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Improving Transgender Patients' Access to Care in the Primary Care Setting: A Quality Improvement Project

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Abstract

Background: In the United States, nearly 1 million people identify as being transgender and 2% of transgender people were diagnosed with HIV in the U.S. and dependent areas in 2019 (CDC, 2022b). The literature indicates that transgender people avoid seeking healthcare due to fear of facing stigma and discrimination. Because of this stigma and discrimination in the healthcare setting, transgender people may choose not to participate in HIV screening. This phenomenon may be attributed to other studies which point to a lack of LGBTQ+ health related education in nursing and other healthcare provider education.
Purpose: The purpose of this quality improvement project (QIP) was to improve the knowledge of healthcare professionals regarding transgender stigma and discrimination in a healthcare setting and how stigma and discrimination affect the willingness of transgender individuals to participate in HIV screening in the primary care setting.
Methods/practice: The findings from the literature informed this QIP. A survey was created for the pre- and post-intervention. The survey consisted of 12 demographic questions and 15 knowledge questions on transgender stigma, discrimination, and HIV. Twenty-three participants completed the pre-survey, and eighteen participants completed the educational session and post-survey. A 30-minute evidenced-based educational session was conducted at a primary care clinic on transgender stigma and discrimination in the healthcare setting and how it impacts HIV screening.
Conclusions: The findings indicated that healthcare professionals lacked sufficient information on transgender stigma and discrimination in the healthcare setting. Findings from the post-survey indicated that the educational session increased knowledge of healthcare providers to improve transgender patients experience when seeking HIV and other related healthcare. Post-survey scores improved 31.05% on average over pre-survey scores following the educational session with low scoring questions on the pre-survey having the most significant improvement after the educational session.
Implications for practice: There is a lack of LGBTQ+ related education in nursing and other healthcare provider curricula. Leadership in educational/academic settings should evaluate if LGBTQ+ health related education is being provided in undergraduate/graduate settings and determine how best institutions of higher learning can incorporate LGBTQ+ health related education into nursing and other healthcare provider curricula.

Table of Contents

Chapter I

Introduction

Problem Statement

Transgender is a term that defines an individual who does not identify with their assigned sex and associated gender that they were assigned at birth (Kachen & Pharr, 2020). It is suggested that many transgender individuals experience stigma and discrimination in their day-to-day lives that has affected them in accessing health care (Centers for Disease Control and Prevention [CDC], 2021c). According to Kelley (2021), when transgender patients go to their medical appointment, they face stigma, which includes providers' use of excessive precautions, being blamed for their health conditions, experiencing physical and verbal abuse, and encountering complete refusal of care. For example, a transgender female goes to her primary care provider who is unfamiliar with transgender health. For the duration of the appointment, instead of addressing the concerns of the patient, the provider much of the time questions the transgender female's identity. As the appointment nears its end, the transgender female patient is finally able to ask about some of her concerns. However, the provider gives the patient a pamphlet on HIV and tells his patient to find a specialist to take over their care. The result of this treatment is that this transgender patient leaves not being able to ask about hormone replacement therapy and the consequences of the untreated chronic abdominal pain she is currently experiencing (Kelley, 2021). This is one of many incidences that transgender patients face when trying to get medical care. According to Kachen and Pharr (2020), transgender patients have experienced reduced access to healthcare, delaying medical care due to fear of discrimination, higher rates of negative health behaviors, and poorer health outcomes.

Background

Transgender patients are often treated as having a mental illness and are automatically presumed to have Human Immunodeficiency Virus (HIV). Most of the time these problems are unintentional and can be prevented by educating and training healthcare professionals on basic transgender health. Andrzejewski et al. (2021) conducted a recent meta-analysis study that included laboratory-confirmed HIV testing estimated an HIV prevalence of 9.2% for all transgender individuals in the United States, higher prevalence in transgender women. It is estimated that one in five women who identify as transgender are living with HIV, with more than double the HIV prevalence among African American transgender females in the United States (Kalichman et al., 2017). There are many barriers to HIV testing among transgender patients, that being homelessness, healthcare provider mistreatment, and HIV-related stigmas (Vaitses Fontanari et al., 2019). There are two preventative methods for HIV: preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP). According to the CDC (2020b), PrEP is a medication that is one pill taken every day at the same time for patients at risk of contracting HIV. It is suggested that PrEP can reduce the risk of getting HIV by 99% if taken as prescribed (CDC, 2020b). PEP on the other hand is two medications that must be taken 72 hours post-HIV suspected exposure that is taken for 30 days (CDC, 2020a). Although there is prevention for HIV, it is suggested that there are significant barriers for PrEP and PEP access in the transgender community, which include provider discrimination and cultural incompetency, high cost and unreliable insurance coverage, mental health comorbidities, and medication side effects (Watson et al., 2020). Transgender patients also avoid the healthcare setting due to fear of stigma and discrimination due to their gender identity that at many times some of these individuals may not be aware of the preventative methods that may keep them from contracting HIV.

Scope of the Problem

Several health disparities are affecting the transgender community in accessing HIV screening and prevention. According to Reback et al., (2019) transgender females are exposed to a range of socio-structural risks including stigma, discrimination, criminalization, violence, economic insecurity, mental health issues, and sexual risk behaviors that lead to high HIV incidence and prevalence. It is suggested that HIV prevalence rates among transgender females are estimated between 22% and 28% nationally, higher than any population (Reback et al., 2019). Transgender men, on the other hand, have a lower HIV prevalence but it has been suggested that the risk increases when a trans man has sex with a cisgender male (Andrzejewski et al., 2021). Cisgender can be defined as an individual who identifies with their assigned sex at birth (CDC, 2019a). Transgender individuals face unique barriers when wanting to access healthcare. Transgender patients may experience discrimination related to sexual identity, gender identity, or sex work-related stigma in the healthcare setting (Brookfield et al., 2020). This stigma and discrimination in the healthcare setting can discourage a transgender patient from getting HIV screened which may delay their diagnosis and treatment if they have contracted the virus (Brookfield et al., 2020). Most of the time this stigma and discrimination is unintentional and may be due to a lack of knowledge from the healthcare staff. According to Eickhoff (2021), healthcare professionals shared that they would have wanted better education and training on LGBTQ health. It was published that only 5 hours of LGBTQ+ education is presented in both the United States and Canada's medical education. According to Eickhoff (2021), 18 nursing schools in their study did not teach material related to LGBTQ+ health, which leaves their students with cultural congruency deficit that may impact their patient care and experience. This lack of education in transgender health is affecting healthcare professionals' interaction with this

community which is turning away transgender patients from seeking HIV screening and learning about PrEP and PEP access.

Consequences of the Problem

According to Brookfield et al. (2020), the accessibility of sexual health screening, counseling, and treatment can be restricted in settings pervaded by stigma, marginalization, and resource constraints. It is suggested that a person who identifies as transgender experiences a disproportionately high prevalence of HIV and Sexually Transmitted Infections (STIs) in low-, middle-, and high-income countries (Brookfield et al., 2020). According to the CDC (2021a), there are 1 million people that identify as transgender in the United States, and only 601 were diagnosed with HIV in 2018. It is suggested that the HIV prevalence in the United States has been estimated to be more than 34 times as high among transgender women compared with all other people ages 15 to 49 years old (Pitasi et al., 2020). Despite the high prevalence, HIV testing among the transgender community remains low where one in 10 transgender patients have been tested in the past year (Pitasi et al., 2020). According to Pitasi et al. (2020), barriers such as gender-related stigma, discrimination, negative experiences in the healthcare setting, and lack of culturally competent and gender-affirming care can discourage utilization of care and routine HIV testing. Many individuals in the trans community rely on sex work as their source of income (Brookfield et al., 2020). HIV testing provides these patients the opportunity to learn about HIV prevention and treatment services and can improve HIV prevalence and prevent the person from contracting HIV (Pitasi et al., 2020). For this reason, healthcare professionals must be properly educated on transgender health, their risk of contracting HIV, and how stigma and discrimination play a role in being a barrier in obtaining access to healthcare for this community.

Knowledge Gaps

Based on the information gathered, healthcare professionals are not trained on transgender health or how to be culturally sensitive to this population. According to Hana et al., (2021), contributors to stigma and discrimination in the transgender population are prejudice, inadequate medical training, and conscious and unconscious bias among healthcare workers, cis-normative service models that presume all patients, learners, and clinicians are not transgender or gender diverse. According to Arora et al (2020), healthcare providers have reported a lack of training which compromises their ability to deliver care to someone that is transgender. It is suggested that there is minimal to no inclusion of transgender health in medical undergraduate programs (Hana et al., 2021). According to Hana et al., (2021), the undergraduate educational environment described by medical students to be more heteronormative and cis-normative. Postgraduate level programs consist of few studies exploring the impact of one-time interventions to teach gender-affirming care, which resulted in medical trainees feeling unprepared or lacking the experience to care for patients that are transgender and gender diverse (Hana et al., 2021). There needs to be more education on transgender health, gender identity, learning the different gender terms, and understanding how the stigma and discrimination are a huge barrier when it comes to healthcare access for the transgender community. This education is important so that a transgender person feels secure and welcomed whenever they try to seek medical care.

Proposal Solution

Overall, stigma and discrimination exist within the transgender community. These problems need to be addressed to reduce these barriers that are affecting the transgender community in accessing healthcare. Healthcare professionals need to be trained and educated on

how to properly interact with someone that is transgender. It is important to train healthcare professionals on how to not offend or embarrass patients when the individual does not identify with their birth sex. Healthcare professionals should be respectful of the patient's preferred pronoun without questioning or making the person feel bad. This type of education needs to be provided to all health care disciplines since each one is involved with the care of the transgender patient the moment that the individual steps foot in the healthcare setting. The purpose of this quality improvement project is to improve health care professionals on transgender stigma and discrimination in the healthcare setting and how it affects their willingness to participate in HIV screening.

Chapter II

Summary of the Literature

The term transgender is an umbrella term for populations whose gender identity does not fall into a traditional cisgender category or differs from the one assigned at birth. Despite high rates of HIV prevalence, close to 50% of transgender people are unaware of their HIV status (Centers for Disease Control and Prevention [CDC], 2021b). Hence, HIV screening is a vital step in limiting the spread of the virus and starting timely treatment. According to Healthy People 2030 (n. d.), in order to end the HIV epidemic, the healthcare system should strive to achieve a 90% decrease in new HIV cases by 2030 by implementing four key strategies, such as prevent, diagnose, treat, and respond. Leite et al. (2021) pointed out that the most important strategy to contain the spread of the virus is to inform people about their HIV status. The model of healthcare aimed at transgender adults and adolescents, as an at-risk population, includes a combination of such services as prevention practices (condoms, PEP, PrEP, and lubricants), regular screening, continued care, and treatment (Leite et al., 2021). Thus, the main purpose is creating and maintaining a trust-based bond between the transgender community and healthcare professionals, so the latter could provide healthcare services, monitor, and promote health education. At the same time, such services are not always accessible for trans people. Because of structural, personal, and interpersonal stigma, transgender people have inadequate access to healthcare services and HIV information (Jadwin-Cakmak et al., 2021; Sundus et al., 2021). Studies suggested that discrimination at healthcare facilities is one of the most significant barriers preventing the at-risk population from regular testing and visiting their healthcare providers (Leite et al., 2021; Poteat et al., 2017). Due to the vulnerability of the concerned population to HIV infection, it is imperative for healthcare providers to promote HIV testing

among trans individuals. The present paper aims at researching how stigma and discrimination affects a transgender persons access to care and how it affects HIV screening.

Search Strategies

Search strategies of the paper aimed at locating credible sources that discussed culturally sensitive approaches in the context of HIV prevention programs among the transgender community. In order to reach the objective, 15 sources were analyzed and synthesized into a literature review. The search of relevant information was conducted in the databases of PubMed, CINAHL, and CDC following a set of specific criteria. First, the data had to be up to date, published within the interval from 2017 up to 2022. Second, the publisher had to be a peer-reviewed and scholarly journal or relevant information from an official institute's portal. Third, the sources are dedicated to studying the transgender population from different perspectives of the healthcare continuum. The keywords in the search process included *transgender population, LGBTQ, transgender stigma and discrimination, HIV testing, stigma, HIV education,* and *HIV interventions*. As databases pulled over 1,000 results with the indexed words, the second stage of the search strategy involved manual selection. Consequently, 15 sources were deemed as the most consistent with the topic under discussion and were chosen for further analysis. After due processing and categorizing, the information that met the selection criteria was summarized in the sub-themes discussed below.

