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New York Academy of Medicine

## **Transgender Health in NYC: Defining Disparities, Measuring Progress**

### **Report from Panel Discussion and Open Forum**

#### **What do we want to know?**

- A major hurdle to accurate data about transgender people is the lack of an accurate way to determine the total number of transgender people in New York City and in the country. Finding a reliable data source for the denominator of all of our calculations is an important foundational step to accurate reporting of trends and rates, as well as evaluating the magnitude of unmet service needs. However, this is a difficult task, as it involves changes in data collection for sources not controlled by the New York City Department of Health and Mental Hygiene (NYC DOHMH).

#### **What are the available data sources, and are they feasible?**

- The use of a two-step question to obtain data about both sex assigned at birth and current gender identity is gaining popularity and being implemented more widely. It has been a part of the Community Health Survey (CHS) since 2015, and is also used in the Youth Risk Behavior Surveillance Study (YRBSS). These studies will have to be conducted for multiple years to elicit sufficient numbers of transgender/gender nonconforming respondents to allow for any meaningful data analysis, but these are encouraging expanding data sources.
- Organizations and programs funded by the NYC DOHMH or Ryan White should have a mandate for collecting data relevant to transgender people, including mandatory inclusion of a two-step sex and gender question.
- NYC DOHMH's eSHARE system is used by a variety of Bureau of HIV programs, so information on HIV Care and Treatment and HIV Prevention service utilization by transgender people can be incorporated along with Ryan White program data.
- The New York State Office of Mental Health (OMH) has been collecting data in New York (including NYC) for the last 3 years on transgender/gender nonconforming people using mental health programs funded, licensed, or operated by the OMH. Additionally, the New York State Office of Alcohol and Substance Abuse (OASAS) has been collecting data about transgender people for the past 18 months. These data should be combined with data collected by NYC DOHMH to provide a fuller picture of the health of transgender New Yorkers.

#### **What are the desired programmatic or policy changes?**

- Housing as prevention: being homeless, unstably housed, or unsafely housed is a major health concern and affects the transgender community disproportionately. Some transgender women (because of lack of options and harassment by police, among other reasons) consider detention centers to be their most viable housing option.

- Accountability for program funding matched to services delivered.
- Are there ways to obtain a comprehensive picture of all services transgender New Yorkers are receiving? Is DOHMH working with Human Resources Administration (HRA) to address housing needs?
  - Since 2011, DOHMH has had the ability to merge Ryan White (RW) data with HIV/AIDS Services Administration (HASA) data and Housing Opportunities for Persons with AIDS (HOPWA) data, which is giving the start of a picture of housing service use from a more holistic perspective. Also, DOHMH recently received access to Medicaid data, so now has the ability to look at surveillance, Medicaid, RW, HASA, and HOPWA data. That analysis is a significant undertaking which hasn't been completed yet.
  - DOHMH's ability to depict a holistic, comprehensive picture of the service needs of the transgender community is limited by the incomplete or inaccurate identification of transgender individuals in the surveillance registry, and is also limited to HIV-diagnosed transgender people.
- Young Women's Initiative: Push to identify gaps in services for young women age 12-24, with a focus on women of color. The initial recommendations are currently under consideration by City Hall, and then implementation of policy recommendations will come. Ten million dollars have been earmarked for the YWI, and some of that will be devoted to trans women.
- Professional development: Mount Sinai has a program to foster professional development for underrepresented minority faculty and trainees, including transgender people. DOHMH has opened up some opportunities to transgender individuals (modifying educational requirements, increased focus on mentoring), and will explore the potential to continue to expand those opportunities.
- **INCLUSION**
  - Transmasculine people are frequently left out of efforts to improve health, including being disqualified for Ryan White Part A (RWPA)-funded programs for MSM.
  - In efforts to engage the transgender community, transgender community members and leaders should be brought in early, and should be considered in the financial picture of those efforts. Bringing in community leaders without compensating them for their efforts, expertise, and connection to the transgender community makes some community leaders and activists feel marginalized and like an afterthought in a process where their efforts and expertise are central to success.
  - The effort to engage transgender people should be more dynamic. Non-transgender-focused organizations should be reaching out to transgender-focused organizations to see how they can contribute to the efforts of the transgender-focused organizations, not just asking for contributions from the transgender-focused organizations.
  - Meetings should include people who aren't aligned with agencies/organizations:
    - Access to open events would be more egalitarian if invitations were conveyed both through email and by posting flyers at places accessed by people of trans experience.

- The RSVP options should include a phone number to accommodate people who don't have regular access to the internet.
- More involvement in the community would help build those relationships.
- The process of planning where to outreach should involve trans people from the beginning.
- Agencies/organizations bring cisgender people in to do trainings about transgender people, an approach which fails to include the experiences of transgender people, who could bring their own personal perspective to the training, instead of a solely academic perspective. Agencies/organizations should instead invite and remunerate transgender people to conduct and participate in these trainings whenever possible.
- Activists and front-line staff are important allies in finding transgender people and linking them to care and services

### Identified gaps:

- Housing advocacy/housing needs of transgender people need to be addressed proactively.
- Employment/mentorship programs geared toward and tailored for transgender people.
- Education: Is there support for transgender students or the formation of a transgender alliance from the Department of Education? How is the DOE going to support trans students, and how are they going to fund those efforts?
- Where should transgender youth go when they age out of the youth shelter system? What resources are available to vulnerable transgender young adults?
- Transgender health has to be considered more broadly than just HIV prevention and care. Focus on the strength and resiliency of the transgender community, not only on death and disparity.
- Medical providers focus a lot on helping transgender people look feminine or masculine, but neglect the whole person.
- Mental health: Trans people need mental health support and care before, during, and after transition.
- Spiritual health, reproductive health, addiction services, harm reduction, violence and racism are public health issues and need to be integrated within comprehensive care and services for trans people.
- Medical schools: what efforts are under way to train medical students?
  - CK Life has been training medical students at Bronx Lebanon, and is planning to incorporate other medical professionals to ensure that everyone is appropriately trained.
  - The Association of American Medical Colleges (AAMC) published guidelines on what constitutes good medical education on LGBT health. [<http://offers.aamc.org/lgbt-dsd-health>] Medical schools are now responsible for implementing those changes and integrating information into the curriculum. The guidelines focus on social determinants and not just on the details of medical transition.
  - Faculty development to be able to teach these topics is a big, ongoing project.

- An additional ongoing effort is involving LGBT folks in the pipeline for medical education.
- It is crucial to build both cultural competency as well as clinical competency.

### **Next steps**

- Ending the Epidemic efforts: Quarterly village meetings held in NYC. One will focus on transgender health, and will be an open meeting.
- Mount Sinai needs people who are trans-identified to co-train with medical providers, and will work on developing a program. Destination Tomorrow is working on training medical staff at Montefiore and will expand to train the entire staff.
- DOHMH will explore opportunities to open training and employment opportunities to transgender people, including the HRTP internship program.
- Develop resource links for programs that could be available to trans individuals.
- Town Hall to look at holistic picture of transgender health, involving a wide variety of organizations and government agencies.
- Bring state agencies on board with discussions about needs of the transgender community.
- Use a broader Ending the Epidemic frame to address health issues in the transgender community.