Transgender Listening Tours in Miami
Dade County - 2012

Report written by
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Acknowledgement

We would like to acknowledge the Miami-Dade County Health Department for their support in conducting this study. Special thanks to all the Transgender Work group members that contributed their time to this project, especially Aryah Lester of Trans-Miami. We also would like to thank all our transgender participants who gave of their time and their experiences so willingly in support of the transgender community.
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EXECUTIVE SUMMARY

According to the National Center for Transgender Equality (NCTE), it is estimated that transgenders represent .25% to 1% of the population, giving Miami-Dade County an estimated transgender population between 5,020 – 20,080 individuals; many of whom are of color. The Miami-Dade County Health Department and the Prevention Committee for the HIV/AIDS Partnership approved the creation of a Transgender Workgroup. The main purpose of the workgroup was to gather data through listening tour groups regarding the healthcare needs of the transgender community, and to provide a forum for the voices of the transgender community in Miami to be heard. This report summarizes the process of implementing the project, findings from these listening tour groups, and future recommendations.

A brief two page survey collecting demographic information describing the groups, and an interview guide were developed to be used in the listening tour groups. Questions covered topics such as identity issues, healthcare needs, barriers to care, risky health behaviors, and social/community needs, and the need for a drop in center. A total of 5 groups (including a pilot group) were held between June and October 2012 at various locations within Miami-Dade County, including non-profit organizations, community-based HIV/AIDS organizations, LGBT youth centers, a bar/club venue, and a neighborhood community center. Informed consent was obtained and participants were reimbursed $50 for their time and travel. All groups were audio-recorded, transcribed verbatim, and translated if necessary. Using a grounded theory approach, data was analyzed for themes. An initial list and codebook of thematic areas of interest included the following themes: services, state of the community, drop-in center, social barriers, risky/protective behaviors, discrimination, knowledge, mentoring, and identity.
Participant ages ranged from 15 to 55 years with a mean age of 27.5. Most had completed high school and were either Hispanic/Latino (39%) or African-American (37%). Gender orientation was varied, as 26.1% identified as male, 10.9% as female, 36.1% as male to female transgendered, 13.0% as female to male transgendered, and 10.9% as other. The majority of individuals identified their sexuality as either homosexual (33.3%) or heterosexual (37.8%). Most people (69.7%) had been tested for STDs including HIV, but only 9.7% reported ever contracting an STD, 11.1% were HIV-positive, and almost 16% didn’t know their HIV status.

The findings from these groups identified the need for healthcare services for transgenders including the need for transitional counseling. There was discussion regarding employment discrimination and the need for vocational counseling. All groups reported the need for a drop in center, which could provide a safe space, providing education, counseling, and linking transgender persons to healthcare services. Participants felt the drop in center should be centrally located and that multiple centers were needed. All groups also discussed the need for a trans-specific mentorship program so that younger generations could receive trans-specific guidance regarding struggles, lifestyles, and can create a family atmosphere for those who are transitioning. Participants discussed barriers to care which included job and provider discrimination. There were also other secondary themes such as identity issues and health risk behaviors. Identity did not seem to be a “one size fits all” construct and participants did not want to be labeled anything. A common risk behavior mentioned most often was survival sex work among transgenders.
Based on these findings, the following action plan is recommended:

(1) establish a drop-in center for the transgender community,

(2) develop mentorship programs,

(3) identify trans-friendly employers,

(4) develop and implement sensitivity training for providers and staff, and

(5) establish and maintain an active transgender community workgroup.

In sum, the needs of the transgender community are varied and intersect across levels and systems of care. These needs can begin to be addressed by following the proposed action plan including the formation of a long standing work group that involves community members, and by using a community-based, iterative process to consistently re-evaluate strategy and progress.
INTRODUCTION

The term transgender is a general “umbrella” term that refers to people whose gender identity is different from their birth gender. The term transgender may encompass several different labels and identities such as cross dresser, gender bender, or drag queen. It is difficult to know the actual population numbers of transgender individuals in the United States. However, according to the National Center for Transgender Equality (NCTE), it is estimated that transgenders represent .25 % to 1% of the population. Based on these estimates, the transgender population in Miami-Dade County is estimated at between 5,020 – 20,080 individuals; and given the county’s diverse population, many are transgenders of color. Recent studies show a high prevalence of health-related issues including HIV among transgenders. One meta-analytic study found an HIV seroprevalence rate of 27.7% among male-to-female transgenders, with more than half of the African-American transgenders testing positive (Herbst, 2008). High rates of risk behaviors such as unprotected receptive anal intercourse, multiple partners, and sex work were also reported (Herbst, 2008). For transgender persons, contextual factors that may be related to an increase in HIV risk behaviors include mental health, violence, social isolation, economic concerns, and unmet transgender-specific healthcare needs (Herbst, 2008). Based on another literature review, the following contextual factors have been linked to high risk sexual behaviors and HIV risk among transgenders: commercial sex work, healthcare access and encounters, lack of knowledge, violence, stigma and discrimination, mental health issues, and needle sharing (De Santis, 2009).

Based on current research (see Appendix for a reference list) and the Centers for Disease Control and Prevention’s (CDC) Enhanced Comprehensive HIV/AIDS Prevention Plan
(ECHPP), the Miami-Dade County Health Department and the Prevention Committee for the HIV/AIDS Partnership approved the creation of the Transgender Workgroup. The main purpose of the workgroup was to gather data regarding the healthcare needs of the transgender community, and to provide a forum for the voices of the transgender community in Miami to be heard. Therefore, the workgroup agreed to oversee a series of ‘listening tour’ groups consisting of members from the transgender community. This report summarizes the process of implementing the project, findings from these listening tour groups, and future recommendations.
“What I want is just to be accepted. I just want to be accepted and be able to not be 
judged for what I am and what I’m becoming. I just want to be able to be accepted; 
that’s it”. [Listening Tour Group 4 participant]

BACKGROUND

At the Miami-Dade HIV/AIDS Partnership Prevention Committee Meeting held in April 2012, Kira Villamizar from the Miami-Dade County Health Department discussed the Enhanced Comprehensive HIV/AIDS Prevention Plan (ECHPP) objective that focuses on interventions for the transgender community. Ms. Villamizar recommended creating a Transgender workgroup to address the needs of this community. Members of the Transgender work group included representatives from Miami-Dade County Health Department, Behavioral Science Research Institute (BSRI), Trans-Miami, and local health and social service providers such as Care Resource, Union Positiva, Borinquen, and Sembrando Flores. The Transgender work group agreed to meet monthly, with the purpose of learning more about the healthcare needs of the transgendered community by conducting listening tour groups.

