Providing Care and Support for Transgender Rural Latino/as and Migrant Farmworkers

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- **Program Faculty and Current Position**: Jennifer Hastings, MD, Planned Parenthood Mar Monte
- **Disclosure**: No relevant financial relationships. Content of presentation contains no use of unlabeled and/or investigational uses of products.

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Learning Objectives

At the end of this webinar, learners will be able to:

1. Describe aspects of the life experiences of transgender migrant farmworkers
2. Explain strategies for helping transgender migrant farmworkers and transgender rural Latino/as access legal and community supports to enhance their health and well-being
3. Identify methods for asking appropriate, sensitive questions about gender identity concerns
4. Identify methods for providing sensitive, inclusive care to transgender migrant farmworkers and transgender rural Latino/as.
Farmworker Demographics

- 1-2.5 million farmworkers in U.S.
- 78% are Latino
- 64% from Mexico, 3% from Central America
- 71% speak Spanish as their primary language
- Estimated 4% speak an indigenous language as their primary language
- Median annual personal income: $15,000 - $17,499

Source: NAWS 2007-2009
Farmworker Health Issues

- 64% uninsured*
  - Estimated to be as high as 90% in some states

- 41% had no health care in last 2 years

- Agriculture is one of the most hazardous occupations in the US**
  - In 2010, 323 farmworkers died of work-related injuries***

- Work-related health risks include: heat stress, musculoskeletal injuries, lacerations, pesticide exposure

- Chronic conditions and illnesses related to isolation, poor housing conditions, poverty, food insecurity include: diabetes, hypertension, tuberculosis, HIV/AIDS, gastro-intestinal diseases, urinary tract infections, depression, substance use, and domestic violence

Sources:
* 2007-2009 National Agricultural Workers’ Survey
** CDC, NIOSH, Workplace and Safety Health Topics: Agricultural Safety, http://www.cdc.gov/niosh/topics/aginjury
Transgender Terms

Transgender \((\text{transgénero/trasvesti/transexual})\) – a term to describe individuals whose gender identity and expression does not correspond to the sex assigned at birth.

Cis-gender - identity and biology match.

Transition \((\text{transición})\) - refers to the process of transitioning from one gender to another, and often consists of a change in style of dress, selection of a new name, and a request that people use the pronoun that matches their gender identity.

Transition may, but does not always, include hormone therapy, counseling and/or surgery. A person can be transgender even if they do not transition or have only taken some steps to transition.
Resources for Outreach

- GLAAD Spanish-language Glossary of Transgender Terms

- CRLA, SFSU and Radio Bilingüe’s Bienvenidos a Casa radionovelas:
  http://conectate.radiobilingue.org/novelas/
Transgender Discrimination and Health Issues

National Center for Transgender Equality-Injustice at Every Turn (2011)

Executive Summary Findings:

- Discrimination pervasive in education, employment, housing, healthcare and public accommodations, ID, abuse by police
- 41% attempted suicide compared to 1.6% of general population
- 19% reported being refused medical care due to their transgender or gender non-conforming status
- Four times the national average of HIV, with higher rates among transgender people of color
The Intersection of Health and Legal Issues for Trans Migrant FW

- Trans migrant farmworkers must cope with complex legal, social, and medical issues
- All of these issues are interconnected, further affecting their health needs and outcomes
- There is a need for medical and legal partnerships
Specific Legal Issues

- Hate crimes
- Harassment and discrimination at work
- Name & gender changes
Hate Crimes

- Most CRLA clients are victims of crimes
- Hate crimes are attacks on person or property that stem from bias against race, ethnicity, religion, disability, sexual orientation, or gender identity
- Victimization by hate crimes has been linked to depression, anxiety, PTSD
Harassment and Discrimination at Work

- 90% of transgender people report facing discrimination, harassment, physical assault or sexual assault at work, and 41% have faced an adverse employment outcome because of bias*
- Some states have antidiscrimination laws that protect transgender people, but most do not
- The U.S. Supreme Court and lower courts recognize that discrimination on the basis of gender nonconformity or transgender status is a form of sex discrimination

Source: *National Transgender Discrimination Survey, National Gay and Lesbian Taskforce, 2011
Harassment and Discrimination at Work