Definition of Transgender Community

In order to examine the problem of HIV prevention strategies in the transgender population, it is necessary to draw the definition of the transgender community and understand the composition of the transgender group. Thus, according to Poteat et al. (2017), the term transgender population denotes a social group with a different gender identity from the one at

birth. Usually, gender identity defined at birth is identified by the look of the external genitalia and mentioned in the birth certificate. Gender or gender identity has been defined and described by a large number of sources. In general terms, gender can be described as the characteristics of men, boys, women, and girls that are constructed by society. The problem of the high rates of HIV in transgender people is especially important given the size of the community. According to Poteat et al. (2017), recent data indicates that more than 25 million of the global population are transgender. In the United States, statistics from thirty states show that close to 1.4 million Americans consider themselves transgender. Notably, according to Mueller et al. (2017), healthcare inquiry into the transgender community has become a focus of scientific attention only recently. At the same time, transgender men and women are becoming increasingly visible not only as part of artistic circles but academic leadership.

Prevalence of HIV in the Transgender Community

Transgender populations are disproportionately impacted by HIV. To estimate the prevalence, CDC (2019b) conducted a meta-analysis of studies concerning HIV rates in the transgender community, stating that transgender females can be considered one of the most highly affected by HIV in the United States. Particularly, HIV prevalence reached 14.1% in women who identify themselves as transgender, compared to 3.2% in men (CDC, 2019b). The prevalence is especially elevated among transgender women of color. According to Jadwin-Cakmak et al. (2019), self-reported rates of HIV in African American adult women are close to 20%, and 4% are attributable to Latina transgender women. Due to the high rates of HIV prevalence, the majority of studies were dedicated to researching the transgender women population. However, most recently, the focus had shifted to studying transgender men, especially those who have sex with other men (Fisher et al., 2018; Jadwin-Cakmak et al., 2018;

Reback et al., 2018). As for the general prevalence, 9.2% of the overall transgender community in the country was diagnosed with HIV (Andrzejewski et al., 2021). To compare, HIV rates in the general population constitute less than 0.5% (CDC, 2019b). These alarming statistics confirm the existence of health disparities in the transgender community and highlight the need to develop effective strategies to address the problem.

Vulnerability to HIV

Regardless of the HIV status, members of the transgender community have diverse structural, social, interpersonal, and personal determinants that contribute to the high prevalence of HIV, though not all of them are purely transgender-specific. Interpersonal and personal variables include unsafe sexual practices, such as intercourse without condoms, multiple sex partners, frequent change of partners, and previous sexually transmitted infections (Mueller et al., 2017). Additionally, sharing syringes for drugs, hormones, or silicone injections are considered personal factors contributing to increased rates of HIV in the population. Substance abuse usually accompanies risky behaviors since it leads to sex under the influence of drugs or alcohol. Finally, psychological factors of anxiety and depression are in the range of personal factors.

Interpersonal and personal factors affect transgender women more than men. However, according to Mueller et al. (2017), although the rates of HIV in transgender men are low, they must not be neglected. Overall interpersonal variables include sexual assaults (64%), lack of social support (57%), and physical violence (61%) (Neumann et al., 2017). Thus, transgender people face discrimination and violence, which are the main interpersonal factors.

On the social and structural levels, transgender adults and adolescents face more issues than their cisgender counterparts. As per Neumann et al. (2017), structural and social

determinants putting pressure on the transgender community is unemployment (66% among transgender women), discrimination (63% overall), and homelessness (57% of transgender women). Stress can be amplified by other socio-economic determinants related to race, ethnicity, socio-economic status, and gender. The wellbeing and health of transgender people are substantially affected by these determinants, which is why a transgender-sensitive strategy is required for efficient healthcare delivery.

Mainly, high rates of HIV are attributed to risky sexual behaviors. The reason may reside in the transphobia, discrimination, and the high costs of gender reassignment surgeries that make transgender people engage in commercial sex with people that pay higher for unprotected sex (Neumann et al., 2017). As for transgender men, they engage in unprotected sex to affirm their gender identity and to make money to pay for gender reassignment procedures (Mueller et al., 2017). Male transgender individuals who did not socialize with the gay community could not acknowledge how to discuss safe sex practices with their male partners, who have sex with other men. As per Neumann et al. (2017), transgender men who undergo testosterone therapy may experience elevated sex drive and vaginal dryness, thus increasing the risk of acquiring infections including HIV. Finally, both genders may forgo using protection during sexual intercourse with their primary partners to affirm gender identity.

Drug and substance abuse aggravate the risks of acquiring HIV since it makes transgender individuals extremely vulnerable to infection. Thus, the discussed population may acquire and spread HIV by sharing syringes to inject drugs, silicone, and hormones. At the same time, as per Neumann et al. (2017), transgender people are at a higher risk for acquiring HIV through sexual contact with a partner who injects drugs through used syringes. Generally, the use of drugs and alcohol is widespread in this group since they help to cope with social stress and

hardships. However, the substances make people vulnerable by undermining the will and capability to discuss safe sex practices with their partners.

Apart from the possibility of being infected through unsafe sexual practices, transgender people can acquire HIV from sharing syringes to inject hormones, silicone, or drugs. At the same time, Neumann et al. (2017) note that transgender people have more chances to become infected with HIV through intercourse with a drug addict who uses injectable substances. Marijuana and alcohol may be perceived by the transgender community as beneficial options since they help to relieve stress and anxiety, while decreasing the psychological effects of gender dysphoria, stigma, and helping to cope with sex work. However, the negative effects of using drugs are significant as being high or drunk substantially reduces the ability and the will of a person to negotiate safe sexual practices.

Although the topic of HIV is widely discussed in scientific discourse related to the transgender community, it is not the only public health problem in the population. Other important issues include transphobia-related physical abuse, verbal abuse, homicide, depression, anxiety, suicidal ideation, other mental health issues, and socioeconomic marginalization. Most importantly, transgender adults and adolescents have unsatisfied healthcare needs due to unavailable healthcare services and previous negative experiences during the visits.

Psychological concerns may add to preexisting causes of risky behaviors and external determinants. Brennan et al. (2012) conducted a study on 151 transgender individuals, who provided commercial sex, were incarcerated or were homeless, to identify whether syndetic factors contribute to HIV risks. According to Brennan et al. (2012), the psychological conditions indicate comorbid epidemics that may amplify and co-exist with each other, thus calling for bundling HIV prevention services to an obligatory healthcare package. The researchers note that

the bundled services should be cost-effective in order to be accepted by the transgender community. Such programs would help to nurture resiliency among the indicated population by integrating supportive strategies into healthcare delivery practices and providing healthy role models. The education approaches may include instilling beliefs that everyone has the right to define their identity, that gender diversity is natural, learning to take strength in surviving negative experiences, and communication with supportive people.

Interventions to Limit the Spread of HIV in the Transgender Community

In the literature review, major efforts in containing the HIV epidemic in the transgender population are dedicated to limiting the spread of the infection. Poteat et al. (2021) divided the prevention strategies as behavioral (HIV testing), biomedical (PEP and PrEP), and structural (transgender-sensitive care).

HIV Testing

HIV screening is a necessary measure both for those who have HIV to access further interventions and for those who do not have it to start a risk-reduction approaches and other treatments. According to CDC (2021b), 40% of new HIV cases are attributed to individuals who do not know that they have the virus. Consequently, the CDC (2021b) recommends all people aged from 13 to 64 to test for HIV at least once, while at-risk categories of populations are advised to take a test at least once a year. It is advisable for sexually active women who identify themselves as trans and men who have sex with men (MSM) to take the test at least once in 3 to 6 months. For people who remain undiagnosed, HIV screening is the first step in starting healthy lifestyle and preventing the spread of HIV.

HIV testing is critical in limiting the spread of viral infections. In 2015, the National Institute of Health initiated a clinical trial according to the results of which improved patient

outcomes are associated with starting antiretroviral (ART) treatment early and getting HIV tested as soon as possible (CDC, 2021b). A more recent study conducted in Ethiopia is in line with these findings (Ahmed et al., 2020). The researchers compared the effectiveness of ART in two groups: one group received therapy at the same day of being tested HIV-positive, while the other group received medications after 7 days following the diagnosis. Results revealed that the rate of care retention among the test group was lower, confirming the previous evidence about personal advantages of early testing. Thus, both studies suggest that early and regular HIV testing can lead to improved outcomes for HIV-positive people, while people tested negative can have a chance to re-consider their decisions about sex and drug use. Transgender community being an at-risk group can be offered prevention treatments, such as PrEP and PEP.

Currently, three types of HIV tests are commonly practiced in the United States. Although each of the tests provides accurate data, neither can detect the virus immediately after exposure. According to the CDC (2021b), the nucleic acid tests are very expensive, as they detect the actual virus in the bloodstream within 10 to 33 days. They are recommended for individuals who had a high-risk contact with the virus as opposed to other methods that are used in most cases. The second test type can detect antibodies and p24 antigens within 18 to 45 days after exposure. Antibody tests are the third type of HIV-testing that can be performed on a blood sample or oral fluids. It detects antibodies in blood and take up from 23 to 90 days. The CDC (2021b) recommends administering antibody/antigen or antibody testing as an initial test. Follow up tests are performed in case of positive results from rapid tests. Thus, HIV testing provides accurate results reducing the chance of missing the diagnosis.

PrEP and PEP

One of the current biomedical preventative interventions to combat the high prevalence rates of HIV in the population is PrEP (pre-exposure prophylaxis). According to CDC (2021b), PrEP shows almost 99% of effectiveness if taken regularly. Given the incidence rates in transgender women and MSM, CDC (2021b) suggested linking these populations to PrEP treatment in their other report. The same report suggested that there are no found drug interactions between PrEP and hormone therapy medications. This is an important information, given that most of transgender people take anti-androgen and estrogen drugs. In addition, the pill should be taken at the same time once per day, which altogether implies that the drug is safe and convenient for transgender users. However, another study by Reback et al. (2019) suggested that transgender women and MSM have very low PrEP uptake and adherence rates. The researchers assume that one of the most probable reasons resides in stigma-related experiences of transgender people that prevented them from getting HIV tests and accessing proper care information about PrEP medication.

In case of a suspected HIV-exposure event, healthcare providers may advise transgender people to take PEP (post-exposure prophylaxis). According to CDC (2020a), PEP prevents the HIV virus from making copies of itself to circulate through the body. The medication consists of 2-3 pills to be taken for 28 days. However, PEP can be effective only within 72 hours and does not offer 100% effectiveness. To verify their HIV status, exposed individuals may need to come for a follow up visit on 4-6 weeks, 3 months, and 6 months after the incident (CDC, 2021b). However, given that PEP is not fully effective, it could be advised as an emergency measure in uncommon situations.

Stigma and Discrimination in Transgender Population

Despite the personal advantages of being tested early in HIV, transgender population are reluctant to visit healthcare providers. Researchers suggested that the most probable reason of HIV test avoidance is stigma and discrimination aimed at trans people (Eickhoff, 2021; Fisher et al., 2018; Jadwin-Cakmak et al., 2019). In a meta-analysis study, Jadwin-Cakmak et al. (2019) categorized stigma experiences as personal, interpersonal, and structural. On the structural level, society has propensity for gender stereotyping. If people want to change the sex they were assigned at birth, they are considered disordered by the society members. Structural stigma can be observed in healthcare policies and insurance plans limiting access to proper healthcare services for the transgender population. Many trans people are uninsured or unemployed as a consequence of employment discrimination, but even if they have insurance, gender affirming treatments are often considered unnecessary or pre-existing and do not get insurance coverage (Jadwin-Cakmak et al., 2019).

Failure of national institutions to provide adequate access to healthcare can be seen as a separate form of structural stigma. According to Jadwin-Cakmak et al. (2019), due to the inability of medical universities and schools to train future healthcare providers in transgender care, there is a deficit of competent staff that could address transgender issues. According to a systematic review by Eickhoff (2021), healthcare practitioners reported that they would like to receive more detailed education and training on the health issues in LGBTQ+ populations. The study revealed that future healthcare specialists receive only five hours of education on the subject in medical institutions both in the United States and in Canada. As per Eickhoff (2021), the situation with nursing schools is even worse, as 18 schools do not train nurses regarding transgender health, which results in graduates and newly hired nurses lacking cultural

information related to the population's health. Although qualitative research suggested that the acts of stigma are unintentional and signifies insufficient understanding of the transgender community, negative experiences cause psychological distress in the transgender community (Eickhoff, 2021). This fear of stigma from healthcare providers causes a transgender person to avoid and postpone visiting hospitals and HIV-test centers, which results in negative outcomes described earlier. Although unintentional, this deficit of cultural sensitivity negatively affects patient satisfaction and quality of care. Thus, the lack of education hinders successful communication with the transgender community and prevents its members from seeking HIV testing and accessing information about PrEP and PEP access.

