

Promoting Health for Transgender Women: Transgender Resources and Neighborhood Space (TRANS) Program in San Francisco

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Transgender women are at high risk for HIV, substance abuse, and mental health problems. We describe a health promotion intervention program tailored to transgender women in San Francisco.

The program creates a safe space for providing transgender-sensitive education about HIV risk reduction, substance abuse prevention, and general health promotion. Transgender health educators conduct workshops and make referrals to appropriate substance abuse treatment programs and other services in the community.

Evaluation findings indicate that this community-tailored intervention may be an effective way to reach transgender women and reduce sexual risk behaviors, depression, and perceived barriers to substance abuse treatment. (*Am J Public Health*. 2005;95:382–384. doi:10.2105/AJPH.2004.040501)

THE TERM TRANSGENDER

refers to individuals whose gender identity and gender expression contrast with their biological sex.¹ In San Francisco, the male-to-female transgender community (individual members are referred to here as transgender women) shows some of the highest rates of HIV incidence, substance use, and mental health problems among all groups at risk.^{2–4} Qualitative research indicates that ecological and psychosocial factors associated with transgender identity—such as discrimination, stigma, health service barriers, and poor social support—contribute to HIV risk and co-occurring health problems.^{5,6}

Researchers have urged the public health community to address health disparities facing transgender individuals.^{7–11} Many

service providers are not trained in transgender care issues and might be insensitive to the psychosocial needs of transgender clients. Transgender women have reported discrimination in health services, and often they are uncomfortable disclosing their gender history to providers. This report describes a program for transgender women in San Francisco, the Transgender Resources and Neighborhood Space (TRANS) program, designed to reduce HIV risk and substance use.

PROGRAM DESCRIPTION

TRANS is a collaborative project joining researchers, coordinators from local community-based organizations, health and social service providers, and community advocates in San Francisco. The program provides a welcoming, safe venue in which to offer culturally and gender-sensitive health education to transgender women. It operates in a space located adjacent to San Francisco's Tenderloin district, where many transgender women live or socialize. This space houses private offices for health educators (all of whom are transgender women), living room area, large conference rooms, shower facility, and a resource closet (donated clothing and accessories free to those in need). Contacted through

street outreach and referrals from collaborating organizations, transgender women who reside or work in San Francisco and are aged 18 years or older are invited to the TRANS site, use resources, and participate in health education workshops.

TRANS offers 18 group workshops organized around 3 domains: (1) sex, relationships, and health (offered every Tuesday); (2) reducing drug use and improving coping skills (every Thursday); (3) general life needs (every Friday; Table 1). These 1-hour workshops, which are held throughout the year, are conducted by transgender health educators in both English and Spanish. Health educators use multiple group facilitation techniques, including interactive discussions, personal expression exercises, videos and media, and guest lectures.

Upon their first visit to the TRANS space, participants voluntarily complete a behavioral risk intake assessment, which measures sexual behaviors, substance use, attitudes toward substance abuse treatment, HIV knowledge, depression, self-esteem, and transgender community involvement. They are then informed of the health education workshops and asked to attend at least 10 of the 18 workshops to be considered program gradu-

TABLE 1—Curriculum for Transgender Resources and Neighborhood Space (TRANS) Project

Domain	Specific Topics Addressed
Sex, relationships, and health	AIDS knowledge and AIDS-related health services
	Relationships with private partners
	Commercial sex
	Drug use and sex
	Protection from violence
Reducing drug use and improving coping skills	Culture, gender identity, and sex
	Drug abuse assessment
	Information about drug treatment programs
	Positive forms of self-expression
	Self-presentation skills
General life needs	Enhancing self-esteem
	Handling daily life skills
	Relaxation and meditation
	Acculturation
	Hormones, gender-related medical procedures
Community networking and empowerment	
Job searching, going to work	
Basic legal issues related to gender identity	

ates. Our project goals are to facilitate transgender women in socializing at the TRANS site and participating in workshops according to their own schedule, although health educators encourage them to finish 10 workshops. Program graduates voluntarily take a posttest assessment within 2 weeks of their final workshop. At yearly graduation ceremonies, participants who attended 10 workshops are acknowledged for their contribution to the TRANS project and awarded a certificate of completion.

EVALUATION AND DISCUSSION

Between October 2001 through September 2003, a total of 359 eligible participants completed the pretest risk assessment interview, 206 enrolled in the health education workshop program, and 109 completed 10 workshops and provided posttest data. Participants who completed 10

workshops did so in 6 weeks, on average.

We examined data from participants who completed 10 workshops. Preliminary pre- and posttest findings showed significant reductions in levels of sexual risk during the past 30 days, perceived barriers to substance abuse treatment programs, and depression (Table 2). Marginal reductions in unprotected receptive anal sex and alcohol use during the past 30 days were also found. However, no changes in illicit drug use, HIV knowledge, self-esteem, and transgender community involvement were found.

A major limitation to the results is the absence of a control group. Marginally significant results should be interpreted with caution; however, a longer time lag for administering follow-up surveys might have allowed for more noteworthy behavioral changes, particularly with regard to changes in illicit drug use.

Findings might be biased because of the low completion rate (30% of those who completed the pretest risk assessment interview finished 10 workshops), although it is important to note that participants were not required to complete the workshop series. Furthermore, participants who completed 10 workshops reported significantly less illicit drug use at baseline than those who did not.