After doing temporary work in the lettuce fields, Sandra earned a reliable position at a packing field. She was the supervisor for over 100 farmworkers and earned a yearly salary. However, once she began transitioning from male to female and identifying as a transgender woman, Sandra noticed that her co-supervisors and the owner of the fields, rather than the farmworkers, were most critical of her. Sandra’s position as supervisor was terminated when an assistant supervisor attacked her boyfriend in the field. Sandra felt there was no reason for her to be terminated from her position. Adding insult to injury, Sandra’s partner was fired and the assistant supervisor who attacked her partner was promoted. Her co-workers informed Sandra that the supervisors and the owner of the fields had spoken in derogatory terms about Sandra. With the help of CRLA, Sandra filed a lawsuit against the company and won a settlement.
Name and Gender Changes

- Requirements vary federally and state by state
- In states that allow court-ordered legal name and gender changes requiring a medical statement
- We need to educate more physicians about transgender health issues and their role in legal issues
- Young clients
  - May include writing letters to schools regarding preferred name and gender
  - Appropriate advocacy & referrals for family members
  - Emerging legislation that protects gender identity
  - Access to appropriate bathrooms can be challenging
Strategies: Relationship to Mission

- Key to situate transgender related work within organization’s mission and priorities
- This is everyone’s work
- Requires fostering partnerships and capacity building
Conexiones – Creating Leaders

Leadership development seeks to:
- Raise the confidence of LGBT clients
- Ameliorate the effects of their past discrimination
- Prevent future discrimination

Raising visibility of LGBT clients
http://conectate.radiobilingue.org/novelas/

Increasing their knowledge of legal rights

Conexiones leaders at a meeting working on a gender experience activity.
Case Handling

- A transgender client’s legal problems may not be directly related to his or her gender identity
- Model respect for the client and their identity in interactions with the court
- Reach out to LGBT organizations and attorneys who have experience working with LGBT legal issues
Organizational Assessment Tool

- Strengths and Gaps in Creating a Welcoming Environment
  - Physical environment
  - Climate and attitudes
  - Procedures and practice

- Downloadable worksheet appended to end of this slide set
Legal – Medical Collaboration

This is the case of a young rural Latina transgender woman with no immigration status and limited access to health care or legal services. Her partner physically abused her and forced her to do sex work. He attempted to murder her when she tried to go to the police. Because of this attack, she was hospitalized for three months, in a coma for one month.

- Case involved a number of legal issues:
  - Discrimination by law enforcement agencies
  - A legal name and gender change
  - Emergency shelter housing congruent with gender identity
- Medical partnership was necessary for the legal processes
Specific Medical Issues

- Access to safe hormone therapy and monitoring
- Access to primary care
- Screening and treatment for HIV and other sexually transmitted infections (STIs)
- Silicone use
- Collaboration with legal services: MD letter for legal name and gender change
Medical Considerations: ACCESS TO CARE

- On intake, options in English and Spanish for:
  - Gender categories beyond male and female (e.g., transgender woman, transgender man, genderqueer, trasvesti, transexual)
  - Assigned sex at birth
  - Preferred name
  - Preferred pronouns

- All staff should honor the patients’ preferred name and pronouns
Medical Considerations: ACCESS TO CARE

- Create a safe space for patients to come in for care
- Establish trust so that patients can talk comfortably about sexual practices and other health and legal issues
- Cultural humility important (vs. competence)- see and listen to the person in front of you- the patient is the “expert” about themselves
Medical Considerations: ACCESS TO CARE

- Access to prescription hormones crucial for physical transition

- Injecting “street” hormones carry risks of HIV, Hep B and C; quality is unreliable

- Access to care provides ability to prescribe and monitor hormones with physical exams and labs
Medical Considerations: ACCESS TO CARE

- Consents for hormones- important to review that transition takes TIME, not fast process
- Spironolactone not routinely used in Mexico- must review diuretic, monitoring potassium
- IM estrogen seen as “faster”- need to educated on benefits of oral/sublingual Rx
- Perlutal: combination Rx (IM10mg estrace with progesterone 150mg) most common medication bought on street- dosed weekly instead of monthly as formulated
Medical Considerations: ACCESS TO CARE

- Access to hormones provides entre for safe and supportive primary care with screening and treatment of medical issues including diabetes, hypertension, hyperlipidemia, depression, TB, HIV, etc.
- Hormones often improve mental health issues
- Need to assure access to low cost visits, medications and lab work so that clients can continue care
Medical Considerations: ACCESS TO CARE

- Sexual practices vary greatly and assumptions should not be made about the gender of a patient’s sexual partner(s), sexual activities or drug use
- Transmen and transwomen may engage in receptive or insertive oral, vaginal or anal sex
- STI/HIV prevention and screening based on individual risk and behaviors. Test based on behaviors.
- Treat all patients and partners according to CDC guidelines
- Non judgmental education on safe sex
Medical Considerations: ACCESS TO CARE

- For example, if a transgender woman is sexually active with men and engages in rectal sex without condoms, as a receiver, rectal GC/CT testing is appropriate. If she is not sexually active with her penis, then urine GC/CT is not needed.