Social beliefs may reflect stigma on the interpersonal level. According to Logie et al. (2017), transgender individuals, who did not have gender affirming interventions and whose stigma is visible to the general population, are often subject to physical and sexual violence. Notably, the study suggested that transgender people whose signs of gender change are less visible to others may have even higher level of discrimination once the gender identity becomes known. This statement may explain the reluctance of transgender individuals in visiting healthcare organizations, as some may have faced prior bureaucratic obstacles in obtaining identification documents. Logie et al. (2017) reported instances whereby a transgender individual going by feminine names are called out by the name they had in their IDs, which raised explicit and implicit negativity from the people in the waiting lines. It was also reported that close to 30 percent of trans individuals had experienced harassment and discrimination in the medical settings (Logie et al., 2017). Stigmatized opinions are expressed explicitly when a healthcare provider is opposed consciously to transgender people or implicitly through the use of a wrong pronoun or using an outdated terminology when referring to a patient. Interpersonal stigma in

healthcare has implications for behavior and health of the transgender population, leading to adverse outcomes for patients and their partners.

Individual-level stigma affects a transgender individual's perception of themselves and other people. According to Logie (2017), expecting rejection, trans population may start to avoid interactions with cisgender people. This coping mechanism leads to the postponed necessary care and more negative outcomes for trans patients. Internalized stigma may develop into mental health problems and problematic behavior, which may heighten the risks of contracting STDs and HIV. Thus, internal stereotyping resembles a loop in which affected individuals do not seek healthcare due to internalized problems because of being subject to their own stigma.

Gender Dysphoria

The transgender population encounters psychological issues that take the form of gender dysphoria. According to Mueller et al. (2017), gender dysphoria denotes the distress experienced by an individual understanding that his or her gender identity differs from the one defined at birth. In terms of transgender psychology, studies confirm substantial progress in identifying the needs of the population that chooses to shift to their preferred gender identity (Mueller et al., 2017; Poteat et al., 2017). The number of people that decided to undergo gender reassignment procedures has increased since 2000 all around the world significantly. However, both before the transition and after it, studies note mental health concerns in the transgender population. Apart from the most frequent problems that include anxiety and depression, recent studies have detected autistic symptoms among the transgender population. In particular, close to 40% of transgender individuals have, at least, one episode of suicidal ideation, while the number of individuals hospitalized after self-harm actions is significantly higher than in the general population (Mueller et al., 2017). Thus, psychological concerns may represent a barrier in

accessing adequate healthcare and HIV prevention programs. In this context, social support can be considered a protective factor against depression and suicidal thoughts in the indicated population. According to Mueller et al. (2017), post-transition attractiveness, social attitudes, and acceptance have a great influence on the psychological well-being of a transgender person. Therefore, healthcare professionals should consider these individual factors when assessing a transgender patient.

Culturally Sensitive Approach in Educating Transgender People

Transgender populations face discriminatory treatment and stigma-related experiences in the healthcare settings. To decrease the HIV incidence and prevalence in the population, healthcare providers should build an ethically competent and informative dialogue with the transgender community. Thus, the transgender individual should receive relevant and focused information on the benefits of HIV testing and the availability of PrEP and PEP medications as the prevention measures. According to Reback et al. (2019), researchers were able to ensure the linkage of transgender people to PrEP medication by providing quality and relevant information to the study participants. By eliminating a knowledge gap, it is possible to increase HIV awareness and encourage to seek HIV testing among the trans people.

In addition to the information itself, it is important to monitor how this information is communicated. According to Sundus et al. (2021), providers who built trust-based and positive relationships with their transgender patients were able to achieve increased adherence to medical recommendations. The opposite is also true, as culturally incompetent care may result in patients' avoidance and postponed care. Thus, to limit the spread of HIV in the country by unaware transgender population, the problem of unethical treatment in the healthcare settings should be resolved on the national level. Healthcare providers should be knowledgeable about

transgender health and understand how to deliver the information in a culturally competent way. According to Sundus et al. (2021), trust-based relationships can be created only if a healthcare provider knows to avoid offending transgender patients or making them feel awkward by using the wrong pronoun as opposed to the one a patient expressed their preference for. Leite et al. (2021) confirmed the positive role of a culturally competent physician in HIV prevention strategies when dealing with transgender persons. Overall, being professional implies exhibiting respectful and ethical behavior towards all patients; this is important for the transgender community.

The transgender population is at risk for HIV infection and unaware spread. Transgender people are vulnerable to HIV due to a range of personal, interpersonal, social, and structural factors. First, transgender individuals often fall victim to their own risky behavior, such as unsafe sexual practices and sharing syringes to inject drugs, hormones, or silicone. Second, transgender people are subject to physical violence and sexual assaults by the cisgender population. Social and structural stressors amplify the personal and interpersonal issues albeit in an indirect way. Financial hardships and psychological issues that are formed by cisgender transphobia contribute to the high prevalence of HIV in this group since transgender people engage in unsafe commercial sex for better payment and start using drugs to cope with mental issues. Consequently, the population under discussion is often subject to stigma and discrimination, which may prevent such individuals from seeking HIV testing and learning information about prevention strategies. Stigma in healthcare settings may be intentional or unintentional, though it negatively affects patient outcomes and HIV-related risks, as it results in the avoidance and postpones the necessary treatment. In order to increase the transgender community's engagement in the efforts to stop the spread of HIV, healthcare professionals should adopt an ethically

competent education approach towards their non-binary patients. Thus, improving transgender patients access to care and the quality of care provided by healthcare providers.

Chapter III

Purpose/PICO Clinical Questions/Objective

Purpose

The purpose of this quality improvement project is to improve healthcare professionals' knowledge on stigma and discrimination in the transgender community in the healthcare setting and how it affects their willingness to participate in HIV screening. According to the CDC (2022a), this stigma and discrimination in the healthcare setting have turned transgender patients away from getting medical services such as HIV screening. Transgender individuals may put themselves more at risk in contracting HIV due to certain behaviors. For example, a transgender person may engage in commercial sex with people that pay more for unprotected sex for money since jobs tend to turn these individuals away due to their transgender identity (Neumann et al., 2017). In the United States, transgender women are the most affected by HIV and the prevalence for HIV has reached 14.1% compared to transgender males (CDC, 2021b). For HIV, there is preventative methods such as preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP). Even though these preventative measures exist, transgender individuals may not be aware of PrEP and PEP because most transgender people avoid going to healthcare settings due to fear of stigma and discrimination. In efforts to make healthcare professionals aware of the stigma and discrimination that the transgender community faces in the healthcare setting, it is imperative to educate the healthcare providers on this matter and why it is important to screen transgender patients for HIV and provide PrEP/PEP education.

According to the Centers for Disease Control and Prevention (CDC, 2022b), Florida is one of the top 10 states with newly HIV infections in 2019. It is suggested that there were 4,378 newly diagnosed HIV infections in Florida (CDC, 2022b). The Florida Department of Health

(2021) reported 20,507 persons with an HIV diagnosis living in Broward County at the year-end of 2019. A total of 624 individuals received an HIV diagnosis, and 291 people received an AIDS diagnosis in Broward County in 2019 (Florida Department of Health [FDOH], 2021). It suggested that in 2019 people who received an HIV diagnosis in Broward County by mode of HIV exposure included 1% of the transgender community (FDOH, 2021).

Based on the research conducted thus far, transgender people avoid the healthcare setting due to fear of discrimination and stigma by healthcare providers (Kelley, 2021). Due to this fear of stigma and discrimination, transgender people may avoid the healthcare setting and may not get HIV tested nor be able to learn about the preventative measures for HIV such as preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP). Many times, this stigma is unintentional, and it comes from lack of education. It is important to make healthcare clinicians aware of why transgender people need to be screened for HIV and understand how stigma and discrimination plays a role when accessing care.

The purpose of this quality improvement project was to improve the knowledge of healthcare providers on how stigma and discrimination in the healthcare setting affects the transgender community from getting screened for the Human Immunodeficiency Virus (HIV). This QI project was conducted at an outpatient primary care clinic. The outpatient clinic is in the Broward County area. The clinic serves the surrounding areas of the Fort Lauderdale community. The clinic participates in research studies and treatments of all chronic conditions one of them being HIV. The office also offers healthcare assistance coverage which helps patients with obtaining healthcare access. The office focuses on LGBTQ+ primary care, and HIV care.

PICO Clinical Question

The PICO question is as follow: Does an educational session improve healthcare professionals' knowledge on how transgender stigma and discrimination in the healthcare setting affects their participation in HIV screening?

Objectives

The primary objective of this quality improvement project is to improve healthcare providers' knowledge on transgender stigma and discrimination in the healthcare setting and its impact on HIV screening.

SWOT Analysis

A Strength, Weakness, and Opportunities, and Threats (SWOT) analysis was used to assist with the management of this quality improvement project.

Strengths

Strengths of the organization include serving the LGBTQ+ population. The clinic is in an area where there are high numbers of HIV infections. The clinic is a research/teaching facility that welcomes medical students, physician assistant, and nurse practitioner students. The outpatient clinic is open to new strategies on how to better care for the transgender population. The clinic staff is approachable, friendly, welcoming, and open to learning. The clinical administrative team supports new evidence base practice and were very supportive of conducting the DNP intervention in the clinic. The clinic offers services to approximately 250 transgender patients.

Weaknesses

Weaknesses of the organization includes the amount of work that the staff does in their day-to-day role may impede them from completing the pre- and post-survey and not being able

to attend the educational session. Each provider sees close to 20 to 25 patients per day. There are nine providers and each member of the healthcare team in the clinic oversees completing the orders of the providers depending on who they are assigned to. On a very busy day, the participants may not be able to complete the pre- and post-survey nor attend the educational session on time.

Opportunities

Opportunities for this study include educating the healthcare staff at the clinic about the stigma and discrimination that the transgender community faces in the healthcare setting. The staff learned about the different gender terms that exist today and how to ask a transgender person their prefer pronoun while being respectful. The educational presentation assisted in bringing awareness to the healthcare team about the stigma and discrimination that the transgender community faces in the medical setting and how this pushes this community away from seeking medical services. This educational session offered participants an opportunity to learn more on HIV screening and the importance to screen this population.

Threat

Possible threats included potential participants not completing the pre-survey before educational session or forgetting to complete pre-survey. Another threat was not having enough participants to attend the educational session. Depending on the date of the educational session, if it is a busy day, there might not be many participants attending the educational session.

SWOT Analysis of the Outpatient LGBTQ+ Clinic	
Strengths • The clinic conducts research and is open to new evidence base practice.	**Weaknesses** • Healthcare staff's daily routine/workload may hinder them

• The clinic is a teaching facility. • The clinic cares for approximately 250 transgender patients. • The clinic staff is very welcoming.	from completing pre- and post-survey.
Opportunities • The healthcare staff will be more aware of the stigma and discrimination that the transgender community faces in the healthcare setting. • Better understanding about the importance of HIV screening in the transgender community. • How stigma and discrimination affect a transgender person willingness to participate in HIV screening. • Participants were educated on how to address someone who's gender identity does not match their birth sex.	**Threats** • Not completing pre-survey and post-survey on time or forgetting to complete it before educational session. • Participants not attending educational session due to that day being a busy day.

Chapter IV

Definition of Terms

The following definition of terms for this QI project include cisgender, discrimination, HIV, nonbinary, PEP, PrEP, stigma, transgender, trans female, and trans male.

