's all from me. Thank you so much for your time and interest.

Now, let's hear from Mannat.

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What is the TRT? - [http://weebly-file/7/3/7/6/73764281/what\\_is\\_trt\\_2020.pdf](http://weebly-file/7/3/7/6/73764281/what_is_trt_2020.pdf)

Learn more about the TRT at: <http://trtnetwork.weebly.com>