BSRI and Trans-Miami staff agreed to work with Ms. Villamizar to conduct listening tours through focus groups and survey administration to find out more about the prevention and care needs for the transgender community. BSRI, a non-profit 501(c)3 organization, was founded in 1976, and along with its for-profit affiliate, Behavioral Science Research Corporation (BSRC), has been devoted to applied research via needs assessments, program evaluations, and survey administration in order to address the needs of its clients. BSRC provides staff support for the Miami-Dade County HIV/AIDS Partnership and its sub-committees and oversees quality
management for Ryan White Part A Programmatic Services in Miami-Dade County. Trans-Miami is a newly emerging community organization serving Miami-Dade County's transgendered community. Trans-Miami targets communities of the third gender (Transsexuals, Cross-dressers, Drag Performers, Androgynous persons, etc.) and offers community support in the form of workshops, support groups, resources and referrals. The purpose of Trans-Miami is to provide a venue for socially-displaced trans-persons in Miami-Dade County that can serve as a safe place for connection and consolidation of the LGBT community.

BSRI and Trans-Miami led the effort in facilitating the ‘listening tours’ with the transgender workgroup overseeing the endeavor. The purpose of the listening tour groups was to learn more about the healthcare needs of this often disenfranchised community, and to recommend an action plan to address any gaps in services reported by transgendered persons. Following the guidance of the Miami-Dade County Enhanced Comprehensive HIV/AIDS Prevention Plan Objective 7.4, which states “Promote opportunities that encourage reengagement in care of marginalized communities at risk for HIV”, we conducted five (5) listening sessions with transgendered individuals in four different communities located in Miami-Dade County. The following report outlines the assessment tool development process, recruitment and facilitation of the listening tours, method and data analysis, the results, and recommendations for an action plan.
I. ASSESSMENT TOOL DEVELOPMENT

Following the guidance of the Miami-Dade County ECHPP and the Miami-Dade County Health Department, the first order of business was to conduct a needs assessment of the transgendered community via listening tours to identify healthcare needs and how to best address these needs.

First, a brief two page survey collecting demographic information such as age, gender orientation, sexual orientation, race, sexually transmitted infection status, and HIV status was developed (see Appendix). This survey was anonymous and provided a description of the sample. Second, an interview guide was developed to be used in the listening tour groups (see Appendix). Questions covered general topic areas of interest including identity issues, healthcare needs, barriers to care, risky health behaviors, and social and community needs. A set of questions were also included to ask about the need for a “drop-in” center that caters to the transgendered community, and what services a drop-in center might provide. Several iterations of both the brief survey and the listening tours group interview guide were distributed to all members of the transgender workgroup before a finalized version was agreed upon and used.
II. LISTENING SESSIONS WITH TRANSGENDER INDIVIDUALS

Behavioral Science Research Institute (BSRI) coordinated and conducted five (5) listening tour groups at different locations in Miami-Dade County. BSRI partnered with Trans-Miami, a local organization, to actively recruit within the transgendered community via word of mouth, social media, and attending venues frequented by transgender persons. Trans-Miami, founded by Aryah Lester, a member of the transgender work group and the Florida Department of Health Transgender taskforce, was integral in the recruitment of participants and the facilitation of the listening tour groups.

A total of 5 groups (including a pilot group) were held on five different nights between June and October 2012. All groups took place at various locations within Miami-Dade County in an attempt to cater to different transgendered sub-groups. Locations included non-profit organizations, community-based HIV/AIDS organizations, LGBT youth centers, a bar/club venue frequented by transgendered persons, and a neighborhood community center. Both demographics data and focus group data were gathered at all groups, with the exception of the pilot group in which no demographic data was collected and only the focus group was conducted (See Table 1).
Table 1. *Listening tour groups conducted from June – October 2012*

<table>
<thead>
<tr>
<th>Group Site</th>
<th>Site Description</th>
<th>Target Audience</th>
<th># Participants</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joseph Caleb Center – Overtown</td>
<td>Pilot Group2</td>
<td></td>
<td>Empower-U, BSRI, Trans-Miami</td>
</tr>
<tr>
<td></td>
<td>This multi-purpose center offers direct financial aid for the medically disabled,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>crisis oriented casework services, voters registration, emergency food commodities,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>child fingerprinting and energy assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>EmpowerU- Central Miami</td>
<td>Black/African-American</td>
<td>13</td>
<td>Empower-U, BSRI, Trans-Miami</td>
</tr>
<tr>
<td></td>
<td>A private, not-for-profit, 501(c)(3) minority, peer-based and managed organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>founded by and for people living with HIV/AIDS.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Behavioral Science Research Institute- Coral Gables</td>
<td>Mixed Hispanic/Black</td>
<td></td>
<td>BSRI, Trans-Miami</td>
</tr>
<tr>
<td></td>
<td>A non-profit research organization that provides technical assistance and capacity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>building for other organizations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Pridelines - North Miami</td>
<td>Youth</td>
<td>10</td>
<td>Pridelines, BSRI, Trans-Miami</td>
</tr>
<tr>
<td></td>
<td>Pridelines Youth Services is an organization dedicated to the safety of ALL LGBTQ youth between the ages of 14 and 24.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Club Sugar - Central Miami</td>
<td>Hispanic/Latino</td>
<td>14</td>
<td>BSRI, Trans-Miami</td>
</tr>
<tr>
<td></td>
<td>A nightclub in central Miami frequented by transgenders</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The demographic makeup of each group and the total sample are presented in Table 2.

In total, there were 47 transgender survey respondents across all groups except the pilot group.
Ages ranged from 15 to 55 years, but most respondents (81.8%) were 35 years old or younger. The mean age was 27.5. More than half of the group (52.2%) had completed high school or received a GED, with an additional 21.7% of respondents having some college. The majority of the groups were either Hispanic/Latino (39.1%) or African American (37.0%). Gender orientation was varied, as 26.1% identified as male, 10.9% as female, 36.1% as male to female transgendered, 13.0% as female to male transgendered, and 10.9% as other. The majority of individuals (71.1%) identified their sexuality as either homosexual (33.3%) or heterosexual (37.8%). Only four people were bisexual, seven preferred not to answer, and two identified as other. Most people (69.7%) had been tested for STDs, but only 9.7% reported ever contracting an STD. Similarly, 69.7% had ever been tested for HIV and 11.1% were HIV-positive. Almost 16% didn’t know their HIV status.
Table 2. Demographic composition of transgender participants.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Sample</th>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 – 20</td>
<td>11 (25.0%)</td>
<td>3 (23.1%)</td>
<td>1 (11.1%)</td>
<td>7 (70.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>21 – 24</td>
<td>12 (27.3%)</td>
<td>5 (38.4%)</td>
<td>2 (22.2%)</td>
<td>2 (20.0%)</td>
<td>3 (21.4%)</td>
</tr>
<tr>
<td>25 – 30</td>
<td>10 (22.7%)</td>
<td>3 (23.1%)</td>
<td>5 (55.5%)</td>
<td>1 (10.0%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>31 – 55</td>
<td>11 (25.0%)</td>
<td>2 (15.4%)</td>
<td>1 (11.1%)</td>
<td>0 (0.0%)</td>
<td>8 (57.1%)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>17 (37.0%)</td>
<td>10 (76.9%)</td>
<td>5 (55.6%)</td>
<td>2 (20.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Latino or Hispanic</td>
<td>18 (39.1%)</td>
<td>0 (0.0%)</td>
<td>2 (22.2%)</td>
<td>2 (20.0%)</td>
<td>14 (100.0%)</td>
</tr>
<tr>
<td>White/Non-Hispanic</td>
<td>4 (8.7%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>4 (40.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Other</td>
<td>7 (15.2%)</td>
<td>3 (23.1%)</td>
<td>2 (22.2%)</td>
<td>2 (20.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not complete high school</td>
<td>7 (15.2%)</td>
<td>3 (23.1%)</td>
<td>1 (11.1%)</td>
<td>1 (10.0%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>High School or GED</td>
<td>24 (52.2%)</td>
<td>8 (61.5%)</td>
<td>2 (55.6%)</td>
<td>3 (30.0%)</td>
<td>8 (57.1%)</td>
</tr>
<tr>
<td>Some College</td>
<td>10 (21.7%)</td>
<td>0 (0.0%)</td>
<td>3 (33.3%)</td>
<td>5 (50.0%)</td>
<td>2 (14.3%)</td>
</tr>
<tr>
<td>College Degree or Higher</td>
<td>5 (10.8%)</td>
<td>2 (14.14%)</td>
<td>0 (0.0%)</td>
<td>1 (10.0%)</td>
<td>2 (14.3%)</td>
</tr>
</tbody>
</table>