- Other testing may include HIV, Syphilis (RPR), Hep B and C.
Medical Considerations: ACCESS TO CARE

- Education on pregnancy prevention
- Hormones are not birth control
- For transwomen, estrogen and spironolactone reduce sperm count, but sperm are still viable
- For transmen, ovulation can occur and pregnancy is possible
- Title X brochure on transgender fertility and sexual health-have this at your centers:
http://transhealth.ucsf.edu/trans?page=lib-00-00
Medical Considerations: Risks of Silicone

- Silicone injections are often desired to enhance transition with body contouring
- Trans women: lips, cheekbones, thighs, hips, buttocks
- Trans men: pectoral, gluteal and calf areas
- Liquid silicone injections by non-licensed providers dangerous- often use industrial grade silicone which degrades and can cause life threatening complications
- Long term complications include ulcerations, scarring, disfiguring migration of the silicone
References for Medical Protocols

- The World Professional Association of Transgender Health (WPATH), Standards of Care for Gender Identity
- UCSF Center of Excellence Primary Care Protocol for Transgender Patient Care
- Fenway Guide to LGBT Health (2nd edition coming in 2014)
- Vancouver Coastal Health  www.transhealth.vch.ca
- Callen-Lorde Protocols for the Provision of Hormone Therapy, NYC (need to request, not available on line)
- Tom Waddell Health Center Protocol for Hormonal Reassignment of Gender, San Francisco

All easily found on Internet
Transgender Front-Line Staff Tool

www.lgbthealtheducation.org/publications
References and Resources for Legal Materials


Other Transgender Health Webinars

- Meeting the Health Care Needs of Transgender People
  - Presenter: Sari Reisner, MA

- Providing Cross-Gender Hormone Therapy for Transgender Patients
  - Presenter: Gal Mayer, MD

To watch these “on demand”, go to: [www.lgbthealtheducation.org/training/webinars](http://www.lgbthealtheducation.org/training/webinars)
Save the Date

- **Transgender Health: Case Studies**
  - Presenter: Tim Cavanaugh, MD
  - Dec. 10, 2013
  - Registration will open soon

- **HIV Outreach for Farmworker Men Who Have Sex with Men**
  - Presenter: Scott Rhodes, PhD, MPH
  - January 14, 2014
  - Registration will open in December

[website link](www.lgbthealtheducation.org/webinars)
**WORKSHEET:**
Strengths and Gaps in Creating a Welcoming Environment

<table>
<thead>
<tr>
<th>ORGANIZATION’S CURRENT STRENGTHS</th>
<th>GAPS / NEEDS</th>
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<tbody>
<tr>
<td><strong>PHYSICAL ENVIRONMENT</strong></td>
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<td>Includes:</td>
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<td>- what’s on the walls</td>
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<td>- images on materials</td>
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<tr>
<td>- bathrooms</td>
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<td>- location</td>
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<tr>
<td><strong>CLIMATE AND ATTITUDES</strong></td>
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<tr>
<td>Includes:</td>
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<tr>
<td>- staff attitudes</td>
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<td>- comfort with transgender issues</td>
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<td>- comfort with transgender terminology</td>
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<td>- level of respect</td>
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<td><strong>PROCEDURES AND PRACTICES</strong></td>
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<td>Includes:</td>
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<td>- forms</td>
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<td>- intake procedures / questions</td>
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<td>- information-sharing practices</td>
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<td>- other organizational processes</td>
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This chart provides a place to brainstorm strengths and gaps in your organization’s current efforts to create a welcoming climate for transgender clients. While the focus is on being welcoming to transgender clients specifically, this should be considered in a way that recognizes intersections in clients’ racial, socioeconomic, immigrant, ability/disability, and other experiences.
## LEADERSHIP/VISION

<table>
<thead>
<tr>
<th>PRACTICE INDICATOR</th>
<th>What is the organization already doing in this area?</th>
<th>Ideas for improving transgender cultural competency in this area</th>
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</thead>
<tbody>
<tr>
<td>Organizational leaders can/do articulate how transgender advocacy is part of the organization’s core mission.</td>
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<tr>
<td>The organization makes space to talk about transgender issues when making organizational decisions (e.g. program priorities, funding opportunities, staff assignments, framing discussions, etc.)</td>
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<tr>
<td>The organization is willing to commit the resources necessary to fully serve transgender clients, even though they may be a small percentage of the client base.</td>
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<tr>
<td>Existing transgender-inclusive policies within the organization are well-publicized; staff know about them.</td>
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</table>
# WELCOMING CLIMATE