1. ***Cisgender*** is a person whose current gender identity is the same as their assigned birth sex (CDC, 2019a).
2. ***Discrimination*** can be defined as denying social acceptance that at times may threaten the individual's safety (Drabish & Theeke, 2022).
3. ***HIV (human immunodeficiency virus)*** is a virus that weakens a patient's immune system by destroying immune cells known as CD4 helper t-cells, which help in fighting diseases and infections (CDC, 2021b).
4. ***Nonbinary*** is a person who identifies outside the gender binary of male or female or may go back and forth between different gender identities (CDC, 2019a).
5. ***PEP*** **(post-exposure prophylaxis)** is a medication that needs to be started with 72 hours of possible HIV exposure (CDC, 2020a).
6. ***PrEP*** **(pre-exposure prophylaxis)** is a one pill a day medication that needs to be taken every day at the same time to prevent HIV (CDC, 2020b).
7. ***Stigma*** is the social of labeling, stereotyping, and rejecting human difference as a form of social control (White Hughto et al., 2015).
8. ***Transgender*** is a term used for a person whose gender identity is different from their birth sex (CDC, 2019a).

9. ***Trans female*** Also known as trans women, a trans female is a transfeminine person, or women of transgender experience, and are women who were assigned male sex at birth (CDC, 2021c).
10. ***Trans male*** Also known as trans men, a trans male is a transmasculine persons, or men of transgender experience, and are men who were assigned female sex at birth (CDC, 2021c)

Chapter V

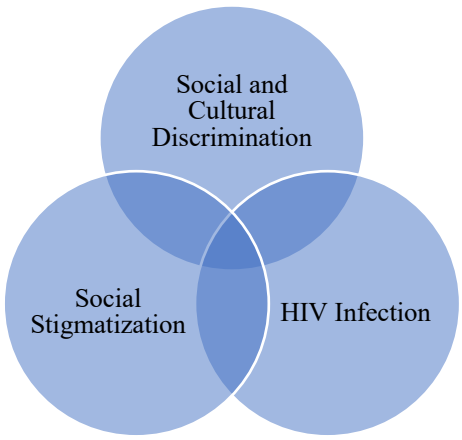
Conceptual Underpinning and Theoretical Framework of the Project

Syndemic Theory

According to Tsai (2018), the theory of syndemics was first proposed by Singer in 1996. Syndemics can be described as a cluster of certain psychosocial problems, social stigmatization or disease among marginalized populations and their synergistic effect on increasing a negative outcome (Chakrapani et al., 2019). The syndemic theory was chosen to frame the development of this QI project. The psychosocial is the social and cultural discrimination, social stigmatization, and HIV. The stigma and discrimination that the transgender population faces in the healthcare setting turns these patients away from seeking medical care. By not seeking medical care, a transgender person may not get screened for HIV and will pass on the virus without knowing their HIV status nor finding out of preventative methods such as PrEP and PEP.

Figure 1

Syndemic Theory Diagram



Chapter VI

Methodology

Study Design

This quality improvement (QI) project evaluated healthcare professionals' knowledge on transgender stigma and discrimination in the healthcare setting and how it impacts their willingness to participate in HIV screening. Evidence-based literature was used in the creation of the surveys and educational presentation. The pre-and post-survey contained 12 demographic questions that ask participants their gender, birth sex, prefer pronoun, level of education, job title, if they received LGBTQ+ education, and if so, how long was it and at where was this education provided. The knowledge section contained 15 questions that were based on the literature review articles used for this QI project. Participation of this quality improvement project was voluntary, and the data collected was kept confidential password protected. The email link provided information on the purpose of the QI project, informational, and recruitment letter that informed potential participants that completion of the pre-survey questionnaire means that they are consenting to participating in the QI project.

Setting

This QI project was conducted at an outpatient primary care clinic. The clinic offers LGBTQ+ care, STD screening services such as STD testing and treatment, HIV care, and primary care. The clinic offers care to over 250 transgender patients. The clinic provides hormone replacement therapy, links patients to PrEP/PEP, and helps patient find transgender support groups. The office also participates in research studies and treatments of all chronic conditions one of them being HIV.

Sample

An email invitation was sent to the administrator of the primary care clinic to forward to all the healthcare staff in the clinic. The healthcare staff includes phlebotomist patient care coordinators, pharmacist, pharmacy technicians, nurse practitioners, physician associates, medical doctors, and linkage team. All potential participants either provide care to transgender patients or their daily job provides regular interaction with the transgender community.

Intervention

An evidence-based educational session was delivered by the DNP candidate in a classroom style setting. The DNP candidate developed an educational PowerPoint presentation for the participants. The presentation contained graphics, text, and charts. Literature review articles was used for the creation of this educational presentation. The educational presentation contained information on gender identity, sexual orientation, transgender stigma and discrimination in the healthcare setting, importance of HIV screening, pronouns education, and proper communication strategies. The educational PowerPoint was delivered as a 20- to 30-minute educational session.

The immersion site administrator and DNP candidate picked the date and time for the educational session. The educational session was conducted in-person as requested by the immersion site administrator. The educational session was conducted in the main office conference room during the staffs' lunch break. Two weeks prior to the educational session, the DNP candidate sent an email to the immersion site administrator containing the pre-survey link, date to educational session, recruitment letter (Appendix C), and informational letter (Appendix D) to forward to the healthcare staff. Two days after the educational session, the DNP candidate

emailed the office administrator the post-survey link to forward to the staff so that those that attended the educational presentation could complete the post-survey.

Instruments

The pre- and post-survey was created using Qualtrics. Qualtrics is a survey system provided by the DNP candidate academic institution. Qualtrics allowed for the survey responses to stay anonymize, respondents' IP address, location data, and contact info was not recorded. The demographic section included questions about the participants' gender identity, birth sex, preferred pronoun, sexual orientation, age, highest level of education, job title, length of time they have worked in the medical field, if they have received LGBTQ+/transgender education before, and if so for how long and where that education was received.

The knowledge questions were developed by the DNP candidate. Evidence-based literature review articles were used for the creation of all the surveys knowledge questions. The first three knowledge question asked participants if they knew the meaning of the following terms: gender identity, nonbinary, transgender. The next set of questions focused on HIV statistics in the transgender community, and variables affecting a transgender person from contracting HIV. There were two true or false questions and the last few questions focused on communication strategies when interreacting with a transgender person. The surveys were scored by the DNP candidate and Qualtrics.

Data Collection Procedure

The initial email was sent to the immersion site administrator to forward it to the staff. The initial email contained the recruitment letter (Appendix C), informational letter (Appendix D), date of the educational session, and the purpose of this QI project. Potential participants were informed in the email that by completing pre-survey questionnaire it means they are consenting

to participating in this QI project. Recruitment occurred via email and in person, the DNP candidate gave out flyers containing the information of the informational letter and a QR code that gave the healthcare staff access to completing the pre-survey questionnaire. The participants were made aware that there is no monetary incentive for participating in this QI project via email and in person.

The healthcare staff was given 2 weeks to complete the pre-survey questionnaire. Reminders were sent out every week. The surveys in Qualtrics were made anonymous; no IP address, location data, or contact info was collected. The participants identity remained confidential. After the educational session, the post-survey was opened, and an email was sent out 2 days after the educational session. The DNP candidate also used the informational letter and added the post-survey QR code, and that flyer was left by the entrance of the conference room for participants to scan and complete. The DNP candidate used the pre-and post-survey to analyze and measure whether the participants knowledge improve after the educational session; percentages from 0 to 100 was used to score the surveys.

Data Analysis

The surveys were kept password protected by the DNP candidate on Qualtrics. For the pre-and post-survey, the DNP candidate scored the data with a percentage from 0 to 100. The mean and median scores were calculated by the DNP candidate; scores ranged from 0 to 100. The demographic section was scored by Qualtrics. Descriptive statistics was used to calculate all statistical variables. The mean and median score percentages were used to compare the pre-and post-survey. The DNP candidate used the Mann Whitney U test (Wilcoxon Rank Sum Test) to obtain a *p*-value to evaluate whether there was no statistical significance between the pre-and post-survey. An alpha value of 0.05 was used for the statistical test.

Protection of Human Subjects

All investigators that were part of this QI project have completed the Collaborative Institutional Training Initiative (CITI) training program in the protection of human research subjects. Before implementing this QI project, the DNP candidate sought to obtain Institutional Review Board (IRB) approval (Appendix B). A letter of support (Appendix A) was provided by the administrator. Once IRB approval was obtained the immersion site administrator was made aware to coordinate date and time of the educational session. The participants via email and in person were informed that participation to this QI project is voluntary and by completing the pre-survey questionnaire it means that they are consenting to participating in this QI project. A recruitment letter (Appendix C) was attached via email and given in person which explained that in total the QI project will take 60 minutes of the participants time. The participants were informed that it will take 10-15 minute to complete pre-survey, 20-30 minute to complete educational presentation, and 10-15 minute to complete post-survey. The data collected from the pre-and post-survey was kept private and password protected. Only the members of the research team had access to the data gathered on Qualtrics. There will be no identifiable data presented in publications and in presentations. The DNP candidate was the only individual with password access to Qualtrics. The data recorded on Qualtrics did not record the respondents IP address, location data, and contact info.

Chapter VII

Results

The purpose of this quality improvement project was to evaluate the impact of providing an educational session on transgender stigma and discrimination and how it impacts the transgender community willingness to participate in HIV screening. The DNP candidate aimed to evaluate if a 20- to 30-minute educational session improved the knowledge of healthcare professionals who work in a primary care clinic. Fifty-two potential participants were invited to participate in the QI project. Twenty-three participants completed the pre-survey; eighteen participants attended the educational session, and those 18 participants completed the post-survey.

Demographics

Table 1

Pre-Survey and Post-Survey Participant Demographic Data

	Count (n=23)	Percent
Gender Identity		
Cisgender-Male	3	13.04%
Cisgender-Female	15	65.22%
Transgender (Unspecified)	0	0.00%
Transgender (M to F)	1	4.35%
Transgender (F to M)	0	0.00%
Non-Binary or Non-Confirming	0	0.00%
Other; Please specify	0	0.00%
Prefer not to say	2	8.70%
Unanswered	2	8.70%
Birth Sex		
Male	5	21.74%
Female	18	78.26%
Intersex	0	0.00%
Prefer not to say	0	0.00%
Preferred Pronoun		
He/him	4	17.39%
She/her	19	82.61%
They/them	0	0.00%
Prefer not to say	0	0.00%

Sexual Orientation		
Gay	4	17.39%
Lesbian	0	0.00%
Heterosexual/Straight	14	60.87%
Bisexual	4	17.39%
Other; Please specify	0	0.00%
Prefer not to say	0	0.00%
Unanswered	1	4.35%
Age		
Under 18	0	0.00%
18-24	2	8.70%
25-34	11	47.83%
35-44	3	13.04%
45-54	7	30.43%
55-64	0	0.00%
65-74	0	0.00%
75-84	0	0.00%
85 or older	0	0.00%
Highest Level of Education		
High School/GED	6	26.09%
Some College	4	17.39%
Associate Degree in Progress	2	8.70%
Associate Degree	6	26.09%
Bachelor's degree in Progress	2	8.70%
Bachelor's degree	1	4.35%
Master's degree in Progress	1	4.35%
Master's degree	0	0.00%
Doctoral Degree in Progress	0	0.00%
Doctorate/PhD Degree	1	4.35%
Job Title		
Medical Liaison	0	0.00%
Phlebotomist	2	8.70%
Patient Care Coordinator	10	43.48%
Pharmacist	1	4.35%
Pharmacist Technician	3	13.04%
Physician	0	0.00%
Physician Associate	0	0.00%
Nurse Practitioner	0	0.00%
Other; Please specify	7	30.43%
Years in the Medical Field		
Less than a year	2	8.70%
1-2 years	4	17.39%
3-5 years	6	26.09%
6-10 years	5	21.74%
11-20 years	4	17.39%
20 years +	2	8.70%
Do you provide care to transgender patients?		
Yes		
No	19	82.61%
	4	17.39%

Have you received transgender or any LGBTQ+ education?		
Yes	17	73.91%
No	6	26.09%
If yes, how much education did you receive?		
Less than 30 minutes	1	5.26%
30 minutes to an hour	6	31.58%
Hour or more; Please specify	10	52.63%
Unanswered	2	10.53%
If you did receive transgender and/or LGBTQ+ education, please select in what setting? Select all that apply.		
High School Level	2	11.76%
Undergraduate Level	2	11.76%
Master/Graduate Level	0	0.00%
Doctoral Level	0	0.00%
On the Job	17	100.00%

Pre-Survey and Post-Survey Sample Demographics

The participants demographics are displayed in Table 1. Of the 23 participants in the pre-survey sample, 15 (65.22%) identified as cis-gender female, three (13.04%) identified as cisgender male, one (4.35%) identified as transgender (M to F), two (8.70%) preferred not to disclose gender, and two (8.70%) did not chose an answer. Of these participants, 18 (78.26%) identified their birth sex as female and five (21.74%) identified their birth sex as male. four (17.39%) chose the prefer pronoun as he/him and 15 (65.22%) chose the prefer pronoun as she/her. Four (17.39%) identified as gay or homosexual, 14 (60.87%) identified as heterosexual or straight, four (17.39%) identified as bisexual, and one (4.35%) left the question unanswered. Two (8.70%) were between the ages of 18-24, 11 (47.83%) were between ages 25-34, three (13.04%) were between the ages of 35-44, and seven (30.43%) were between the ages of 45-54.