Figure 1. Transgender participant gender identity.
Figure 2. Transgender participant sexual orientation.
Figure 3. Transgender participant STD/HIV testing.

![STD / HIV Testing graph](image1)

Figure 4. Reported HIV Status of transgender participants.

![HIV Status pie chart](image2)
III. METHOD AND DATA ANALYSIS

Focus group discussion was structured around an interview guide (see Appendix). All groups were audio-recorded, transcribed verbatim, and translated if necessary. Informed consent was obtained from each participant regarding authorization to record as well as to participate in the groups. Participants were reimbursed $50 for their time and travel. In some areas they were over-recruited to ensure that each group would have 8 – 10 participants. Using a grounded theory approach, data was analyzed for themes. After reading through transcripts, themes emerged from the data. An initial list and codebook of thematic areas of interest was developed which included identity, healthcare needs, barriers to care, risk behaviors, and drop in center (see Table 3). Coding was conducted by two independent coders from BSRI and agreement on themes was reached by consensus.
<table>
<thead>
<tr>
<th>Themes</th>
<th>Definitions</th>
<th>Quotes</th>
</tr>
</thead>
</table>
| Services                    | Identifies any services available to or needed for the trans-community in Miami and addresses access to and availability of those services. | “There is not really a lot of people who know about the programs available to us. And some programs are not available to all the different categories of our community.

Go somewhere that says LGBT, they really mean the LGB. |
| State of the Community      | Explains the social structure and current standing of the trans-community, including: community skills, lifestyles, relationships, and sense of support within and outside of the community. | Anybody in this circle is brave, and proud.

Sometimes the community of trans is not even a community. |
| Drop-In Center              | Discusses potential hours of operation, locations, recruitment, transportation to, and incentives for the development of a transgender drop-in center. | We need support groups to help us. We need programs that we can be a part of that's going to help us with job placement.

This center could end up saving lives. |
<p>| Social Barriers             | Labels any social obstacles faced by the trans-community in Miami          | We're not even second-class citizens, we're almost like third or fourth class, because we're even lower than the women and lower than the minorities. |
| Risky and Protective Behaviors | Provides examples of risky and protective behaviors common with trans-people. | Any time you get in the person's car... you're playing Russian roulette. You don't know what can happen. You have no control because you're now a passenger. |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination</td>
<td>Recognizes the discrimination faced by the trans-population.</td>
</tr>
<tr>
<td>Knowledge</td>
<td>Demonstrates the need for education, lack of awareness, and misconceptions about the trans-community</td>
</tr>
<tr>
<td>Mentoring</td>
<td>Expresses the interest in and need for a mentoring program or service specifically designed for trans-populations.</td>
</tr>
<tr>
<td>Identity</td>
<td>Explores the variation in identity amongst the trans-community categorized by themselves and by others.</td>
</tr>
</tbody>
</table>

There's predators everywhere and there's hate mongers everywhere.

We got people looking at us just trying to be ourselves.

There's a lot of misconception and stereotypes that need to be broken.

Everybody needs to understand there are differences, everybody has differences.

We need to have a lot more support within the community from the elders and those who have gone through all…that they had to go through to get to where they are.

You have to find somebody to look up to.

There's always going to be the body and the heart. Whereas your body might not match up with your mind, but your heart can love anyone or anything.
IV. RESULTS

Findings regarding the current needs and barriers to care expressed by participants are reported below. Common themes during focus groups that transgender participants mentioned included identity, healthcare needs, barriers to care, risk behaviors, and the need for a drop in center. Quotes are provided below to support each theme.

Identified Needs

When participants were asked about their current needs, the recurrent themes expressed were a general lack of services, a need for transitional counseling, and a need for vocational counseling/training.

Lack of services. Across all groups, there was an overall sense that there were very few, if any, health and social services in the community tailored to or targeting transgendered persons. Some participants talked about other major cities with transgender-focused programs such as New York and Chicago, as examples of what Miami could provide. Participants reported needing a place to go for primary care or annual check-ups. When asked about the most important services they would like to have, they included primary care, psychological counseling, transitional counseling, and health education.

“There’s nothing for transgender people in Miami-Dade, like helping and supporting us; there’s nothing for us.” [Group 1]

“We need to get checkups too. I’m due for a checkup, but I don’t know where to go. I lost my insurance.” [Group 2]
When asked about specific services already available to the community, the service most mentioned was HIV and STD testing; mostly from mobile vans. In several of the groups, participants mentioned mobile testing services as their only form of healthcare. When asked whether they knew where to go for health and social services in the community, participants only mentioned Empower U, South Beach AIDS Project, and Pridelines Youth Services. Other than these agencies, the participants did not know where to go for HIV testing or other health related services.

“There is this HIV test where I live, or a little minivan that’s there once a month, every month without fail, always there. And it’s free… I recently was tested probably like a month and a half ago. I regularly get tested, me and my brother we regularly get tested. …basically that’s our check-up” [Group 2]

Transitional Counseling. Across all groups, the need for counseling and/or education related to transitioning was discussed. According to participants, there is nowhere they feel comfortable going to ask questions about transitioning including issues surrounding the use of hormone therapy. These are services that some participants mention are present in other major cities.

“Back in New York, you could go to places where the transgender go and get hormones, counseling, for many different things… as far as thing that you need, how to become a transgender, what are some of the processes that you take or direction, things like
that...transitional therapy, transitional counseling. [Group 1]

“...yeah, we need people that are going to help us through our hormone therapy. We need people that are going to help us with – exactly. Doctors, psychological counseling and stuff like that.” [Group 2]

“...not even just the hormones, I think that they should just find some way that we can get health care for transgenders. We’re not in jail. There should be such a design for – psychological help as well for some people that need that... because you’ve got a lot of girls that want to become women, but it’s so hard for them to do it. So like you said, you got to get off the streets...” [Group 2]

In some instances and as part of this need for assistance through the transitioning period, participants repeatedly mentioned the need for some type of mentoring program in which other transgendered persons who have transitioned serve as a mentor for those who have not undergone or are in the process of going through the transition.

