Transcript: Be The Conversation (BTC) Study

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Mannat Malik
Johns Hopkins University

Title Slide 1
Hi everyone! My name is Mannat, I worked on the Be the Conversation study team as a research coordinator. I am going to talk to you about some of our key findings in relation to the Transgender Response Team priority work areas.

Slide 2 – Research Methods
Be the Conversation was a community-academic partnership between the TRT and the Hopkins School of Public Health. We started with a formative qualitative phase in 2015, the goal of which was to inform the development of our eventual needs assessment survey. We conducted 20 in-depth interviews with trans community leaders and activists, and local health and social services providers. The interviews focused on community priorities and needs, and how to engage ethically and respectfully with trans Baltimoreans for research.

In March 2016 we launched the online BTC survey. Individuals whose current gender differed from their sex-assigned-at-birth, who lived in Baltimore, and were 18+ years, were eligible to participate. We used numerous recruitment methods and some examples are shown here. The survey covered many aspects of peoples' day to day lives, from HIV and STIs to mental health, access to gender affirming services and so on.

Slide 3 – Population Size Estimates
Now, getting into findings. One goal of the BTC study was to conduct population size estimation, using the wisdom of the crowd method. This involves asking participants to estimate population size based on their perceptions, and then we determined the median estimate. For context, the Williams Institute estimated that over 22,000 trans people live in Maryland. BTC participants estimated that 2,000 trans people live in Baltimore. Hopefully this is useful context for programming.

Slide 4 – BTC participant sociodemographics
This slide provides a brief over view of participant sociodemographics, I am going to highlight a few key points. 141 trans and non-binary Baltimoreans participated in the study and the mean age was 35. Sixty-five percent of the sample was transfeminine and 35-percent was transmasculine. But participants reported a diversity of gender identities, in fact 21-percent selected more than one gender identity. In terms of race/ethnicity, around 50-percent of the sample was Black or African American. Notably, we see prevalent socioeconomic needs, including housing, lack of income, unemployment, and food insecurity. And around 14-percent of participants faced challenges when trying to access gender affirming care in the past 12 months.

Slide 5 – Grounding the Conversation in Community Priorities
Now this slide really speaks to the heart of the BTC study, to explore community priorities. Participants were provided a list of priorities, based on what we heard during the formative phase, and asked to select their top 5. As you can see, the most commonly selected top priorities align with the TRT work areas. We also wanted to highlight that access to transgender-sensitive healthcare was a top 3 priority, endorsed by almost 40-percent of participants. We hope that this graph can ground the rest of our presentation because, as suggested in this quote, the conversation about needs belongs to the trans community, who have long faced non-community members defining their needs and programming for them.

Slide 6 – Transgender Response Team Priority Work
As you have heard, the TRT priority work areas focus on violence, sex education, and access to employment. I will talk through some of the BTC data related to these topics next.

Slide 7 – Violence Experiences
We'll start with violence experiences. Among BTC participants, 3 in 5 had experienced some form of violence in the past year and the majority attributed some or most of these experiences to transphobic discrimination. Preventing violence and harassment perpetrated by the police in particular was selected as a top 5 community priority by 38-percent of BTC participants. Relatedly, we have more to learn about common perpetrators of violence and contexts of violence exposure, which may vary by transgender sub-population or community.

The graph below depicts data on recent violence experiences by [Sex Assigned at Birth] SAB. Evidently, psychological violence in the form of verbal insults and abuse was pervasive across groups. Transfeminine participants were especially vulnerable to property destruction and physical violence, and around 10-percent of participants had actually moved to escape violence in their homes. Experiencing violence in the past year was also highly correlated with adverse mental health outcomes, like suicidality and PTSD. Importantly, there is a need for more research that focuses on violence impacts for trans men and non-binary individuals – this was one of the first local studies to collect that information.

While targeted efforts are needed to address groups that are at disparate risk for violence within the transgender community (e.g., Black transgender women), it is also crucial that we work on targeting city-level transphobia as a determinant of violence, and take a population approach.

Slide 8 – Sexual Health Experiences
Now, getting into sexual health experiences. While this wasn't the focus of the BTC survey, we asked participants about HIV testing and to self-report their status. As shown, around a quarter of transfeminine participants reported that they were living with HIV. And almost 3-percent of transmasculine participants, which aligns closely with national estimates for trans men. In recent years, local trans men leaders have again highlighted the need for research that centers their sexual health needs, and embraces sexual diversity. I have also boxed off this data on HIV status by gender identity to highlight that we see differences when we disaggregate by identity instead of [Sex Assigned at Birth] SAB. And it is important to consider how peoples' lived identities are impacting these experiences.

Slide 9 – Sexual Health Experiences [continued]
Here we have broken down lifetime STI history by [Sex Assigned at Birth] SAB and gender identity, again leading to a slightly different picture. We see varied STI experiences by gender, which highlights the importance of offering tailored programming that doesn't assume that all trans people are having the same experiences, but instead creates room for assessing unique needs not only by gender, but also based on other intersecting identities that impact how people experience the world.

Slide 10 – Sexual Health Programming-related Recommendations
During our qualitative formative phase, program leaders and health and social services providers shared helpful advice for building programs for trans communities, including sexual health programs – as summarized by these quotes. One important factor is the reality that survival day-to-day can outweigh health. It is not only important for programs to consider this, but to think about how they can demonstrate responsiveness to participants' holistic needs. Key informants also highlighted that unless programs are explicitly inclusive of trans individuals, underserved communities like the trans community may assume that the space will not be safe for them. This has important implications for program communications and advertising.

Slide 11 - Sexual Health Programming-related Recommendations [continued]
Key informants also felt that because current programs are centered around specific health issues, this can lead to exclusion when certain groups don't feel that that issue applies to them. Lastly, as we see here, there is widespread distrust of formal organizations, especially for trans people of color, in part because their needs have not been prioritized and they don't see themselves reflected in organizational leadership or staff.

Slide 12 – Employment-related Experiences
And finally, employment-related experiences. Among BTC participant, 2 in 5 were unemployed and 3 in 5 were living below the federal poverty line. Around 13-percent actually reported that they were fired from a job or denied a job or promotion they were qualified for in the past 12 months. So, it is clear that lack of access to employment, and stable employment in particular, is a crucial community need. Key informants also noted that hiring trans staff at organizations that are serving trans people can improve the community's access to these services and how affirmed they feel using them – representing both an opportunity for employment access and program success.

Slide 13 – Short and Long-Term program implementation recommendations
Finally, we have summarized some key short and long term recommendations related to development and implementation of gender affirming programs and services. Short term, programs need to reach out to trans communities in diverse ways, esp. to build trust. Explicit inclusion of trans communities and enacting cultural competency practices are crucial to ensuring that trans people feel safe. Long term, we need to be hiring trans leaders to build and lead sustainable, community-grown programs. Cultural competency should become an organizational value, in order to prevent discrimination and maintain trust. And finally, programs should center capacity and skills building curricula, to ensure that we are working towards community empowerment long term.

Slide 14 – Thank you!
Thank you all for listening!

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To learn more about the BTC study, please visit: http://trtnetwork.weebly.com/research.html