As for highest level of education, six (26.09%) have a high school/GED education, four (17.39%) answered as having some college education, two (8.70%) have their associate degree in progress, six (26.09%) have their associate degree, two (8.70%) have their bachelor's degree in progress, one (4.35%) has their bachelor's degree, one (4.35%) has their master's degree in

progress, and one (4.35%) has their doctorate/PhD degree. Two (8.70%) are phlebotomists, 10 (43.48%) are patient care coordinators, one (4.35%) is a pharmacist, three (13.04%) were pharmacist technicians, and seven (30.43%) chose other for job title and were asked to specify. Those that chose other were medical office associates, practice administrator, outreach and adherence specialist, and linkage. Participants were also asked how many years they have been in the medical field, two (8.70%) had less than 2 years, four (17.39%) had 1-2 years in the medical field, six (26.09%) have 3-5 years in the medical field, five (21.74%) had 6-10 years, four (17.39%) had 11-20 years in the medical field, and two (8.70%) had 20 years or more. Nineteen (82.61%) stated yes that they do provide care to transgender patients, and four (17.39%) stated no that they do not provide care to transgender patients. From those 19 that responded yes, one (5.26%) received less than 30 minutes of LGBTQ education, six (31.58%) received 30 minutes to an hour of LGBTQ education, 10 (52.63%) received an hour or more, and two (10.53%) left the question unanswered. Seventeen participants answered the final question, which was a select all that apply on where they received LGBTQ+ education; two stated at the high school level, two stated at the undergraduate level, and 17 answered on the job. Lastly, only 18 participants from the 23 completed the post-survey.

Pre-and Post-Survey Analysis
Table 3

Participants' Knowledge on Transgender Stigma and Discrimination Pre- and Post-Survey Scores

Question	Pre-Survey (n=23)	Post-Survey (n=18)
1. Which Statement best defines gender identity?		
Personal sense of one's own gender; may not always match the sex assigned at birth. Individuals may identify themselves as man, woman, or nonbinary.	20 (86.96%)	15 (83.33%)
2. What is the meaning of the term "Nonbinary" or "Genderqueer"?		
Used by those whose gender identity or gender expression is not categorized by male or female.	12 (54.55%)	16 (88.89%)
3. What is the definition for the term Transgender?		
An umbrella term for populations whose gender identity does not fall into a traditional cisgender category or differs from the one assigned at birth.	19 (82.61)	16 (88.89%)
4. True or False: Sexual Orientation and gender identity is the same thing.		
False	21 (91.30%)	18 (100.00%)
5. What percentage of transgender people do you think reported negative experiences in the healthcare setting?		
33%	1 (4.55%)	10 (55.56%)
6. Which population faces the most bias and discrimination?		
Transgender women of color	9 (40.91%)	16 (88.89%)
7. According to the CDC, what is the HIV prevalence for transgender women?		

14.1%	4 (18.18%)	8 (44.44%)
8. What ration of transgender women have HIV?		
4 in 10 transgender women	9 (39.13%)	10 (55.56%)
9. What percentage of black transgender women do you think have HIV?		
62%	4 (17.39%)	8 (44.44%)
10. What percentage of HIV diagnosis did the transgender community received by mode of HIV exposure in Broward County?		
1%	1 (4.35%)	11 (61.11%)
11. What is the main interpersonal variable that is making the transgender community vulnerable to HIV?		
Sexual Assault	4 (17.39%)	14 (77.78%)
12. Which structural and social determinant has the highest percentage in putting pressure on the transgender community?		
Unemployment	1 (4.35%)	13 (72.22%)
13. Select all that apply: What information should be added to the electronic health record system for someone that does not identify with their birth sex?		
Pronouns	15 (65.22%)	17 (94.44%)
Gender Identity	19 (82.61%)	16 (88.89%)
Preferred name	12 (52.17%)	17 (94.44%)
14. True or False: Try to avoid using gender terms or pronoun with new patient until this information is known whether in person or over the phone.		
True	20 (86.96%)	16 (94.12%)
15. Which statement should be used when asking a transgender patient how they would like to be addressed?		
I would like to be respectful. What name and pronouns Would you like me to use?	16 (19.57%)	15 (88.24%)

Table 4

Mann Whitney U test (Wilcoxon Rank Sum Test) for The Statistically Significant Difference Between Pre- and Post-survey

	Pre-Survey	Post-Survey	P-Value
Sample Size	23	18	0.00001774
Sample Average	43.77	74.82	
Sample Median	46.67	80.00	
Sample SD	13.90	21.15	

Figure 2

The Mean Knowledge Scores on Transgender Stigma and Discrimination Pre- and Post-Survey

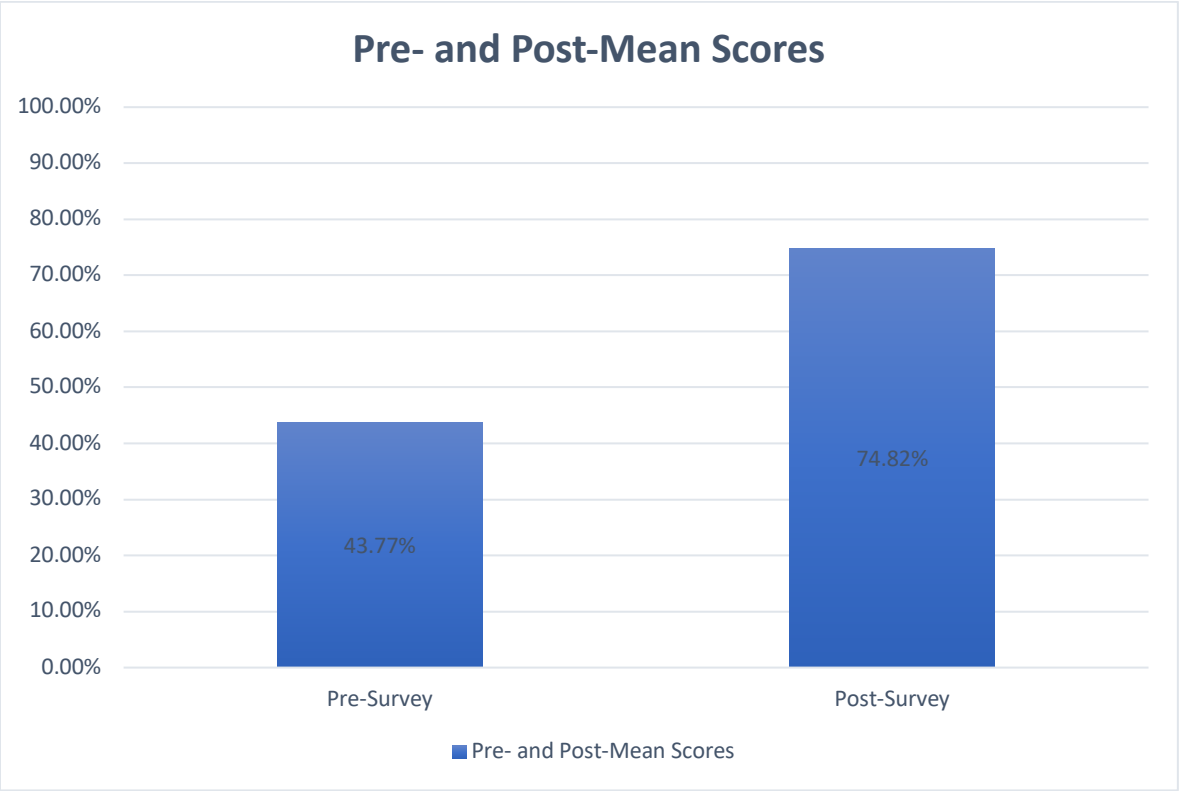
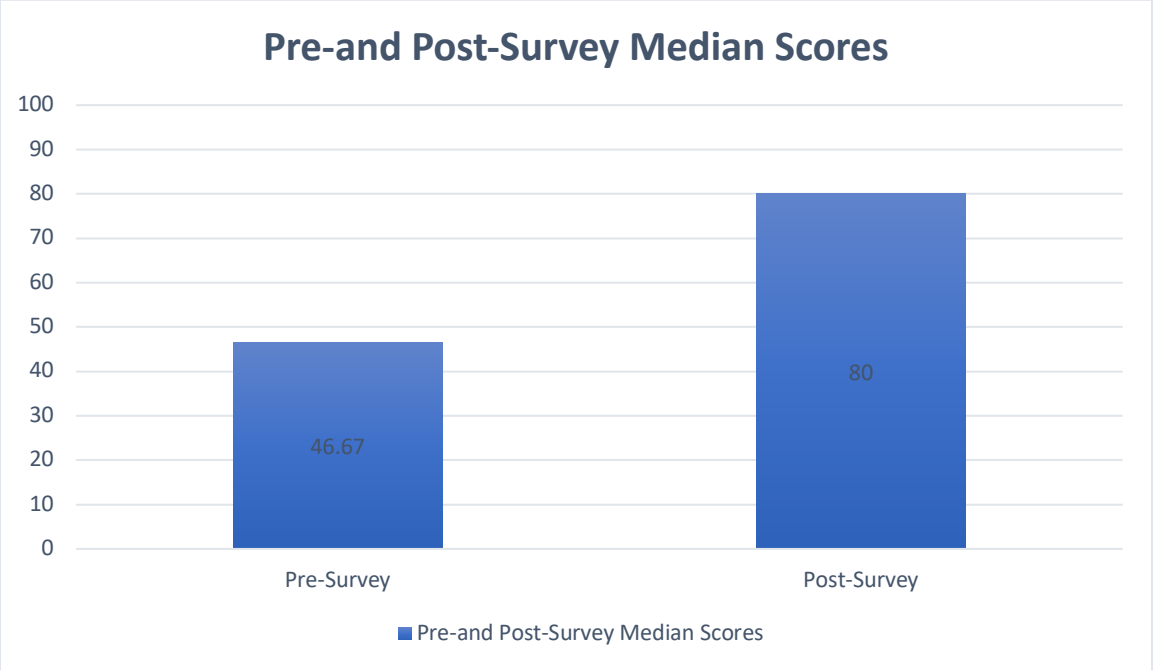


Figure 3

The Median Knowledge Scores on Transgender Stigma and Discrimination Pre- and Post-Survey



Participants' Knowledge on Transgender Stigma and Discrimination Pre- and Post-Intervention Scores

The pre- and post-survey was scored on a scale of 0 to 100. The percentage of participants who chose the correct answer for the 15 knowledge questions pre- and post-survey are displayed in Table 3. Scores were shown to increase after the 20- to 30-minute educational session. Figure 2 shows a bar graph of the mean scores of the pre- and post-surveys. Pre-survey mean score was 43.77% and post-survey mean score was 74.82%. There was a 31.05% mean increase from the pre-survey after the educational session was conducted. The Mann Whitney U test (Wilcoxon Rank Sum Test) was used to analyze if there is no statistically significant difference between the pre- and post-survey before and after the 30-minute educational presentation. Table 4 contains the *p*-value. The result of the Mann Whitney U test was big enough to be statistically significant based on an alpha value of 0.05. The null hypothesis can be rejected since the *p*-value equals $0.00001774 < (\alpha) 0.05$. This finding suggests that there is a statistically significant difference between the pre-and post-survey. Median score for the pre-survey was significantly lower than the median score for the post-survey. A bar graph of the median scores is presented in Figure 3.

Chapter VIII

Discussion

Demographics

The participants surveyed in this study work in the medical field and provide care to transgender patients. Twenty-three participants completed the pre-survey, and 18 of the 23 participants attended the educational session and completed the post-survey. Based on the pre-survey results, majority of the participants highest level of education was in either high school/GED and associate degree. The majority have at least 3-5 years of medical field experience. Nineteen of the 23 participants indicated that they care for transgender patients. Seventeen out of the 23 received LGBTQ+ education before this educational session. The majority indicated that they received an hour or more of LGBTQ+ training. Seventeen of the 19 participants stated that their LGBTQ+ education was received on the job. This is illustrated in Table 1, where 17 out of the 17 participants who responded “yes” to receiving LGBTQ+ education that was on the job.