“We don’t have anybody that’s helping us or teaching us the right way. Which to take? What goes with our body? What doesn’t? What agrees with it? What doesn’t? People are self-medicating themselves and they’re dying.” [Group 2]

Vocational Counseling. A recurrent theme across all groups was the difficulty
experienced by transgender persons in obtaining employment. Reasons for this included job discrimination and lack of vocational training/counseling. Participants reported potential employers not hiring them once they knew that they were transgender. Participants reported needing vocational training as well as a list or directory of trans-friendly businesses.

... ‘training, all of those type of things because I’m sure there’s a lot of people in here, they’re good at the computers, they wouldn’t mind sitting behind a desk and be typing and doing some type of office work, desk work, filing, paperwork, those type of things. [Group 1]

“.because some people would actually cater to the opportunities that it may be giving them and it would take people off the streets, it would take people off the ass, it would keep people from robbing all the stores and stealing or – everybody in this community, we’re learning how to hustle, either if I’m doing hair, using things, being on the streets, whatever is your niche, it would like take us away from that. And we’ll be more comfortable coming into an environment that would better us and help us. But as long as we’re feeling like it’s not going to help or it’s not going to go so far, we’re going to stick to what we know because I think it would make a lifestyle change.” [Group 1]

The need for a drop in center.
Part of the group discussions centered on the idea of a drop in center and whether the transgender community was interested in establishing one. On several occasions, the participants would naturally bring up the idea of a drop in center before the moderator asked. The general consensus across the five listening groups was that a drop in center was needed. Moreover, participants thought several drop in center sites were needed given the expansive geographic area of Miami-Dade County. A drop in center would address the needs identified in the groups such as providing a safe space, providing education, counseling, and linking transgender persons to healthcare services. In addition to having multiple locations, specific logistics of a drop in center were also discussed, including where it could be located, hours of operation, services to be provided, how to connect with the community, and other considerations.

“We need support groups…We need places that are going to offer health care and also programs that we can be a part of that’s going to be able to help up and assist us with…. We need a center that’s going to be able to help us” [Group 3]

“This center could end up saving lives” [Group 2]

Many different locations for a drop-in center were suggested by participants of the Transgender Listening Tour; however, there was a notable emphasis on the need for the center to be in a central location. Locations proposed more than once included Aventura, Biscayne, Broward, Coral Gables, Florida City, Miami Lakes, Hollywood, Homestead, North Dade and
South Miami. Downtown was described as “the heart of all Miami. It would be the best bet” (Group 4) and South Beach was also mentioned as an ideal “headquarters” (Group 2) for a Transgender clinic.

Groups were asked about what hours of operation would be best for a drop in center. Some participants seemed to favor regular 9AM to 5PM hours of operation for the center while others suggested that having later hours might be better for the transgender community “because a lot of girls do shows” (Group 2). A few people also requested a 24 hour center, one responding to the question of when the center should be open with “forever, 24 hours” (Group 3). Overall, it seems that afternoon and evening hours would work for most people in this community, having only a few respondents favoring morning times.

The transgender community mentioned issues with transportation several times throughout the listening tour so the drop in center would need to be easily accessible by public transit. One respondent said “somewhere that’s accessible, not just easily by cars or easy to find, but I think also by bus” (Group 3). Hence, the ideal location for a transgender drop-in center would be within reasonable walking distance from a bus stop or Metrorail station.

**Services.** Participants proposed various potential services for the drop-in center but the most persistent message from the respondents was “we need a transgender clinic, plain and simple” (Group 3). One respondent stated, “I was thinking about a clinic...I’ll stress that again. That’s really important. I’m so sick of going to a hospital” (Group 3). The services mentioned most frequently were counseling, mentorship, mental health services, education, testing, job placement, career training, hormones, and healthcare. “Healthcare, that’s number one,
Another noticeable theme was the need for a “safe space to come to communicate and get support” (Group 1), a place where transgendered people could feel comfortable expressing themselves, relaxing, and having fun in a safe environment. “That’s very important in the community, a safe space” (Group 1). They also suggested an “artistic room” where they could teach each other how to do make-up, hair, eyebrows, etc. The word “family” was used a lot when describing the needs of the transgender community, so the center could naturally become a familial foundation for individuals who feel socially excluded, isolated, or rejected while providing basic, necessary trans-friendly services.

The state of the transgender community was regularly described as chaotic, spread out, and disconnected, yet many people also expressed a desire to congregate and organize events specifically for their community. Some activities proposed included movie nights, cordial nights, reading nights, poker nights, potlucks, and dances. The main idea with such activities was to help the transgender community come together in a positive, healthy way that encourages cooperation over competition.

As one respondent mentioned, “if you make it more interesting to come, then trust me they’re going to come back. I’m pretty sure half the people that are here now are going to come back” (Group 1). Incentives might be necessary to initially connect the center to the transgender community. The most common incentives suggested were money and gift cards to various places such as Wal-Mart, GNC, Victoria’s Secret, MAC, and restaurants. Some people also mentioned events such as concerts, raffles, and meals as a way to draw in community
members. Other items suggested included pots and pans, toiletries (douche, razors, shampoos, etc.), chest binders, packers, and clothes. The overall message was simply, “they’ll come for the money” (Group 1).

A few different methods of connecting with the transgender community were recommended by the groups. Among these suggestions, social media seemed to be the most common considering “the big thing is social media” (Group 1) and “this is the age of the internet, so that would be the easier way” (Group 2). Specific social media organizations mentioned included Facebook, Twitter, Instagram, and Pinterest. Word of mouth was also emphasized as a great way to connect with the community. Other suggestions included flyers, community events, and around 79th Street [i.e., an area where transgenders frequent]. Clubs such as Twist, Score, Sugar, Discoteca, Johnny’s, El Bohemio, Aqua, Club Spice, and Castle Lounge were all suggested. Websites such as Interactive Male, Miami Gay, Miami’s Gay Blog, Man Honey, Gay.com, Adam for Adam, tryatranny.com, TSDating.com, WRos.com, BCGlive.com, Craig’s list, and escort sites could also be a useful way to advertise for the center. Magazines such as Hot Spots, 411, The Latino Magazine, Mark’s List, and BBS were all mentioned by respondents and Escort Magazines such as Yeah, Sex Action, and Taboo may also be useful. The two newspapers listed by participants were The New Times and The Wire. One other potential method to communicate with the transgender community that was mentioned was conducting announcements before transgender performances.

Some concerns of the transgender community need to be taken into careful consideration for the formation of a drop-in center. Many respondents mentioned the importance of having a sensitive, trans-friendly staff. Without this element, the drop-in center
would be no better than a hospital for this community. Another concern is discretion and safety. Due to the discrimination that this community faces, they “want it to be a little bit hidden so that it’s a little discreet when you’re walking in” (Group 3). One participant said “you have some homophobic people that don’t want this” (Group 2) and another expressed “they could shoot up a church, they could shoot up a mall, they could shoot up a school…they’re going to shoot up a center” (Group 2), so clearly safety is a genuine concern of this group. The development of a transgender drop-in center would need to consider and address these concerns.