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<tr>
<td>Visible images and materials in the reception area are inclusive of transgender</td>
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<tr>
<td>people and issues.</td>
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<tr>
<td>Visible images and materials in other parts of the office (e.g. interview rooms,</td>
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<tr>
<td>advocates' offices) are inclusive of transgender people and issues.</td>
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<tr>
<td>If the organization has an area where clients can pick up materials on substantive</td>
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<tr>
<td>legal and/or community issues, the materials include transgender-related content.</td>
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<tr>
<td>A potential client who is transgender would feel comfortable and welcome coming</td>
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<td>into our office and seeking help.</td>
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# WELCOMING CLIMATE

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<tr>
<td>Staff who function as the “first point of contact” within the office are sufficiently comfortable with transgender terms and issues to speak openly with transgender clients about their lives.</td>
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<tr>
<td>All staff are comfortable service clients who are transgender and who do not conform to gender stereotypes.</td>
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<tr>
<td>We have gender neutral restroom facilities.</td>
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</table>
## INTAKE

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<tr>
<td>Staff are able to respectfully ask about a client’s preferred name and gender in a way that does not convey discomfort with the topic. Staff consistently use clients’ preferred name and gender pronouns once learning of them.</td>
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<tr>
<td>Our intake process includes questions that would identify the ways in which gender identity and/or sexual orientation might affect a client’s case.</td>
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<tr>
<td>If the organization uses standard intake questionnaires, these include references to gender identity. For example: our forms ask clients to self-identify their gender identity; we ask clients to indicate whether they believe their case involves discrimination based on things like race, gender, gender identity, sexual orientation or immigration status, etc.</td>
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<tr>
<td>Client intake is conducted in a private enough space to allow people to talk about sexual orientation and gender identity in a comfortable, confidential manner.</td>
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<tr>
<td>Staff who conduct intake in languages other than English know the correct transgender-related terminology in the languages they use.</td>
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## CASE HANDLING AND LEGAL ISSUES

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<tbody>
<tr>
<td>Our organization has a process for ensuring that everyone who interacts with a client knows their preferred name/gender if it differs from their legal name/gender.</td>
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<tr>
<td>Our organization has a process for maintaining confidentiality around information about gender identity.</td>
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<tr>
<td>The system we use for naming case files makes it possible to label the file using a client’s preferred name rather than their legal name, if the two are different.</td>
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<tr>
<td>Advocates within the organization can identify the types of legal concerns transgender clients may face within the office’s practice areas.</td>
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## CASE HANDLING AND LEGAL ISSUES

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<tr>
<td>The organization has advocates on staff who are knowledgeable about substantive legal issues related to gender identity that may arise in the office’s practice areas.</td>
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<tr>
<td>For expertise that does not currently exist within the organization, staff advocates know where to go to get the legal information they need to competently represent clients dealing with gender identity related issues.</td>
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## OUTREACH

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<tr>
<td>All or most organizational outreach materials include transgender-inclusive language and/or topics.</td>
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<tr>
<td>If outreach materials are provided in multiple languages, transgender inclusive language is included in all versions.</td>
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<tr>
<td>Our community education efforts include transgender-specific issues and/or information in all or most of our efforts.</td>
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<tr>
<td>Community education presenters are comfortable discussing transgender issues within the general community presentations that are not specifically targeted at transgender audiences.</td>
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# OUTREACH

## PRACTICE INDICATOR

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<tbody>
<tr>
<td>We have an established network of transgender leaders and organizations within the community that we work with for outreach.</td>
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<tr>
<td>Our organization does active, targeted outreach to the transgender community.</td>
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</table>
## STAFF TRAINING

<table>
<thead>
<tr>
<th>PRACTICE INDICATOR</th>
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<tbody>
<tr>
<td>Our staff training and development efforts include trainings on transgender issues.</td>
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<tr>
<td>Staff who provide the “first point of contact” for clients are specifically trained about how to create a respectful and welcoming first impression that will allow the client to pursue further engagement with our services.</td>
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<tr>
<td>Attention to transgender issues is woven into all staff trainings, including those related to substantive legal issues.</td>
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