Knowledge

The knowledge questions were scored on a scale of 0 to 100. The bar graph in Figure 2 illustrates the mean scores for the pre-and post-survey. Pre-survey mean score was 43.77 (SD 13.90) and the post-survey mean score 74.82 (SD 21.15). Table 4 indicates that the *p*-value was less than the alpha value 0.05. This means that the null hypothesis was rejected and that there is a statistical significance between the pre-and post-survey. Table 3 reveals the number and percentage of participants who got the question correct on the pre- and post-survey. It can be observed that after the 30-minute educational presentation, there is an increase in the number and percentage of participants selecting the correct answer. For survey question five, one person got

the question correct on the pre-survey, but after the educational presentation, 10 participants got the question correct. The same can be observed for question 11, where four participants answered the question correct and after the educational presentation, 14 participants chose the correct answer on the post-survey. Figure 3 illustrates the median scores for the pre-and post-survey. The median score for the pre-survey was 46.67% and the median score for the post-survey was 80.00%. These findings suggest that after conducting a 30-minute educational session on transgender stigma and discrimination in healthcare setting improved participants knowledge based on the post-survey mean and median scores. Referring to the table of evidence, Arora et al. (2020) in their study exhibited similar results where providers were given education on transgender people and their study demonstrated a substantial change in clinician attitudes after education. 80% of their participants identified education as a key strategy to improve delivery of transgender care (Arora et al., 2020). These findings indicate that after the 30-minute educational session, the participants' knowledge on transgender stigma and discrimination and how it impacts their willingness to participate in HIV screening did increase. Thus, an educational session can improve healthcare providers' knowledge on transgender access to care, which can improve the quality of care provided in the healthcare setting.

Chapter IX

Limitations

Numerous limitations were identified in the findings of the Quality Improvement (QI) project. Firstly, it is essential to note that the pre-survey phase witnessed a mere 23 participants completing the questionnaire. This number accounts for less than half of the total staff employed at the clinic, thereby substantially restricting the scope of generalizability for the conclusions drawn from these findings.

Secondly, among these 23 participants who completed the pre-survey, only 18 attended the subsequent educational session and completed the post-survey. This represents a significantly smaller subset of the initial group. Moreover, it's worth noting that not all participants provided responses to every question posed, with some questions remaining unanswered, both in the demographic and knowledge sections of the survey.

The survey questions utilized in this study were meticulously crafted by the DNP candidate, drawing from evidence-based literature articles. Nevertheless, the educational session was subjected to time constraints, which might have impacted attendance rates. It is plausible that, given more time to delve into the subject of transgender care, a larger number of participants could have been accommodated.

Despite these inherent limitations, it is vital to highlight the robustness of the project in terms of its audience. Those in attendance were individuals actively involved in the care of transgender patients, lending credence to the relevance of the study's objectives.

Considering these constraints, the study's findings underscore a compelling need for comprehensive transgender care education within educational institutions. Furthermore, they suggest that the knowledge of healthcare providers regarding transgender care can be

substantially enhanced through targeted educational sessions. By fostering a better understanding of transgender care, healthcare providers stand to become more culturally competent, ultimately leading to an improvement in the quality of care delivered to transgender patients.

Chapter X

Implications for Advanced Practice Nursing

Nurses are in the forefront of medicine. At most times, nurses are the first healthcare professionals that a patient interacts with. Nurses should understand what the term transgender means and how to care for patients that identify as transgender. Understanding or having basic knowledge on transgender care is not enough. Nurses need to be culturally educated on the stigma and discrimination that the transgender community faces in the healthcare setting. Nurses should be trained on how to properly interact and/or communicate with a patient whose gender does not match their birth sex. Nurses need to understand that there is a stigma associated with HIV and how that can furtherly affect a transgender person's willingness to participate in HIV screening.

The next steps for this QI project are for there to be more educational sessions on transgender and/or LGBTQ+ care in healthcare settings. Based on the data gathered, healthcare settings especially those that are LGBTQ+ friendly are doing their part in educating their staff in transgender care. More healthcare organizations should follow this example whether they have a lot of LGBTQ+ patients or not. There is a lack of LGBTQ+ education the academic setting as well. Advanced Practice Registered Nurses (APRNs) should target the academic setting and evaluate how much LGBTQ+ education is being provided in the undergraduate/graduate setting.

The plan for sustaining practice change is to continue offering educational sessions every 6 months or 12 months. These educational sessions can be beneficial especially for new staff that is hired mid-year. Transgender/LGBTQ+ care educational sessions can also be added as competencies for employees to complete in their mid-annual/annual evaluations. Making these educational sessions mandatory can help in sustaining the practice change in the healthcare

clinic. These educational sessions can help in bringing awareness on the stigma and discrimination that transgender individuals experience in the healthcare setting and how this impacts them from seeking healthcare services. These educational sessions can also include how to properly communicate with an individual whose gender identity/expression differs from their birth sex. Patient interaction begins at the front desk by providing transgender/LGBTQ+ education to the healthcare personnel can help bring in a positive experience to transgender patients when visiting the medical setting.

Chapter XI

Conclusion

Transgender individuals encounter pervasive stigma and discrimination within healthcare settings, profoundly affecting their engagement with HIV screening programs. Regrettably, these patients often shy away from seeking healthcare due to the apprehension of experiencing discrimination, facing refusals of care, enduring sexual or physical assault, being unjustly blamed for their health conditions, or bearing the onus of educating healthcare providers on how to deliver appropriate care. The presence of untrained healthcare professionals exacerbates this predicament, resulting in even more adverse interactions with transgender patients.

Moreover, an alarming deficiency in LGBTQ+ education within academic institutions compounds this issue. This shortcoming is substantiated by the extensive body of evidence and literature review that highlights the conspicuous absence of LGBTQ+ education in educational settings. The collected data notably indicates that a significant proportion, if not all, of the participants responsible for transgender patient care received LGBTQ+ education on the job.

In light of these findings, it becomes evident that healthcare professionals could significantly benefit from a targeted educational intervention focusing on transgender stigma and discrimination, along with its detrimental impact on HIV screening participation among this marginalized community. Furthermore, it is imperative that future research directs its attention towards the academic sphere, meticulously examining the extent of LGBTQ+ education received across various healthcare disciplines and exploring strategies for seamlessly integrating this crucial knowledge into curricula.

Consequently, through the diligent education of healthcare professionals and the enhancement of their awareness regarding the pernicious effects of stigma and discrimination

within healthcare settings on the transgender population, we can aspire to elevate the quality of care delivered in primary care contexts. This multifaceted approach holds the potential to foster a more inclusive and equitable healthcare environment for all, transcending the boundaries of gender identity and sexual orientation.

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Table of Evidence

Author(s) / Publication Year	Purpose	Research Methods	Participants' Characteristics; Sampling/Setting	Intervention	Results
Ahmed, I., Demissie, M., Worku, A., Gusga, S., & Berhane, Y. (2020). Effectiveness of same-day antiretroviral therapy initiation in retention outcomes among people living with human immunodeficiency virus in Ethiopia: Empirical evidence. *BMC Public Health, 20*(1802). https://doi.org/10.1186/s12889-020-09887-9	Purpose was to assess the effect of same day HIV treatment initiation on individual level retention at 6 to 12 months follow-up.	Multicenter retrospective cohort study design compared the clinical outcomes of individuals who started ART on the day of HIV diagnosis versus initiation after 7 days.	Participants were at least 15 years old and were newly diagnosed and started on ART between October 2016 and July 2018 in 11 health facilities in the Amhara region of Ethiopia.	Multivariable logistic regression controlling for potential confounders and Kaplan-Meier survival analysis were used to assess differences in outcomes between the groups.	The major drop in retention was in the first 30 days following ART initiation among same day group. After adjusting for baseline and non-baseline covariates, the same-day group was less likely to be retained-in care at 6 and 12months
Andrzejewski, J., Dunville, R., Johns, M. M., Michaels, S., & Reisner, S. L. (2021). Medical gender affirmation and HIV and sexually transmitted disease prevention in transgender youth: Results from the survey of today's adolescent relationships and transitions, 2018. *LGBT Health*, *8*(3), 181–189. https://doi-org.ezproxylocal.library.nova.edu/10.1089/lgbt.2020.0367	Purpose was to assess the association of receipt of medical gender affirmation services with HIV and other sexually transmitted diseases (STD) prevention and knowledge indicators among transgender youth.	Cross sectional survey including questions about sociodem-ographics, medical gender affirmation, and HIV and STD prevention outcomes (HIV testing, STD testing, PrEP and nonoccupational PEP awareness).	United States online sample of sexually experienced transgender youth ages 13-24 years in 2018.	Logistic regression models were fit to assess the association of medical gender affirmation with HIV and STD prevention outcomes; interaction terms and stratified model's differences in the association between gender affirmation and outcomes by gender identity.	Medical gender affirmation was associated with increased odds of STD testing with no significant interactions by gender identity. Associations between medical gender affirmation and awareness of PrEP and nPEP varied by gender identity. Among transgenders male youth, medical gender affirmation was associated with awareness of PrEP and nPEP. Among nonbinary youth, medical gender affirmation was associated with

					awareness of PrEP.
Arora, M., Walker, K., Luu, J., Duvivier, R. J., Dune, T., & Wynne, K. (2020). Education of the medical profession to facilitate delivery of transgender healthcare in an australian health district. *Australian Journal of Primary Health*, *26*(1), 17–23. https://doi-org.ezproxy.fiu.edu/10.1071/PY19102	The study explores the attitudes of the local transgender community to their health services and the confidence of local healthcare providers to deliver care.	An anonymous survey was distributed to the transgender community. Healthcare providers also participated in an anonymous survey. An educational session was used to deliver transgender care education.	Participants were identified by healthcare professionals through local support groups and social media. The educational session and surveys for providers were done at universities, at a GP annual conference, and hospital.	A pre-and post-survey was used as well as a 1-hour educational session to healthcare providers was conducted.	The community survey demonstrated the need for improved knowledge and understanding from healthcare providers.
Brennan, J., Kuhns, L. M., Johnson, A. K., Belzer, M., Wilson, E. C., & Garofalo, R. (2012). Syndemic theory and HIV-related risk among young transgender women: The role of multiple, co-occurring health problems and social marginalization. *Ameri can Journal of Public Health*, *102*(9), 1751–1757. https://doi.org/10.2105/AJPH.2011.300433	The purpose of the study is to assess whether multiple psychosocial factors are additive in their relationship to sexual risk behavior and self-reported HIV status among young transgender women could be characterized as a syndemic and assess the relationship of indicators of social marginalizatio n, such as a history of commercial sex work, homelessness, and incarceration, to these	A community based participatory research model to conduct a 2-phase cross sectional study examining HIV-related risk behavior among young transgender women in Chicago and Los Angeles.	Transgender women were recruited from medical clinic settings; in social venues, such as bars and clubs and through street outreach and referrals from study participants. Eligibility criteria were self-identifying as a transgender woman or not identifying with assigned male birth gender, residing in the Chicago or Los Angeles metro-politan area, being able to speak and understand either English or Spanish, and being aged 15 to 24 years. We obtained a waiver of parental consent for participants	Data were collected through an interviewer administered survey, with questions regarding general demographic characteristic s, HIV risk behaviors, indicators of social marginalizati on, as well psychosocial health status. When possible, used items from existing questionnaire s or modified them to be sensitive and appropriate for young transgender women. The transgender advisory	Results revealed that multiple health-related psychosocial factors low self-esteem, lifetime polysubstance use, intimate partner violence, and victimization may be additive in their association with sexual risk behavior and self-reported HIV infection among young transgender women. Although there was no significant association between 1 syndemic factor and sexual risk and 1 to 2 syndemic