**Need for a Mentorship Program**

The idea of developing a mentorship program was declared in every group during the transgender listening tour. The groups expressed a need to focus on the younger generation in the transgender community because more and more people are transitioning without any guidance or support. The need for such a program was often compared to the Big Brothers Big Sisters program where volunteers act as guardians and accept accountability to help a child achieve their goals, improve their confidence, build better relationships, and avoid risky behaviors. Respondents emphasized the necessity for this type of program to be specifically geared towards transgendered people so that the younger trans generations could receive trans-specific guidance from older trans generations who understand the struggles, lifestyles, and other paradigms involved with becoming a trans-woman or trans-man. Transgendered youth are sometimes shunned by their families and left with no support which can lead to risky behaviors on the streets. A mentorship program could provide this younger generation with a place to turn to, support them with role models to look up to, and create a family atmosphere
within the transgender community, as suggested by the following quotes from group participants.

“When it comes to helping all of the up and coming people that are just starting to evolve and become who they would want to be, showing them that all they need to do is believe in themselves and be brave and have the courage to face the world and at the same time…remember the love that their family has for them and give it right back to that family and also give it out to the people that give it to you. And have the bravery to be yourself, no matter what. But at the same time be careful wherever you go and whatever you do. Be careful and be safe at all times. But showing them that it doesn’t take much it takes one little drop” (Pilot group).

“I’m young, but girls that are younger than me, they’re transitioning. And they don’t have the proper resources. They don’t have anything in here because there’s nobody helping us. So it’s kind of difficult” (Group 2)

“…we need to have a lot more support within the community from the elders” (Group 2)

“…we have to keep the focus on the younger generation” (Group 2)

“Sometimes most of the family will shame or kick them out. It’s like you have to find somebody to look up to…people don’t have family that accept us…so therefore you have to make your own…we make it our family” (Group 2)

“the older transgender, the transsexuals or whatever, they don’t really reach out to the younger ones. And it sucks because when you’re younger and you’re trying to get the
help, nobody wants to help you…I’ve always had to do it myself, by myself” (Group 4)

“I would want to see a program where they could have like a brother/sister program. But more like for transgender, for sex change and stuff like that, to guide you” (Group 4)

**Barriers to Care**

When asked about barriers or things that prevent them from accessing healthcare services, participants reported financial concerns, a lack of insurance, and feeling judged or discriminated against by both employers and provider agencies.

“… well, one of the main reasons is financial capabilities because not a lot of these girls are financially able to get the services that they need” [Group 1]

“… and to get a job, it’s like you go as far as the application. Your credentials look really nice. Oh, you’re, so wait, why do you have a guy’s name? Really? Ok, we’ll just give you a call tomorrow. You can’t get a job, so you can’t get insurance. So how will you get insurance if you can’t pay for it?” [Pilot group]

**Job discrimination.** In all groups, job discrimination was a key issue for participants, which also served as a barrier to care by limiting their income opportunities and insurance coverage. Some participants suggest that there be information about businesses that are trans-friendly and that are open to hiring transgendered persons.
“Just like the business to just hire people that are qualified that are transgender and there should be incentives for those businesses to hire people with the qualifications...I’m sure there’s plenty of places like that are probably trans-friendly, but people just don’t, but we don’t know that because we don’t have the information” [Group 2]

Provider discrimination. Discrimination was also reported within healthcare agencies. Participants reported a fear of being judged and not accepted by healthcare providers as a barrier to seeking care.

“...one time I went to the hospital and I put male. And the lady still, she took me into the back and she’s rubbing ... she’s like, wait, what’s going on? She called the other doctor back there. She’s like there’s something different. And I’m like baby, I’m actually a man. She was like, oh ok.... and then it became a scene, but by law, it says male on your ID, so you have to put male”.

“It does suck that we can’t just go to a doctor and be like, just give me a checkup or not just tell them everything. And then you don’t have your exact name or date, you were born a female or a male, and it sucks that you can’t just be, just rewrite all that be whoever you want to be and not have to worry about what the doctor thinks of you.” [Group 3]

“The people who work there should be more educated on, to more education on the
people that work at the health facilities more than anything. Teach them to be more like
OK, more people-person; there’s other types of people in the world besides a man and a
woman, you know? If you see a transsexual come in and she say her name is Brandi, but
her ID says Anthony, still call her Brandi because she says miss, don’t be rude. That’s
disrespect.” [Group 2]

Secondary Themes

Themes that were important in the group discussion but were mentioned less often
than the major recurrent themes also emerged through data analysis. These secondary
themes are described below. First, the participants spoke at length about their identity
issues and what self-label they prefer. Second, the participants were asked about risky and
protective health behaviors. Both themes are summarized below.

Identity

“If you’re going to put a label on it, then that’s not me... I’m just me” (Group 3)

The participants of the transgender listening tour expressed a range of gender and
sexual identities utilized within their community. Gender identifications mentioned
included transgender, trans, tranny, T-girl, transitioning, transsexual, transvestite, she,
female impersonator, cross-dresser, pre-op, post-op, male, female, queer, drag queen, third
gender, pre-donna, diva, lady, “chick with a dick”, and more. Each of these identities could
be associated with a homosexual, heterosexual, or bisexual orientation, among other sexual
preferences. Several participants saw this labeling system as a form of discrimination and
preferred to just refer to themselves by their name. They were offended by categorization through their gender and sexuality. However, some respondents were comfortable with and even proud of certain labels and identities, as they saw them as a means of solidifying their placement in society. Other members of the transgender community were so far along in the transitioning process that they thought of themselves as heterosexual males or females, unconcerned with the genitalia they were born with initially. Some felt that the way they labeled themselves could vary in certain situations while others held a more permanent identification used across all situations. One congruence amongst respondents in regards to identity was the overarching concern about how their labels might affect the way they were perceived by society. Another theme was the way transitioning allowed for greater open-mindedness towards other gender identities and sexual orientations. As reported by transgender participants, these identities can no longer be seen as gender or sexuality dichotomous categories. Overall, there was no consensus amongst participants in terms of gender identity or sexual orientation. Rather, gender and sexuality were seen as spectrums, having everyone fall into unique and personalized places or ranges of those spectrums.