NEXT STEPS AND LESSONS LEARNED

The findings suggest that this community-tailored intervention is associated with reductions in sexual risk, alcohol use, perceived barriers to substance use services, and depression. In response to community demand, the next wave of the health education program will include transgender men and gender variant individuals—people who do not adhere to traditional gender categories. Curricula will be refined through community feedback to reflect the needs of the larger transgender community, and rigorous program evaluation will be conducted.

Although we acknowledge that the progressive climate of San Francisco differs from that of other areas, variations of our TRANS project can be replicated elsewhere. For example, the contents of our TRANS curriculum can be used for developing transgender-sensitivity training programs for health service providers.

Work with this community was facilitated through alliances with transgender opinion leaders and community organizations to assess needs, define priorities, and develop locally tailored programs. A major difficulty was

KEY FINDINGS

- Transgender women have disproportionate risk for HIV and related health problems, and tend to distrust and underuse general health and social services.
- Our community-tailored health intervention program creates a safe space where transgender women feel comfortable discussing issues related to gender history, sexual risk, depression, and substance use.
- Findings show significant reductions in sexual risk, alcohol use, perceived barriers to substance use services, and depression among program graduates.
- Collaborations among researchers, members of the transgender community, community-based organizations, and health providers are essential to working with the transgender population.
- Health interventions for transgender women should be delivered by transgender peers.

securing community members' trust and overcoming insensitivity and lack of knowledge about transgender health issues among service providers. In addition, this is a very fluid community—in terms of both geographical movement and community identification. Many transgender individuals, especially younger ones, move frequently, and there is a tendency for some transgender women to disengage from the transgender community as a way to minimize stigma.

We have learned that it is crucial to hire transgender women as

TABLE 2—Comparison of Baseline and Follow-Up Data for 109 Transgender Resources and Neighborhood Space (TRANS) Participants

	Baseline		Postintervention Follow-Up		Test	P
	Mean (SD)	n (%)	Mean (SD)	n (%)		
HIV risk behaviors						
URAS in past 30 days, with any partner ^a		26 (24.1)		18 (16.7)	McNemar ^b	.08
Level of risk in past 30 days, with all partners ^c						
No risk		51 (47.2)		59 (54.6)		
Low risk		31 (28.7)		31 (28.7)		
High risk		26 (24.1)		18 (16.7)		
Mean score	1.8 (0.8)		1.6 (0.8)		Wilcoxon ^d	.03
Substance use in past 30 days						
Any illicit drug (not alcohol)		50 (46.3)		50 (46.3)	McNemar	
Any alcohol		59 (57.3)		49 (47.6)	McNemar	.06
Perceived barriers to substance abuse treatment programs^e						
Not knowledgeable about transgender issues	2.4 (1.0)		2.0 (0.8)		Wilcoxon	.001
Insensitive to transgender issues	2.4 (1.0)		2.1 (0.9)		Wilcoxon	.003
Have had degrading experiences related to being transgender	2.3 (0.9)		2.0 (0.9)		Wilcoxon	.04
Psychosocial measures						
HIV knowledge ^f	7.8 (1.2)		7.8 (1.1)		Paired t	.83
Depression ^g	18.5 (14.6)		15.1 (12.6)		Paired t	.003
Self-esteem ^h	3.9 (0.7)		3.9 (0.7)		Paired t	.46
Transgender community involvement ⁱ	4.0 (0.5)		4.0 (0.5)		Paired t	.43

Note. URAS = unprotected receptive anal sex.

^aEngaged in URAS at least once in the past 30 days, as a 2-category (yes/no) variable.

^bThe 2-tailed exact significance is reported for McNemar test.

^cRisk levels were assigned values of 1 to 3 in order of increasing risk. No risk (coded as 1) refers to individuals who either had no sexual partner or never engaged in receptive anal sex. Low risk (coded as 2) refers to individuals who engaged in receptive anal sex, but used a condom each time. High risk (coded as 3) refers to individuals who engaged in unprotected receptive anal sex at least once.

^dThe Wilcoxon signed rank test was used.

^eScores were on a scale of 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher levels of barriers to seeking substance abuse treatment programs.

^fHIV knowledge was measured as the total number of 9 statements (e.g., "A positive blood test for HIV means the person has AIDS") answered correctly.

^gMeasured by the Center for Epidemiological Studies-Depression measure.¹²

^hMeasured by the Rosenberg Self-Esteem Measure.¹³

ⁱMeasured by a scale modified from Luhtanen and Crocker.¹⁴

professional health educators who can increase accessibility to this stigmatized population and serve as role models. Creating a safe physical space where transgender women feel comfortable discussing their health issues can also increase the success of intervention programs for this community. ■

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This report was accepted June 26, 2004.

Contributors

T. Nemoto conceived the study and supervised all aspects of its implementation and analysis. D. Operario was involved in analysis, interpretation, and manuscript preparation. J. Keatley coordinated the study implementation. H. Nguyen and E. Sugano assisted with data analysis and manuscript preparation.

Acknowledgments

This research was supported by the Substance Abuse and Mental Health Services Administration (grant H79TI12 592).

We thank collaborating community-based organizations and substance abuse treatment agencies for their assistance and all project participants who volunteered their time and personal information to this study.

Note. The contents of this article do not necessarily represent the views of the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Human Participant Protection

This study was approved by the Committee on Human Research at the University of California, San Francisco.

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