	psychosocial factors.		aged 15 to 17 years and written consent (or assent from minors) prior to study participation. Participants received a $25 incentive for completion of the study.	committee reviewed and approved the entire survey instrument.	factors and seropositivity, this may be a function of small sample size. The additive trend in these factors in their relationship to sexual risk behavior and HIV status among young transgender women are similar to previous findings among urban MSM and ethnically diverse young MSM. The findings highlight the social situations or life experiences that are associated with these conditions. A history of sex work and incarceration, which contribute to these co-occurring conditions and their resulting heightened HIV risk.
Eickhoff, C. (2021). Identifying gaps in LGBTQ health education in baccalaureate undergraduate nursing programs. *Journal of Nursing Education*, *60*(10), 552–558. https://doi.org/10.3928/01484834-20210729-01	The purpose was to provide an overview of the quantity and quality of LGBTQ health education, perceived barriers to appropriate LGBTQ education, and the need for support and	Cross sectional descriptive design. A survey was used.	Undergraduate nursing students who schools are accredited by the commission on Collegiate Nursing Education. School deans, chairs, and directors were asked to complete the survey about the	The survey was distributed anonymously via Qualtrics software on September 26, 2019; three periodic reminder emails were sent before	Nearly two-thirds of responding schools indicated their graduates were not adequately prepared to care for this population, and 38% of schools agreed their faculty had

	education for faculty concerning the implementation.		whole school or to delegate completion of the survey to another faculty member able to gather the requested information.	the survey closed on January 15, 2020.	the knowledge needed to adequately teach this content. Barriers included time constraints and lack of faculty knowledge.
Fisher, C. B., Fried, A. L., Desmond, M., Macapagal, K., & Mustanski, B. (2018). Perceived barriers to HIV prevention services for transgender youth. *LGBT health*, *5*(6), 350–358. https://doi.org/10.1089/lgbt.2017.0098	The purpose of this was to explore the transgender youth's perceptions regarding encounters with primary care providers (PCPs) related to gender and sexual minority (GSM) identity and sexual health.	The data reported here are part of a larger Internet-based survey on transgender youths' experiences with and attitudes toward sexual health research and services, conducted in spring 2016.	Participants were recruited primarily through Facebook paid posts that directed viewers to a page providing a brief study description and link to a seven-item screening questionnaire. The screener questions assessed eligibility using the following inclusion criteria: age 14–21 years, identifying as transgender, and living in the United States.	A survey on GSM identity disclosure and acceptance, gender-affirming services, sexual health attitudes and behaviors, and interactions with PCPs involving GSM identity and concerns about stigma and confidentiality.	Items from the GSM Stigma scale revealed that nearly half of respondents had not disclosed their GSM identity to their PCP due to concern about an unaccepting PCP. One-quarter of youth were less inclined to discuss GSM identity and sexual health with their PCP due to concern that their provider would disclose this information to parents; these concerns were greater among adolescents <18 and those not out to parents about their gender identity. Only 25% felt their PCP was helpful about GSM-specific sexual health issues. Youth who were out to parents about their gender identity and had received gender-affirming hormone therapy was more likely to report receiving GSM-specific sexual health information.

Jadwin-Cakmak, L., Reisner, S. L., Hughto, J., Salomon, L., Martinez, M., Popoff, E., Rivera, B. A., & Harper, G. W. (2019). HIV prevention and HIV care among transgender and gender diverse youth: Design and implementation of a multisite mixed-methods study protocol in the U.S. *BMC public health*, *19*(1), 1531. https://doi.org/10.1186/s12889-019-7605-4	The purpose of this paper is to describe the development of the study protocol, research methods, and lessons learned from the U.S.-based "Affirming Voices for Action" study, a multi-site, mixed methods study that explored TGD youth's experiences of engagement in the HIV prevention and care continua.	Engagement of TGD youth across the HIV prevention and care continua was assessed using a multiphasic mixed-methods study design. Both quantitative survey data and in-depth qualitative interview data were collected from TGD youth as well as from healthcare providers who had experience working with TGD youth.	A sample of TGD youth and healthcare and social service providers serving TGD youth were recruited for the study from across the 14 U.S. sites: Tampa, FL; Los Angeles, CA; Washington, DC; Philadelphia, PA; Chicago, IL; New York, NY; New Orleans, LA; Miami, FL; Memphis, TN; Houston, TX; Detroit, MI; Baltimore, MD; Boston, MA; and Denver, CO.	The quantitative survey for TGD youth elicited information regarding the facilitators and barriers to engagement with each stage of the HIV care continua (prevention, diagnosis, linkage to care, engagement in care, retention in care, initiation of ART, and viral suppression). The semi-structured qualitative interview guide for TGD youth was developed in collaboration with the Youth Advisory Board and Protocol Team using an iterative process of community feedback and revisions, as well as a secondary analysis of qualitative data from ATN 039.	Findings have implications for the development of HIV interventions across levels to support the health and well-being of TGD youth. Future research is warranted to replicate and expand on lessons learned regarding recruitment and engagement of communities of TGD youth, including longitudinal designs to assess engagement across their developmental stages.

Leite, B. O., de Medeiros, D. S., Magno, L., Bastos, F. I., Coutinho, C., de Brito, A. M., Cavalcante, M. S., & Dourado, I. (2021). Association between gender-based discrimination and medical visits and HIV testing in a large sample of transgender women in northeast Brazil. *International Journal for Equity in Health, 20*(199). https://doi.org/10.1186/s12939-021-01541-z	The purpose of the study is to investigate the putative association between gender-based discrimination (GBD) and medical visits in the last 12 months and HIV testing in the last 12, months, among transgender women (TGW) from large capital cities in Northeast Brazil.	The study reports findings from a cross sectional biological and behavioral surveillance survey among TGW, conducted in three large capitals of northeastern Brazil.	TGW (864) were selected from the cities of Salvador (166), Recife (350) and Fortaleza (348) in 2017. They were recruited using respondent-driven sampling (RDS) as a sampling method aiming to obtain a more robust and diverse sample. They were eligible for the study if they self-identified themselves as transgender women, women, or other category different from the male sex designated on their birth certificate, reported spending most of their time at the selected city.	As needed by the RDS method; 5 and 10 initial participants in each city called seeds were chosen purposively, following formative qualitative research only as an initial stage for recruitment. The formative phase of the study comprised group discussions with local TGW leaders, non-governmental organizations (NGO), potential participants, and researchers. Each seed received three coupons to distribute to other TGW from her social networks. The interviewees recruited by the seeds were defined as the first wave of the study. After participating in the interview, each participant	Results revealed that GBD was associated with a reduced likelihood of medical visits in the last 12 months. The estimated frequency of medical visits in the last year among TGW was relatively low (67.0%) compared to other studies conducted in the United States (US) of America.

				received three additional coupons to distribute to their peers. This process was repeated until a define sample size was achieved in each site.	
Logie, C. H., Lacombe-Duncan, A., Brien, N., Jones, N., Lee-Foon, N., Levermore, K., Marshall, A., Nyblade, L., & Newman, P. A. (2017). Barriers and facilitators to HIV testing among young men who have sex with men and transgender women in Kingston, Jamaica: A qualitative study. *Journal of the International AIDS Society, 20*(1), 21385. https://doi.org/10.7448/IAS.20.1.21385	The purpose of the study was to explore perceived barriers and facilitators to HIV testing uptake among young transgender women and MSM in Jamaica.	A community-based research project in collaboration with HIV and lesbian, gay, bisexual and transgender (LGBT) agencies in Kingston.	Research involved 53 semi-structured individual interviews: 20 with young gay, bisexual and other MSM, 20 with young transgender women, and 13 with key informants from LGBT agencies, HIV clinicians and outreach workers in Kingston, Jamaica.	Participants completed a brief socio-demographic questionnaire prior to beginning the interview or focus group.	Barriers to HIV testing included mistreatment by medical staff, confidentiality concerns, and HIV-related stigma: these spanned interpersonal, community and structural levels. Facilitators for testing included structural (access to HIV testing), social (social support), and individual-level factors (benefits of knowledge).
Mueller, S. C., De Cuypere, G., & T'Sjoen, G. (2017). Transgender research in the 21st century: A selective critical review from a neurocognitive perspective. *The American Journal of Psychiatry, 174(*12), 1155–1162. https://doi.org/10.1176/appi.ajp.2017.17060626	The purpose of this literature is to examine common mental health issues, several individual risk factors for psychiatric comorbidity, and current research on the underlying neurobiology in transgender people.	A selective critical review was conducted.	Keywords that were used to find articles during the search were affective disorders, gender dysphoria, suicidality, transgender.	A meta-analysis was used.	Prevalence of number of people presenting to gender clinics is increasing, evidence of biological etiology is still limited, trans persons experience a high rate of affective disorders, especially depression and anxiety, as well as a high risk of suicidality and non-suicidal

					self-injury, recent research trends include preliminary findings of elevated autistic traits in trans persons, gender affirming surgery and/or cross-sex hormone treatment decrease mental health problems, body uneasiness, and gender dysphoria but not necessarily suicidality, a high rate of trans persons find discrimination both in personal and professional lives, search for neurobiological correlates of transgenderism is still ongoing and there have been promising functional MRI findings in voice perception and olfaction.
Neumann, M. S., Finlayson, T. J., Pitts, N. L., & Keatley, J. (2017). Comprehensive HIV prevention for transgender persons. *American Journal of Public Health, 107*(2), 207–212. https://doi.org/10.2105/AJPH.2016.303509	The purpose of this article is to summarize the nature of transgender persons' risks for HIV infection, present the best-evidence prevention that is available and how to apply that prevention in transgender-	Several databases were used to find articles that helped with the purpose of the article.	Key terms were used such as HIV prevention, transgender people, HIV infection epidemiology, and HIV infection risk factors.	A meta-analysis was used.	A transgender person's risk of HIV infection is exacerbated by complex social determinants and intersecting social and gender identities, comprehensive HIV prevention for this population is warranted.

	specific and sensitive ways, and elaborate on immediately available options for a comprehensive HIV prevention approach for transgender people.				
Poteat, T., Malik, M., Scheim, A., & Elliott, A. (2017). HIV prevention among transgender populations: Knowledge gaps and evidence for action. *Current HIV/AIDS Reports, 14(*4), 141–152. https://doi.org/10.1007/s11904-017-0360-1	The purpose of this study is to summarize the available evidence-based HIV prevention intervention tailored for transgender people.	Several databases were used to find research articles pertaining to the focus of the analysis.	Keywords such as transgender, HIV prevention, stigma, structural determinants, behavioral interventions, and biomedical interventions were used.	A meta-analysis was used.	Multilevel sustained interventions are needed to have a population level impact. Interventions that concurrently address health, psychosocial, and economic needs, as well as legal and policy reforms, may have the greatest potential to curtail new infections in transgender communities. In addition, following from the Gender Affirmation Framework, interventions that address community-identified needs related to social and medical gender affirmation may be particularly effective, as

					these unmet needs can interfere or compete with HIV prevention and treatment uptake and adherence.
Reback, C. J., Clark, K. A., Rünger, D., & Fehrenbacher, A. E. (2019). A promising PrEP navigation intervention for transgender women and men who have sex with men experiencing multiple syndemic health disparities. *Journal of Community Health*, *44*(6), 1193–1203. https://doi.org/10.1007/s10900-019-00705-x	The purpose of this study was to test the effect of a PrEP peer navigation program, A.S.K.-PrEP (Assistance Services Knowledge-PrEP_ among trans women and men who has sex with men (MSM) in the Los Angeles County.	The study examined PrEP linkage, uptake, and preliminary adherence at 90 day follow up evaluation among a sample of highly impacted trans women and MSM and tested the outcome differences between the two groups.	Over an 18-month enrollment period, from September 2016 to March 2018, 187 participants enrolled in the program (MSM = 129; trans women = 58).	A.S.K.-PrEP is a five-session peer navigator service program; design to link HIV negative patients to PrEP care. The intervention was conducted over three months. Session one began with the administration of a PrEP knowledge pre-test. In sessions two through five, participants were assessed for readiness for PrEP adherence and planning for adherence, removal of structural and individual barriers, access to documentation (identification cards that are required for PrEP initiation), and continued linkage,	Most transgender females and MSM reported they were still taking PrEP at the 90-day follow up evaluation. This indicated that A.S.K. PrEP is a promising intervention for PrEP linkage, uptake and preliminary adherence among transgender women and MSM.

				uptake, and adherence support.	
Sundus, A., Shahzad, S., & Younas, A. (2021). Ethical and culturally competent care of transgender patients: A scoping review. *Nursing Ethics, 28*(6), 1041–1060. https://doi.org/10.1177/0969733020988307	The study aims to synthesize the literature and identity gaps about approaches to the provision of ethical and culturally competent care to transgender populations.	A scoping review was conducted based on these steps: development of the question, identification of relevant articles, selection of articles, extraction, and charting of data; and synthesis and reporting of findings.	Literature was searched within CINAHL, Science Direct, PubMed, Google Scholar, EMBASE, and Scopus databases using indexed keywords such as "transgender," "gender non-conforming," "ethically sensitive care," and "culturally sensitive care. In total, 30 articles, which included transgender patients and their families and nurses, doctors, and health professionals who provided care to transgender patients, were selected for review.	Data were extracted and synthesized using tabular and narrative summaries and thematic synthesis.	The review identified that healthcare professionals should educate themselves about sensitive issues, become more self-aware, put transgender individual in charge during care interactions, and adhere to the principles of advocacy, confidentiality, autonomy, respect, and disclosure.