“Your outside shell may have or may be male. But internally, psychologically, you’re a female. You think you’re female. Your inner you is female. It goes even down to spirituality” (Group 1)

“When you have a transsexual case, it doesn’t matter how long they keep that outside shell, whatever it is. Eventually you can’t... Eventually you’re going to want to make
“Even within our own community we have many labels: gay boy, twinks, drag queens, and then those labels clash all the time” (Group 1)

“I don’t want people to think that when I say I’m heterosexual, I am everything that comes with that in society. I don’t have hetero-normative sex. I don’t behave like most heterosexual men do, that I’ve seen in relationships. So I identify more with the queer community, but I know I’m heterosexual” (Group 3)

“I don’t think it’s confused. I don’t think that’s a good way to put it because I think if you realize that you’re trans, you realize you’re transexuality is, you work with what you got. It’s not confusion” (Group 3)

“Although somebody might be transgender, they’re not necessarily going to be heterosexual or homosexual or what have you. There’s always going to be the body and the heart. Whereas your body might not match up with your mind, but your heart can love anyone or anything or what have you” (Group 3)

“Before I was trans, you kind of see it as two doors; it’s men and women. But once you step into that I guess commitment, you realize that it’s not just two doors. It’s hundreds of doors because people can identify within the gender spectrum and outside of the gender spectrum…I think love is love. You can’t help who you fall for” (Group 3)

“I don’t like to be identified. I like to be just me. And if you see me as a female, I’m going to get pissed off. Or if you see me as a male, I’m still going to get pissed off

yourself happy” (Group 1)
because I don’t see myself as neither. I just see myself as just, I guess you could say my own little house and my own little doorway” (Group 3)

Risk and Protective Health Behaviors. Several risk and protective behaviors were identified throughout each group’s responses to the transgender listening tour interviews. The most common risk behavior across all groups was sex work and escorting in the transgender community. Participants expressed that the reason for this work was mainly due to job discrimination and members of the community resorting to escorting in order to support themselves. One respondent explained that even when a transgendered person managed to get a steady job, they still escort on the side because it is so common in the community and it is easy, fast money. Participants in groups discussing this type of work recognized the dangers, especially when transgender persons were arrested for escorting or get into client’s cars who they do not know. Participants reported that some clients were violent and that victimization is underreported when it occurs in comparison to other populations.

Condom use was described as common but certain situations that prevented this community from using condoms included threats from clients, drugs, alcohol, lack of self-esteem, and the unpleasant feeling of the condoms or trust between regular partners. Other issues with condom use were more trans-specific, such as the community using sex to validate their identity and gain social acceptance or being convinced to have unprotected sex because the risk of having children is nonexistent.

Drug abuse was described as abundant in the trans community. The drugs listed by
respondents included cocaine, meth, weed, molly, crack, shrooms, LSD, and pills of all sorts. The drug use was explained as a means to fight depression and escape unsatisfying life circumstances. Illegal hormones, sharing needles for silicone injections, and suicide were all also mentioned by participants as other potential risks to the community.

“Because you don’t have any resource, you have to escort to pay for what you need” (Group 2)

“You’re playing Russian roulette. You don’t know what can happen. You have no control because you’re now a passenger” (Group 2)

“You want me to be a prostitute, you want me to be drugged out. You want me to be HIV positive. But when I’m trying to do something right, you don’t want to support me” (Group 3)

“I see a lot of transgender people who use sex to validate their identity” (Group 3)

“You don’t think. You’re feeling good. And he tells you look good and you think you’re drunk and high, your thoughts are not your own and it causes carelessness” (Group 4)

“It is just like the regular drug scene, except more intense because it’s like you’re actually running from something. Like not emotions, but physically and emotionally running from something like you’re scared all the time. And then you’re scared that you might get killed. You’re scared of basically everything. And that’s just another
way to kind of dampen your emotions” (Group 3)

“A lot of trans-women do not get jobs just off of appearance. So what else then do you have to offer to a person or to anyone right there besides what comes easy. Everybody wants sex. They’re going to pay for sex until the end of time, so why not? You have the opportunity. Now you have a look. What else do you have to do? Rely on your look. You have to rely on your look until you can get it better. And if you can’t get better, that’s what you’ll be doing because I know girls that their whole lives they’ve been escorting, that’s it” (Group 2)

“You don’t know what it’s like to get in the car. You shut the door. Now the driver, the guy is telling you what you want to do. You get in the car and he’s pointing a gun in your face. You get a car and they’re like, don’t use no condoms and stuff like that. So even if you’re taking precautions on yourself, this person is telling you not to use a condom because he got a gun to your head. You don’t know what he has. So now you could be getting infected or you could be infected three months down the line” (Group 2)

Summary

Several themes emerged as important for health promotion in this population. First, there is an overall lack of services targeting transgendered persons, including a lack of primary care, psychological services, transitional counseling, and vocational counseling. In addition, two important needs emerged from the data; the need for both a drop in center and mentorship programs. There were also several barriers to care reported such as financial limitations and
lack of insurance. Reports of discrimination and non-acceptance in the workplace and at healthcare clinics as reasons for not accessing services were also common themes. Secondary themes emerged regarding identity issues and risk/protective health behaviors. Discussions with these groups revealed a brief glimpse of the black market for hormones, the necessity for survival sex work, and the internet as a resource for communicating with the transgendered community – all themes that require more exploration. In conclusion, health risk seems to be interwoven with a larger web of social issues that also need to be addressed along with providing healthcare services.

V. Action Plan

One of the main goals of the transgendered community listening tours was to develop an action plan to address identified needs. Based on the needs and barriers to care reported by participants, the following recommendations are proposed as part of a broader action plan aimed at addressing the healthcare needs of this community.

Recommendation 1: Establish a Drop-In Center

Given the findings presented in this report, establishing a drop-in center would address several of the needs mentioned by participants including the provision of a safe space, some basic primary healthcare, education, and counseling. A drop in center could also facilitate some of the other recommendations such as housing a mentoring program, facilitating sensitivity training for providers, and ameliorating employment discrimination.

Recommendation 2: Mentorship Programs
The idea of developing a mentorship program was declared in every group during the transgender listening tour. A mentorship program could provide the younger generation with a place to turn to, support them with role models to look up to, and create a family atmosphere within the transgender community, as suggested by the aforementioned quotes from group participants.

**Recommendation 3: Identify Trans-friendly Employers**

Developing a directory of trans-friendly employers and establishing partnerships with potential employers would address some of the barriers to care reported by transgendered participants, and would also potentially alleviate some of the financial limitations facing this population.

**Recommendation 4: Develop and Implement Sensitivity Training for Providers and Staff**

The development and implementation of a sensitivity and/or cultural competence training with local healthcare providers and their staff would address some of the barriers to care mentioned by transgendered participants.

**Recommendation 5: Establish and Maintain an active Transgender Community Work Group**

As informative as these listening tour groups have been, the data captured only scratches the surface about the strengths and challenges associated with the trans community. There seem to be a myriad of needs evident in the transgendered community and further dialogue and examination is needed. The last recommendation is to continue the Transgender work group as long as it is active in its efforts to reach out to the transgendered community.
This includes ensuring more representation in the group from the transgendered community. It also includes conducting more projects focusing on this population and having the results inform policy and future studies. For example, recommendation 3 and 4 can be just two of several concrete ways that the work group can assist the transgender community. The needs of the transgender community seem to be many and on different levels. These needs can begin to be addressed by forming a long standing work group that involves community members, and that utilizes an iterative process where the community can provide feedback on work group activities and vice versa (as shown in Figure 1).

Figure 1.
APPENDIX : Assessment Tools
I am a member of the transgendered-Community focused committee of the Miami-Dade HIV/AIDS Partnership, collecting vital information that will be shared with our fellow members, and organizations. Representing the Prevention Committee of the Partnership, I will work in a group with local community members to plan activities that engage the transgendered community. We would like to ask you to assist us by completing this survey that asks you about health issues, social factors, and health prevention needs and risks. We hope that the information gathered from this survey will help us plan activities that lead to more programs and services in the transgendered-community. The information that you provide will remain confidential, you do not have to give your name and the responses that you give will be combined with those of other participants so that what you tell us cannot be identified in our survey report.

Your participation is voluntary, and you may choose not to participate at any time during the interview. If you decide you do not want to answer a question or no longer want to participate please let the interviewer know. Thank you for taking time to provide input.

Please do not use your name but rather the number given to you. We do this to ensure confidentiality for everyone. Also be respectful of others' comments and experiences. We also want to hear from everyone so please wait until someone is finished before starting to speak.

Let's start with a general question. Tell us a little about your background: such as where you come from, how long you've been in Miami-Dade, and some things you do for fun.

As part of the transgendered community, how you identify can be difficult at times. We'd like to know how you identify using your own words. How has this changed through the years and context?

**FOCUS GROUP INTERVIEW GUIDE**

Sometimes it is difficult to describe your gender to other people. In your own words, please describe how you identify in terms of gender? (Probe: does this change by context/situation)?
What does it mean to be ‘transgendered’?

What are your thoughts on the state of the transgendered community in Miami-Dade County?

What does having a high quality of life mean to you? What are some barriers to these for you?

We’re interested in knowing more about the healthcare needs of the transgendered community. Could each of you tell us what are some of the main healthcare concerns that you have? What about the healthcare concerns of the transgendered community in general?

What situations keep you from protecting yourself from STDs and HIV? (Probe: what situations put you at risk? What are some reasons why TG do not practice safe sex?)

What are some things that TG persons do to reduce their risk for HIV/STDs?

Describe the drug scene in the transgendered community? What role does substance use play in HIV risk? (probe: injection practices?)

List what health and social service programs you know are available to the transgendered community. Any businesses?

What social/health programs are most important to you?

What services that are currently unavailable do you feel would benefit the community?

What factors do you feel prevent you or other transgendered persons from accessing services at health organizations in Miami-Dade?
Where and from whom do you get your health information? How about information about community resources?

What change could service organizations make to better include your community?

What skills do you think the transgendered community has to help improve their quality of life?
What are some ways that we can promote a sense of community with the transgendered population?

Do you think the community is ready to implement change? Explain.

One of the ideas the workgroup was discussing was the idea of a drop-in center for transgendered persons:

What are your thoughts on a drop-in center in Miami-Dade that caters specifically to the transgendered community? (What would it look like? Where would it be located? What services would be offered? What hours would it be opened?)

What suggestions do you have if someone wanted to contact and communicate with the transgendered community? (i.e. media, locations, publications, events)

We would like to do other groups like this one, how can we best recruit transgendered persons to talk to us? What incentives would be best?

Are there any other issues not mentioned that you feel are important to your community?

Thank you for taking the time to talk to me. You’ve given me invaluable information that will be used to create useful programs for our community.
Soy un miembro del comité enfocado en la comunidad transgénero de Miami-Dade HIV/AIDS Partnership (Asociación de Miami-Dade VIH/SIDA). Estoy reuniendo información vital que será compartida con nuestros miembros y organizaciones. Representando el Prevention Committee of the Partnership (Comité de Prevención de la Asociación), trabajaré en un grupo con miembros locales de la comunidad planeando actividades que atraerán a la comunidad transgénero. Nos gustaría pedirle asistirnos completando este cuestionario con preguntas sobre problemas de salud, factores sociales, y las necesidades y riesgos de prevención de salud. Esperamos que la información reunida en este cuestionario nos ayude a planear actividades que conduzcan a más programas y servicios en la comunidad transgénero. La información que nos proporcionas permanecerá confidencial, no tienes que dar tu nombre y las respuestas que nos darás serán combinadas con las de otros participantes de modo que lo que nos dices no podrá ser identificado en nuestro reporte del cuestionario.

Tu participación es voluntaria, y puedes decidir no participar en cualquier momento durante la entrevista. Si decides que no quieres contestar una pregunta o ya no quieres participar por favor avisa al entrevistador. Gracias por brindarnos tu tiempo y darnos esta información.

Por favor no uses tu nombre, usa mejor el número que te hemos dado. Hacemos esto para asegurar la confidencialidad para todos. También sé respetuoso de los comentarios y experiencias de otros. También queremos escuchar a todos así que por favor espera hasta que alguien termine antes de comenzar a hablar.

Vamos a comenzar con una pregunta general. Dinos un poco sobre tu pasado: como de donde vienes, cuánto tiempo has estado en el condado de Miami-Dade, y las cosas que haces para divertirte.

Como parte de la comunidad transgénero, como te identificas puede ser difícil a veces. Utilizando tus propias palabras, nos gustaría saber cómo te identificas. ¿Cómo ha cambiado esto a través de los años y contexto (en diferentes situaciones de tu vida)?
GRUPO DE ENFOQUE - GUIA DE ENTREVISTA

A veces es difícil describir tu género a otra gente. En tus propias palabras, por favor describe cómo te identificas en cuestión de género (Profundiza: ¿esto cambia de acuerdo al contexto/situación?)

¿Qué significa ser ‘transgénero’?

¿Qué piensas del estado de la comunidad transgénero en el condado de Miami-Dade?

¿Qué significa para ti tener una alta calidad de vida? ¿Cuáles son algunas barreras para que tengas calidad de vida alta?

Estamos interesados en saber más de las necesidades de asistencia médica de la comunidad transgénero. ¿Podría cada uno de ustedes decírnos cuáles son los más importantes problemas de asistencia médica que tienen? ¿Y los problemas de asistencia médica de la comunidad transgénero en general?

¿Qué situaciones te impiden protegerte de ETS (enfermedades de transmisión sexual) y VIH? (Profundiza: ¿qué situaciones te ponen en peligro? ¿Cuáles son algunos motivos por los qué TG no practican el sexo “seguro” (protección sexual?)

¿Cuáles son algunas cosas qué los TG hacen para reducir el riesgo de contagio de VIH/ETS (enfermedades de transmisión sexual)?

Describa el ambiente de drogas en la comunidad transgénero ¿Qué papel juega el uso de esas sustancias en el riesgo de transmisión de VIH? (Profundiza: ¿y el uso de jeringas para inyectarse drogas?)

Lista los programas de salud y servicios sociales que conoces qué están disponibles para la comunidad transgénero? ¿Algunos negocios?

¿Cuales programas de salud/social(es) son los más importantes para ti?
¿Qué servicios, que no están actualmente disponible, crees que beneficiarían la comunidad?

¿Qué factores crees tú que te paran a ti u otras personas transgénero de recibir servicios en organizaciones de salud en Miami-Dade?

¿Dónde y de quien recibes información de salud? ¿Y que de información de recursos en la comunidad?

¿Qué cambios podrían hacer las organizaciones de servicio a la comunidad para involucrar mejor a tu comunidad?

¿Qué habilidades crees que la comunidad transgénero tiene que tener para ayudar a mejorar su calidad de vida?