Appendix A

Midland Medical Center
1421 E Oakland Park BLVD
Oakland Park, FL 33334
954-565-0875

May 18th, 2022

Eric A. Fenkl, PhD, RN, CNE
Associate Professor
Nicole Wertheim College of Nursing & Health Sciences
Florida International University

Dear Professor Fenkl,

Thank you for inviting Midland Medical Center to participate in the DNP Project of Steven Cardenas. I understand that this student will be conducting this project as part of the requirements for the Doctor in Nursing Practice program at Florida International University. After reviewing the proposal of the project title "Improving Health Care Professionals' Knowledge on how Stigma and Discrimination Impacts the Transgender Populations Willingness to Participate in HIV Screening: A Quality Improvement Project" he has been granted permission to conduct the project at this clinic.

The Project will be implemented at Midland Medical Center during a four-week timeframe, using a pre-and post-test survey to assess if the educational presentation increases the health care staffs' knowledge. The office will allow the student to access the facility, obtain consent, deliver the pre-survey questionnaire, provide the educational intervention, and give the post-survey to the participants. Midland Medical Center will assist the students in notifying the health care staff of the educational session.

This project intends to evaluate if providing an educational presentation to health care professionals (medial liaisons, medical assistants, office administrators, phlebotomists, doctors, nurse practitioners, and any other professionals within the office) improves their knowledge on how stigma and discrimination in the health care setting affects the transgender population from participating in HIV screening. The project will be conducted with the consent of the participation of the health care staff at Midland Medical Center. Prior to the implementation of this project, the Florida International University Institutional Review Board will evaluate and approve the procedures to conduct this project.

Midland
MEDICAL

We're certain that Steven Cardenas will not interfere with the normal office performance, will keep professional manner, and follow the office standards of care. I support the participation of our providers and staff in this project and look forward to working with you.

Sincerely,

Nancy Dulisse,
Office Administrator
Midland Medical Center

Appendix B

FIU | FLORIDA INTERNATIONAL UNIVERSITY

Office of Research Integrity
Research Compliance, MARC 414

MEMORANDUM

To: Dr. Eric Fenkl

CC: Steven Cardenas

From: Elizabeth Juhasz, Ph.D., IRB Coordinator

Date: June 16, 2022

Protocol Title: **"Improving Transgender Patients' Access to Care in the Primary Care Setting: A Quality Improvement Project"**

The Florida International University Office of Research Integrity has reviewed your research study for the use of human subjects and deemed it Exempt via the **Exempt Review** process.

IRB Protocol Exemption #: IRB-22-0281 **IRB Exemption Date:** 06/16/22
TOPAZ Reference #: 111951

As a requirement of IRB Exemption you are required to:

1) Submit an IRB Exempt Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved prior to implementation.
2) Promptly submit an IRB Exempt Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.
3) Submit an IRB Exempt Project Completion Report Form when the study is finished or discontinued.

Special Conditions: N/A

For further information, you may visit the IRB website at http://research.fiu.edu/irb.

EJ

Appendix C

FIU | FLORIDA INTERNATIONAL UNIVERSITY

Recruitment Letter

Recruitment email for DNP Project: "Improving Transgender Access to Care in the Primary Care Setting: A Quality Improvement Project"

Dear Participants

My name is Steven Cardenas, and I am a student from the Graduate Nursing Department at Florida International University (FIU). I am writing to invite you to participate in my quality improvement project. The goal of this project is to improve health care staffs' knowledge of transgender stigma and discrimination in the health care setting and how it affects their willingness to participate in HIV screening. You are eligible to take part in this project because you provide or may provide care and/or help to transgender patients.

If you decide to participate in this project, you will be asked to complete a pre-test questionnaire, which is expected to take approximately 10-15 minutes. By completing the pre-test questionnaire then you are consenting to participating in this quality improvement project. After, you will be presented with an approximately 20-30-minute-long educational presentation (dates to the presentation will be announced on a future date). After completing the educational presentation, you will be asked to complete the post-test questionnaire, which is expected to take approximately 10-15 minutes. No compensation will be provided.

Remember, this is completely voluntary. You can choose to be a part of the study or not and withdraw at any time. If you'd like to participate, please click on the link provided below. Please keep in mind that if you complete the pre-test questionnaire link, you are consenting to participating in this quality improvement project (link for Qualtrics questionnaire). If you have any questions about the study, please contact me via email at scard041@fiu.edu or call at 954-778-5347. Thank you for your time and consideration.

Appendix D

INFORMATIONAL LETTER

Improving Transgender Access to Care in the Primary Care Setting: A Quality Improvement Project

Hello, my name is Steven Cardenas. You have been chosen at random to be in a research study about transgender stigma and discrimination in the health care setting. The purpose of this study is to assess health care professionals' knowledge about transgender stigma and discrimination in the health care setting and how it impacts the transgender community's willingness to participate in HIV screening. If you decide to be in this study, you will be one of 48 people in this research study. Participation in this study will take 60 minutes of your time. If you agree to be in the study, I will ask you to do the following things:

1. Complete a 10–15-minute pre-test questionnaire (completing pre-test questionnaire means you are consenting to participating in this quality improvement project).

2. Attend a 20–30-minute educational presentation (dates to the presentation will be announced on a future date).

3. Complete a 10–15-minute post-test questionnaire.

There are no foreseeable risks for participating in this study. There are benefits to participating in this study such as understanding the challenges that a transgender individual may face when wanting to access health care services. It is expected that this study will benefit society by creating a positive environment for transgender individuals in the health care setting.

There is no cost or payment to you. If you have questions while taking part, please stop me and ask. You will remain anonymous; all your answers are confidential. The pre-and post-test questionnaire will not be asking any of your personal information.

If you have questions for one of the researchers conducting this study, you may contact Steven Cardenas at 954-778-5347.

If you would like to talk with someone about your rights of being a subject in this research study or about ethical issues with this research study, you may contact the FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu. Your participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. You may keep a copy of this form for your records

Appendix E

Pre-Test and Post-Test

Improving Transgender Access to Care in the Primary Care Setting: A Quality Improvement Project

Introduction:

This questionnaire is an important part of the quality improvement project aiming to address the stigma and discrimination that the transgender community experiences in the health care setting and how it impacts their willingness to participate in HIV screening.

Please all the questions with the best of your knowledge. Your response will assist in understanding your knowledge on this topic. The questions will help in evaluating if you have had transgender education as well as your knowledge about the stigma and discrimination that the transgender community faces and how it impacts their willingness for HIV screening.

- ***Please do not write your name or other personal information of this questionnaire***
- ***Your answers are anonymous and will be kept confidential***
- ***Your participation is voluntary and will not have any bearing on your position***

Demographics

1. **What is your gender identity?**
    a. Cisgender-Male
    b. Cisgender-Female
    c. Transgender (Unspecified)
    d. Transgender (M to F)
    e. Transgender (F to M)
    f. Non-Binary or Non-Conforming
    g. Other; please specify
    h. Prefer not to say

2. **What is your birth sex?**
    a. Male
    b. Female
    c. Intersex
    d. Prefer not to say

3. **What is your prefer pronoun? Select all that apply.**
    a. He/him
    b. She/her
    c. They/them
    d. Other
    e. Prefer not to say

4. **What is your sexual orientation?**
    a. Gay
    b. Lesbian
    c. Heterosexual
    d. Bisexual
    e. Other; Please specify _____
    f. Prefer not to say

5. **What is your age range?**
    a. Under 18
    b. 18-24
    c. 25-34
    d. 35-44
    e. 45-54
    f. 55-64
    g. 65-74
    h. 75-84
    i. 85 or older

6. **What is your highest level of education?**
    a. High School Diploma/GED
    b. Some college
    c. Associates degree in progress
    d. Associates
    e. Bachelor's degree in progress
    f. Bachelor's degree
    g. Master's degree in progress
    h. Master's degree
    i. Doctoral degree in progress
    j. Doctorate/PhD degree

7. **What is your job title?**
    a. Medical liaison
    b. Phlebotomist
    c. Patient care coordinator
    d. Physician
    e. Physician associate
    f. Nurse practitioner
    g. Other; please specify_____

8. **How long have you worked in the medical field?**
    a. Less than a year
    b. 1-2 years
    c. 3-5 years
    d. 6-10 years
    e. 11-20 years
    f. 20 years +

9. **Do you provide care to transgender patients?**
    a. Yes
    b. No

10. **Have you received transgender care education?**
    a. Yes
    b. No

11. **If yes, how much transgender education have you received?**
    a. Less than 30 minutes
    b. 30 minutes to an hour
    c. Hour or more please specify_____

12. **If you did receive transgender care education, please select in what setting? Select all that apply.**
    a. High school level
    b. Undergraduate level
    c. Masters/Graduate level
    d. Doctoral level
    e. On the job

Knowledge Questions

1. **What is gender identity?**
    a. Person's name, pronouns, clothing, haircut, behavior, voice, and body characteristics. Can be described as either masculine or feminine.
    b. Used by those whose gender identity or gender expression is not categorized by male or female.
    c. Personal sense of one's own gender; May not always match the sex assigned at birth. Individuals may identify themselves as man, women, or nonbinary.
    d. Person's physical emotional, or romantic attraction to another.

2. **What is the meaning of the term "Nonbinary" or "Genderqueer"?**
    a. Used by those whose gender identity or gender expression is not categorized by male or female.
    b. Defined as an individual who identifies with their assigned sex at birth.
    c. Defines an individual who does not identify with their assigned sex and associated gender that they were assigned at birth.
    d. Defined as a person who identifies as two genders.

3. **What is the definition for the term transgender?**
    a. The romantic, emotional, and/or sexual attraction to people regardless of their gender.
    b. An umbrella term for populations whose gender identity does not fall into a traditional cisgender category or differs from the one assigned at birth.
    c. A person who identifies outside of male or female or may go back and forth between different gender identities.
    d. The process of transformation from an immature form to an adult form in two or more distinct stages.

4. **True or False: Sexual orientation and gender identity are the same thing.**

5. **What percentage of transgender people do you think reported negative experiences in the health care setting?**
    a. 27%
    b. 33%
    c. 45%
    d. 66%

6. **Which population faces the most bias and discrimination?**
    a. Transgender men
    b. Hispanic gay males
    c. Bisexual women of color
    d. Transgender women of color

7. **According to the CDC, what is the HIV prevalence for transgender women?**
    a. 3.3%
    b. 14.1%
    c. 35.8%
    d. 40.2%

8. **What ratio of transgender women have HIV?**
    a. 3 in 10 transgender women
    b. 4 in 10 transgender women
    c. 7 in 10 transgender women
    d. 6 in 10 transgender women

9. **What percentage of black transgender women do you think have HIV?**
    a. 28%
    b. 36%
    c. 53%
    d. 62%

10. **What percentage of HIV diagnosis did the transgender community received by mode of HIV exposure?**
    a. 1%
    b. 3.3%
    c. 5.5%
    d. 8%

11. **What is the main interpersonal variable that is making the transgender community vulnerable to HIV?**
    a. Sexual assault
    b. Physical violence
    c. Lack of social support

12. **Which structural and social determinant has the highest percentage in putting pressure on the transgender community?**
    a. Discrimination
    b. Unemployment
    c. Homelessness

13. Select all that apply: What information should be added to the electronic health record system for someone that does not identify with their birth sex?

a. Pronouns
b. Gender dysphoria
c. Mental illness
d. Gender identity
e. Preferred name

14. True or False: Try to avoid using gender terms or pronoun with new patient until this information is known whether in person or over the phone.

15. Which statement should be use when asking a transgender patient how they would like to be addressed?

a. Excuse me, what is your prefer pronoun?
b. Mr. Williams, do you identify as he/him or she/her?
c. Your photo ID does not match your appearance; is there a reason as to why it does not?
d. I would like to be respectful. What name and pronouns would you like me to use?