¿En qué formas podemos promover el sentido de comunidad entre la población transgénero?

¿Crees que la comunidad está lista a poner en práctica un cambio? Explica.

Una de las ideas de que se hablo en el taller (comité de trabajo), fue la idea de un centro comunitario para personas transgénero:

¿Qué es lo que crees de un centro comunitario en Miami-Dade que sirva específicamente a la comunidad transgénero? (¿Cómo se vería esto? ¿Dónde estaría localizado? ¿Que servicios se ofrecerían? ¿Cuáles serian las horas de atención?)

¿Qué sugerencias tendrías si alguien quisiera ponerse en contacto y comunicarse con la comunidad transgénero? (ejemplo medios de noticias, direcciones, publicaciones, eventos)

Nos gustaría hacer otros grupos como éste, que sería lo mejor para reclutar a personas transgénero para hablarles ¿Cuales serian los mejores incentivos?

¿Hay algunos otros problemas no mencionados que creas que son importantes para tu comunidad?
Gracias por brindarme tu tiempo. Me has dado información muy valiosa que será usada para crear programas muy útiles para nuestra comunidad.

BRIEF DEMOGRAPHIC SURVEY

Please answer the following questions as they relate to you:

What is your gender?

- Male
- Female
- Male to Female transgendered
- Female to Male transgendered
- Transgendered other: Please specify___________________

How old are you?_____________________

Which do you consider yourself to be?

- Gay or lesbian, homosexual
- Bisexual
- Transexual, transgender
- Straight, heterosexual
- Other: ______________________
- Prefer not to answer

Please identify your race/ethnicity.

- Black or African American
- Latino or Hispanic
- Asian
- American Indian or Alaska Native
- Native Hawaiian/Pacific Islander
- White/Non-Hispanic
- Other, Please specify: _________________
Tell us about your education.

€ Did not complete High School
€ High School or GED
€ Some College
€ Associate’s Degree
€ Bachelor’s Degree or higher

Zip Code: ____________________

Have you ever been tested for an STD?

€ Yes
€ No
€ Don’t Know
€ Refuse to answer

Have you ever had an STD?

€ Yes
If yes, which one(s): _____________________

€ No
€ Don’t know
€ Refuse to answer

Have you ever been tested for HIV?

€ Yes
€ No
€ Don’t Know
€ Refuse to answer

What is your HIV Status?

€ HIV –negative
€ HIV-positive
€ Don’t know
€ Prefer not to answer
Una Breve Encuesta Demográfica

Por favor conteste las preguntas siguientes como son relacionados a ti:

¿Cuál es su género?
- € Macho
- € Hembra
- € Macho a hembra transgénero
- € Hembra a macho transgénero
- € Otro transgénero: Por favor especifique____________________

¿Cuántos años tienes?_____________

¿Con cual de los sigiente te identificas?
- € Homosexual
- € Bisexual
- € Transexual, transgénero
- € Heterosexual
- € Otro: _____________________
- € Prefiere no contestar

Por favor identifique su raza/étnica.
- € Americano negro o Africano
- € Latino o Hispano
- € Asiático
- € Amerindio o Natal de Alaska
- € Isleño Hawaiano/Pacífico Natal
€ Blanco/No-Hispano
€ Otro, Por favor especifique: ____________________

Díganos sobre su educación.
€ No completó Escuela Secundaria
€ Escuela secundaria o GED
€ Algún de Universidad
€ El Grado del socio
€ Licenciatura o más alto

Código Postal:____________________

¿Ha sido probado alguna vez para un ETS (enfermedad de transmisión sexual)?
€ Sí
€ No
€ No Sabes
€ Rechazar a contestar

¿Ha tenido alguna vez un ETS?
€ Sí
Si contestaste que sí, cual(es): ______________________
€ No
€ No sabes
€ Rechazar a contestar
¿Ha sido probado alguna vez para el VIH?

- Sí
- No
- No Sabes
- Rechazar a contestar

¿Cuál es su Estado de VIH?

- VIH – negativo
- Positivo de VIH
- No sabes
- Prefiere no contestar
APPENDIX – Fact Sheet
Miami-Dade Transgender Listening Tour 2012: Fact Sheet

The Behavioral Science Research Institute in partnership with Trans-Miami and the Miami-Dade Department of Health conducted a series of listening sessions with the transgender community in Miami-Dade County. This listening tour recruited 49 respondents and collected information regarding the identity of, needs of, and barriers faced by the trans-community in South Florida as outlined below:

- **Age:** ranging from 15 to 55 years with a mean age of 27.5 years
- **Ethnicity:** 39% identified as Latin/Hispanic and 37% as Black/African American
- **Gender identity:**
  - 36% male-to-female trans
  - 13% female-to-male trans
  - 26% male
  - 11% female
- **Tested for STDs/HIV:** 69.7% responded that they had been tested for STDs and HIV
- **HIV status:** 11.1% reported being HIV positive and 16% reported not knowing
- **Recurrent themes identifying needs and barriers:**
  - Lack of and need for trans-specific health and social services (health insurance, transitional counseling, vocational counseling, mentorship programs)
  - The need for a transgender specific drop-in center providing resources and services
  - Health Risk behaviors (sex work, drug abuse)
  - Discrimination (within the community and from employers, healthcare organizations, citizens, the gay community, etc.)
- **Recommendations for improvement:**
  - Establish a drop-in center in effort to meet the needs mentioned
  - Develop a mentorship program to create role models and support
  - Identify trans-friendly employers and businesses
  - Develop and implement sensitivity training for healthcare providers and staff
  - Establish and maintain an active Trans-Community Work Group
For more information regarding transgender services and resources please contact:

Behavioral Science Research
www.behavioralscience.com
305-443-2000
Research, Trans work groups, referrals

Trans-Miami
Aryah Lester
305-432-9326
Support groups, home HIV testing, referrals

Miami-Dade County Department of Health
www.testmiami.org
305-470-6999
STD/HIV testing, resources, referrals
APPENDIX : Transgender Resources

CENTERS AND FOUNDATIONS

Center of Excellence for Transgender Health. www.transhealth.ucsf.edu

National Center for Transgender Equality. www.nctequality.org

Transgender Equality. www.transequality.org

Transkids Purple Rainbow Foundation. www.transkidspurplerainbow.org

LEGAL ADVOCACY

Transgender Civil Rights Project. www.thetaskforce.org_work/public_policy/transgender_civil_rights

HEALTH

http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_trans

http://www.cdc.gov/lgbthealth/transgender.htm


http://www.glma.org


http://www.wpath.org/

PUBLICATIONS/SOCIAL MEDIA/WEBSITES


http://iamtransgendered.com/Links.aspx

http://www.susans.org/
http://www.genderadvocates.org/Tyra/TYRALinks.html

www.t-houseonline.com

www.eqfl.org

www.pridecenterflorida.org

www.yesinstitute.org

www.lambdalegal.org

www.testmiami.org

**WEBSITES FOR OUTREACH/RECRUITMENT**

www.facebook.com

Instagram

www.twitter.com

www.eros.com

www.tsdating.com

www.bgclive.com
APPENDIX : References